



March 26, 2026

Subject: Letter of Support for SB26-006

Dear Colorado Senate Health and Human Services,

I am writing on behalf of the Center for Chronic Illness to express our organization's support for SB26-006, which would ensure that the utilization review requirements, including prior authorization or step therapy, for a non-opioid prescription drug prescribed and approved by the FDA for the treatment or management of chronic or acute pain are no more restrictive than the least restrictive utilization requirements for opioid drugs prescribed for the treatment or management of chronic or acute pain. As the Executive Director of CCI, a national nonprofit organization focused on promoting well-being and decreasing isolation for those living with over 150 different chronic illnesses, many which have symptoms of acute and chronic pain, I know how important it is to have affordable, accessible, and safe medication options for different types of pain and options for non-opioid medication.

CCI serves individuals across all 50 states, including Colorado, many of whom are disabled and or homebound. Many in our community lack quality of life and are unable to engage in work, school, and social outlets in addition to activities of daily living due to disabling and ongoing symptoms of pain. Our free, virtual support groups and educational programs at CCI, offer opportunities for these patients to connect over their shared experiences of living with ongoing illness and support their mental health as they're managing ongoing physical health challenges, but physical symptoms still must be managed to improve other areas of their care and life. Living with chronic and acute pain creates a significant impact on patient mental health. Legislation like HB SB26-006 is essential to improving symptom management and quality of life by allowing for safer and affordable non-opioid alternatives.

By ensuring access to non-opioid pain management options, you are giving patients agency and choice in their chronic illness management and allowing medical providers to offer safer options for managing ongoing symptoms. Thank you for your leadership in advancing this important measure, and we ask you to please urge the legislature to move swiftly in its passage.

Thank you for your commitment to addressing chronic and acute pain management for chronic illness patients and for your dedication to protecting the health and well-being of Colorado residents.

Sincerely,
Allison Fine, MSW, LICSW
Executive Director



PATIENT MIND INC.
Reinventing how patients and clinicians absorb new science

March 26, 2026

Senate Health & Human Services

Re: CO SB26-006: Pain Parity for Non-Opioid Pain Management Drugs

Dear Senate Health & Human Services Committee:

Patient Mind Inc. advances Pain Management through Education and Mental Health Support. Patient Mind Inc recognizes that effective pain management extends beyond physical treatment—it requires a comprehensive approach that integrates mental health support and clear, consistent communication between healthcare providers (HCPs) and patients. As a nonprofit 501(c)(3) organization, our mission is to enhance the understanding and management of healthcare conditions by providing education that empowers both clinicians and patients to work together for better outcomes.

Colorado's Senate Bill 26-006 is a critical piece of legislation because it strengthens parity within health benefit plans by ensuring that nonopioid pain treatment options are not unfairly restricted. Specifically, this act prohibits health benefit plans from denying coverage of a nonopioid prescription drug in favor of an opioid, requiring an enrollee to try an opioid before covering a nonopioid alternative, or imposing higher cost-sharing for nonopioid prescription drugs. CO Senate Bill 26-006 supports safer, clinically appropriate pain management choices and aligns with Patient Mind Inc.'s mission to improve outcomes for individuals living with pain.

With several non-opioid alternatives available and more in late-stage clinical development, this bill would better ensure people living with pain have access to these alternatives without having to potentially try an opioid first. Additionally, Patient Mind Inc. supports all efforts to increase public awareness for non-opioid alternatives. Thank you for the opportunity to share our support of this important bill. We would urge the CO Senate Health & Human Services Committee to approve this bill.

Respectfully,

Kathy Sapp
President and Co-Founder

April 2, 2026

re: Written Testimony in Support of SB26-006, Concerning Parity for the Use of Non-Opioid Pain Management Drugs.

Dear Members of the Senate Health and Human Services Committee:

Thank you for the opportunity to submit written testimony in support of SB26-006, Concerning Parity for the Use of Non-Opioid Pain Management Drugs. The **National Pain Advocacy Center (NPAC)** is a Colorado-based 501(c)(3) nonprofit organization of clinicians, scientists, public health experts, and people with lived experience of pain working to advance the health and rights of people living with pain. We envision a world in which pain is treated effectively so that all people living with pain have the opportunity to live full and productive lives.

While opioids are a necessary medication for managing acute and chronic pain, and patients should have access to them where such medication is indicated, patients should have equivalent access to FDA-approved non-opioid medications for the management of acute and chronic pain. SB26-006 removes administrative hurdles and financial burdens that currently impose barriers to such FDA-approved non-opioid medications. The bill endeavors to create parity in the availability of opioid and non-opioid pain management options.

Specifically, SB-26-066 mandates that health insurance carriers require utilization requirements, prior authorizations and step therapies for FDA-approved non-opioid medications to be no more restrictive than those for opioid medications. The bill further requires the availability of at least one clinically appropriate non-opioid prescription drug for each available opioid prescription drug. Finally, and importantly, the bill requires that the costs of FDA-approved non-opioid medications must be equivalent to those associated with opioid options, whether defined through cost-sharing, copayment, or deductibles.

The experience of pain varies widely among individuals. Addiction risks to opioids are also variable, driven by a combination of genetic, psychological, environmental, and pharmacological factors. By expanding access to a range of analgesic pain management options, SB26-006 aligns with the scientific consensus that pain is a complex and heterogeneous condition that requires individualized, patient-centered care.

As a patient-centered organization, we advocate for increasing options for pain management. SB 26-006 supports access to pain care by reducing both administrative hurdles and financial burdens that create barriers to FDA-approved non-opioid medications. Because the bill expands both the range of



Kate M. Nicholson, JD
Executive Director and Founder
kate@nationalpain.org
(800) 735-0818

treatments available for managing acute and chronic pain and patient choice,
we endorse its passage.

Thank you for your consideration.

Warmly,

Kate M. Nicholson

Kate M. Nicholson

Senate Health & Human Services

04/02/2026

SB26-006 Parity for Non-Opioid Pain Management Drugs

Typed Text of Testimony Submitted

Name, Position, Representing	Typed Text of Testimony
Neolani Madrid For Mental Health Colorado	<p>Good afternoon Chair and Members of the Committee,</p> <p>Thank you for your time. My name is Neolani Madrid, and I am an advocate with Mental Health Colorado. I am speaking from lived experience in support of SB26-006, Parity for Non-Opioid Treatment.</p> <p>I am a graduate student in social work, and a lifelong Coloradan. Like many families across our state, mine has been impacted by the opioid epidemic. As a teenager, I was prescribed opioid medication after a serious car accident. At the time, I was not fully informed about the risks associated with opioids or about alternative pain management options.</p> <p>Around that same time, my father was also prescribed opioid medication for a work-related injury. Our household learned firsthand how easily prescription pain treatment can evolve into long-term harm when patients are not adequately informed, monitored, or offered alternatives.</p> <p>While I was able to navigate my confusion surrounding the pain meds by confiding in my support system, my father, like so many others, did not have the same privilege. In 2019, he passed away due to an accidental drug overdose.</p> <p>His loss is part of a much broader public health crisis that continues to affect communities across Colorado. In 2021, my home county, Las Animas, ranked #1 in the state amongst those with the highest rate of opioid overdose deaths. In 2025, a lawsuit came forth aimed at our only hospital within city limits, and three of the town's primary care physicians regarding the over prescribing of opioids.</p> <p>These events underscored for many of us the urgent need for more balanced, responsible, and patient-centered approaches to pain management.</p> <p>That is why SB26-006 is so important.</p> <p>This bill promotes insurance parity for non-opioid treatments for pain. Expanding access to non-opioid pain treatments is a proactive, evidence-based strategy that ensures that people living with pain</p>

	<p>receive appropriate care with reduced exposure to the risk of opioids. Patients who might benefit from non-opioid medications would have fewer hurdles to go through, like minimized back and forth with insurance providers, and potentially lower out-of-pocket options for alternative care.</p> <p>SB26-006 is about expanding options and improving transparency. It acknowledges that patients deserve access to effective pain management with less exposure to addiction risk.</p> <p>For families like mine, this bill represents a meaningful step forward. I urge you to support SB26-006.</p> <p>Thank you for your time.</p>
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COLORADO

**Department of
Regulatory Agencies**

Division of Insurance

Testimony of the Division of Insurance

Senate Health and Human Services

April 2, 2026

Regarding SB26-006, Parity for Non-Opioid Pain Management Drugs

On behalf of the Division of Insurance (Division), I am submitting this written testimony in respectful opposition to SB26-006, Parity for Non-Opioid Pain Management Drugs.

First, we appreciate the intent of this legislation to make alternative nonopioid treatment options available for Coloradans, particularly in light of the ongoing opioid crisis in this country. However, we are concerned about potential costs to the state.

Our opposition arises primarily from the concern that there is no language in the bill to address the potential state costs should this legislation be considered a new coverage requirement. Under current federal rules, if a coverage requirement is considered a new benefit in addition to the essential health benefits, the state is responsible for those costs. The requirement to defray these costs, according to the Department of Health & Human Services, applies to the individual and small group markets.

This bill, which applies to all three markets (individual, small group, and large group), was the subject of an actuarial analysis pursuant to SB22-040. That analysis, conducted by Milliman, found that the total estimated one year premium impacts from this legislation are \$1,595,000 in the individual market and \$1,241,000 in the small group market. The estimated total one year premium impact for the large group market is \$2,417,000. Over 5 years, the report estimates total cumulative costs for the individual and small group market would be \$15,784,000, and \$36,184,000 over 10 years.

Debra Judy
Deputy Commissioner, Colorado Division of Insurance



Dear Members of the Committee,

03/29/2026

I am writing to express my strong support for SB26-006 and its commitment to strengthening recovery support systems across Colorado. I am the Director of Advocacy for a grassroots non-profit organization called Young People in Recovery. YPR envisions a world where all people have access to the resources they need to thrive in recovery from drugs and alcohol.

This bill represents more than policy—it reflects a shift toward recognizing that recovery is not a single moment or outcome, but a process built on stability, connection, and opportunity. Through my own lived experience in recovery, I have come to understand that long-term wellness is not sustained by abstinence alone, but by the strength of the resources surrounding an individual—their recovery capital.

In my journey, I have experienced firsthand how access to stable housing, meaningful work, supportive relationships, and a sense of purpose can make the difference between surviving and truly rebuilding a life. Recovery capital—across personal, social, and cultural domains—gave me the foundation to move forward. Without those supports, the path would have been far more uncertain.

Today, I have the privilege of working in the recovery field, supporting others as they navigate their own journeys. Every day, I see individuals who are willing to do the work but lack access to the critical resources that make recovery sustainable. I also see the transformation that happens when those supports are in place—when someone gains housing stability, builds a support network, reconnects with purpose, or simply feels seen and valued.

SB26-006 has the potential to expand access to these life-changing supports. By investing in recovery-oriented systems, this bill acknowledges what research and lived experience both confirm: when we strengthen recovery capital, we strengthen individuals, families, and entire communities.

I also write as someone who often speaks for those who cannot or do not use their voice. Many individuals in early recovery, or those still struggling, are not in a position to advocate for themselves. They are navigating stigma, instability, and survival. It is critical that we, as a community, ensure their needs are represented in policy decisions. This bill helps do exactly that.



Supporting recovery is not just a compassionate choice—it is a practical one. When individuals are supported in building stable, meaningful lives, we see reductions in recidivism, improvements in public health, and stronger, more connected communities.

I urge you to support SB26-006 and continue investing in approaches that recognize the full picture of recovery. This is an opportunity to lead with both evidence and empathy, and to create lasting impact for countless Coloradans.

Thank you for your time, consideration, and commitment to this work.

Sincerely,

Coreen R Johnson

Coreen R Johnson



Barby Ingle, Vice-President
International Pain Foundation
Barby@InternationalPain.org

April 1, 2026

Senate Health & Human Services Committee
Colorado General Assembly
200 E. Colfax Avenue
Denver, CO 80203

Re: Strong Support for SB26-006 – Parity for Non-Opioid Pain Management Medication

Dear Chair Mullica, Vice Chair Jodeh, and Members of the Senate Health & Human Services Committee:

My name is Barby Ingle. I am a chronic pain patient, national patient advocate, author, and Vice-President of the International Pain Foundation. For over 25 years I have lived with Algoneurodystrophy and other chronic pain conditions that require pain management.

I have personally experienced both the benefits and the serious limitations of opioid-based treatment, as well as the frustrating barriers to accessing safer, non-opioid alternatives.

I am writing today to urge your strong support for **SB26-006**, the Parity for Non-Opioid Pain Management Medications bill. This legislation is critical because it requires health insurance carriers and Colorado's Medicaid program to treat FDA-approved non-opioid pain management medications with true parity to opioid medications:

- Utilization review requirements (prior authorization and step therapy) for non-opioid medications must be **no more restrictive** than the least restrictive requirements applied to opioids.
- At least one clinically appropriate non-opioid alternative must be available for every covered opioid.
- Cost-sharing, copayments, and deductibles for non-opioid pain medications must not exceed those for opioids.



These commonsense protections will finally remove the insurance roadblocks that currently push patients and providers to the “easier” or “cheaper” option. In my own journey and in the stories, I hear daily from thousands of pain patients across the country, these barriers have delayed effective care, increased suffering.

Non-opioid therapies exist today that can safely and effectively manage both acute and chronic pain. SB26-006 simply ensures that insurance coverage does not artificially favor one class of medication over another. It promotes better patient outcomes, supports the provider-patient relationship, and aligns with Colorado’s broader goals of expanding access to evidence-based pain care.

I respectfully ask that you vote **YES** on SB26-006 and help give Colorado patients the pain parity they deserve. Thank you for your time and for considering the real-life impact this bill will have on families living with chronic pain. I am happy to provide additional information or patient stories if helpful.

Hope is True,

Barby Ingle, BSc

Board of Directors, International Pain Foundation 2006-2027

Global Genes Leadership Council 2025-2027

Board of Directors, Arizona Chronic Care Coalition 2017- Present

AZ RDAC – BioPharma Representative 2026-2030

Civic Groups: American Legion, VFW Auxiliary, Fraternal Order of Eagles

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Dear Members of the Committee,

03/29/2026

I am writing to express my strong support for SB26-006 and its commitment to strengthening recovery support systems across Colorado. I am the Director of Advocacy for a grassroots non-profit organization called Young People in Recovery. YPR envisions a world where all people have access to the resources they need to thrive in recovery from drugs and alcohol.

This bill represents more than policy—it reflects a shift toward recognizing that recovery is not a single moment or outcome, but a process built on stability, connection, and opportunity. Through my own lived experience in recovery, I have come to understand that long-term wellness is not sustained by abstinence alone, but by the strength of the resources surrounding an individual—their recovery capital.

In my journey, I have experienced firsthand how access to stable housing, meaningful work, supportive relationships, and a sense of purpose can make the difference between surviving and truly rebuilding a life. Recovery capital—across personal, social, and cultural domains—gave me the foundation to move forward. Without those supports, the path would have been far more uncertain.

Today, I have the privilege of working in the recovery field, supporting others as they navigate their own journeys. Every day, I see individuals who are willing to do the work but lack access to the critical resources that make recovery sustainable. I also see the transformation that happens when those supports are in place—when someone gains housing stability, builds a support network, reconnects with purpose, or simply feels seen and valued.

SB26-006 has the potential to expand access to these life-changing supports. By investing in recovery-oriented systems, this bill acknowledges what research and lived experience both confirm: when we strengthen recovery capital, we strengthen individuals, families, and entire communities.

I also write as someone who often speaks for those who cannot or do not use their voice. Many individuals in early recovery, or those still struggling, are not in a position to advocate for themselves. They are navigating stigma, instability, and survival. It is critical that we, as a community, ensure their needs are represented in policy decisions. This bill helps do exactly that.



Supporting recovery is not just a compassionate choice—it is a practical one. When individuals are supported in building stable, meaningful lives, we see reductions in recidivism, improvements in public health, and stronger, more connected communities.

I urge you to support SB26-006 and continue investing in approaches that recognize the full picture of recovery. This is an opportunity to lead with both evidence and empathy, and to create lasting impact for countless Coloradans.

Thank you for your time, consideration, and commitment to this work.

Sincerely,

Coreen R Johnson

Coreen R Johnson

VOICES FOR NON-OPIOID CHOICES

March 30, 2026

The Honorable Kyle Mullica
Chair
Senate Health & Human Services
Committee
Colorado General Assembly
200 E Colfax Avenue
Denver, CO 80203

The Honorable Iman Jodeh
Vice-Chair
Senate Health & Human Services
Committee
Colorado General Assembly
200 E Colfax Avenue
Denver, CO 80203

The Honorable Scott Bright
Senate Health & Human Services
Committee
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The Honorable Lisa Cutter
Senate Health & Human Services
Committee
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200 E Colfax Avenue
Denver, CO 80203

The Honorable Lindsey Daugherty
Senate Health & Human Services
Committee
Colorado General Assembly
200 E Colfax Avenue
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The Honorable Lisa Frizell
Senate Health & Human Services
Committee
Colorado General Assembly
200 E Colfax Avenue
Denver, CO 80203

The Honorable Mike Weissman
Senate Health & Human Services
Committee
Colorado General Assembly
200 E Colfax Avenue
Denver, CO 80203

Dear Chair Mullica, Vice-Chair Jodeh, and Honorable Members of the Senate Health & Human Services Committee:

On behalf of Voices for Non-Opioid Choices (“Voices”), we write to express our strong support for SB26-006, legislation that would ensure meaningful access to non-opioid pain treatments across Colorado. Voices applauds Senators Judy Amabile and Dafna Michaelson Jenet and Representative Kyle Brown for introducing SB26-006 and respectfully urges the Committee to advance this important legislation.

Voices is a national, nonpartisan, nonprofit organization dedicated to preventing opioid addiction. Our coalition includes over 20,000 advocates and more than 250 member organizations representing leading patient, provider, and public health groups. Together, our members represent millions of Americans affected by the U.S. opioid addiction epidemic.

For too long, efforts to address the opioid crisis have focused almost exclusively on overdose response, overdose death prevention, treatment, and harm reduction. While these efforts are essential, they overlook a critical opportunity to prevent addiction before it starts—by reducing unnecessary exposure to prescription opioids and ensuring patients can meaningfully access non-opioid pain approaches.

The urgency of prevention is clear. Between April 2024 and April 2025, more than 48,000 Americans—**an average of 133 people every day**—died from opioid-related overdoses, accounting for roughly **two-thirds of all overdose deaths**.ⁱ Colorado is not immune to this crisis. During this same time frame, there were **1,050 opioid-related overdose deaths** in the state, accounting for **64% of all overdose fatalities**.ⁱ

This harm is not inevitable—it is driven by policy choices that shape how pain is treated.

For many individuals, opioid exposure begins not through misuse, but as a routine part of medical care.ⁱⁱ **Up to 90% of surgical patients receive an opioid prescription for postoperative pain**,ⁱⁱⁱ making surgery one of the most common gateways to first-time opioid use. In Colorado alone, **32 opioid prescriptions were written for every 100 residents** in 2023,^{iv} creating an avoidable pathway to dependence or long-term use.

This also places a heavy strain on state resources. Statewide, the total societal cost of opioid use disorder (OUD) was estimated at **\$55.8 billion in 2024**.^v Within Medicaid alone, **more than 35,200 Colorado beneficiaries** had OUD in 2022, **resulting in an excess \$493.1 million in costs for the state Medicaid program**.^{vi}

Because the pathway to addiction, dependence, misuse, or abuse often starts with a prescription opioid, we should do more to prioritize protocols that increase access to non-opioid approaches. Utilization management tools such as prior authorization, step therapy, and fail-first requirements create unnecessary hurdles to accessing non-opioid treatments, too often steering patients toward lower-cost care approaches, frequently resulting in opioid prescriptions.

SB26-006 directly corrects this imbalance by ensuring that non-opioid treatments are not subject to more restrictive utilization management or higher cost-sharing requirements than opioid medications, and by requiring that at least one clinically appropriate non-opioid approach is available for each opioid. The bill applies these protections across both state-regulated commercial insurance plans and Medicaid, helping to ensure consistent and meaningful access for patients across coverage types in Colorado.

SB26-006 does not restrict access to opioids for patients who need them. Rather, it ensures that non-opioid options are accessible, affordable, and viable choices for patients and providers. In doing so, the bill supports patient choice, promotes equitable access to non-opioid approaches, and advances prevention efforts aimed at reducing unnecessary opioid exposure.

This is both clinically sound and fiscally responsible. A 2025 study found that replacing just 10 percent of new opioid prescriptions with non-opioid pain treatments could **prevent more than 320,000 cases of OUD, avert 11,000 overdose deaths, and save \$88 billion**.^{vii} Real-world evidence reinforces these findings, showing that multimodal, non-opioid pain approaches reduce emergency room visits, shorten hospital stays, and lower overall health care costs.^{viii,ix}

SB26-006 represents a common-sense, prevention-focused approach to pain management, one that treats pain effectively while reducing the risk of addiction and long-term harms. **We**

strongly urge the Committee to advance this legislation and help prevent opioid addiction before it starts.

Thank you for your leadership and consideration. We look forward to working with you to ensure Colorado patients can better access safe, effective, and non-addictive options for managing pain.

With appreciation,



Chris Fox
Executive Director
Voices for Non-Opioid Choices

ⁱ Centers for Disease Control and Prevention (2025). Provisional Drug Overdose Death Counts.

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

ⁱⁱ Bicket MC, Lin LA, Waljee J. (2021). New persistent opioid use after surgery: A risk factor for opioid use disorder? *Annals of Surgery*. 2021;275(2):e288-e289. doi:10.1097/sla.0000000000005297

ⁱⁱⁱ Singh K, Murali A, Stevens H, et al. (2022). Predicting persistent opioid use after surgery using electronic health record and patient-reported data. *Surgery*. 2022;172(1):241-248. doi:10.1016/j.surg.2022.01.008

^{iv} Centers for Disease Control and Prevention. (2025). Opioid Dispensing Rate Maps. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>

^v Avalere Health (2025). The cost of addiction: Opioid use disorder in the United States. <https://advisory.avalerehealth.com/wp-content/uploads/2025/05/Avalere-Health-White-Paper-The-cost-of-opioid-addiction- OUD-in-the-United-States.pdf>.

^{vi} Health Management Associates. (2025). Opioid Use Disorder in the Medicaid Fee-for-Service Program.

<https://www.healthmanagement.com/wp-content/uploads/Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf>.

^{vii} Ballreich, J. M., Jeyakumar, S., Garrison, K., Lopez, A., Cohen, B. G., Paffrath, A., Steel, P., & Rubin, J. L. (2025). Societal burden of the US opioid epidemic over the next 15 years and the potential impact of effective non-opioid treatments for pain. *Journal of Medical Economics*, 28(1), 2247–2257. <https://doi.org/10.1080/13696998.2025.2602385>

^{viii} Hosseinzadeh F, Nourazarian A. (2025). Biochemical strategies for opioid-sparing pain management in the operating room. *Biochemistry and Biophysics Reports*. 2025;41:101927. doi:https://doi.org/10.1016/j.bbrep.2025.101927

^{ix} Health Management Associates. (2024). Opioid Use Disorder in the Medicare Fee-for-Service Program.

<https://www.healthmanagement.com/wp-content/uploads/Opioid-Use-Disorder-Economic-Impact-on-Medicare-Program-062724-final.pdf>.