The Cost of Opioid Use Disorder in State Medicaid: *Over $25 Billion in 2022*

Key Findings

Approximately 42,843 patients who were newly diagnosed with OUD in 2022 in the fee-for-service Medicaid population.

Medicaid patients newly diagnosed with OUD in 2022 incurred nearly **$14,000 more** in health care costs than their non-OUD counterparts.

Higher costs were seen across all care settings. This translates to **~$600M in additional Medicaid spending.**

Applied across the 1.8M beneficiaries diagnosed with OUD, this totals **$25.2 billion in 2022.**

Additional Insights

Inpatient: Almost **5x** higher
($2,732 vs. $11,447)

Physician/Outpatient:
Nearly **50%** higher
($8,186 vs. $12,145)

Pharmacy: Over **35%** higher
($3,724 vs. $5,093)

VOICES FOR NON-OPIOID CHOICES

www.nonopioidchoices.org

The Moran Company, a Health Management Associates Company's analysis was a targeted state-by-state breakdowns of OUD's fiscal impact on Medicaid to date. The findings give an economic point to a human loss, highlighting the urgent need for upstream solutions that prevent opioid addiction before it begins.

The Moran Company, a Health Management Associates Company, "Opioid Use Disorder in the Medicaid Fee-for-Service Program Economic Analysis". July 2025. https://www.healthmanagement.com/wp-content/uploads/Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf.

VOICES FOR NON-OPIOID CHOICES

Minnesota's Opioid Crisis

How the opioid epidemic has continued to impact the people of Minnesota

State Facts

676 Deaths

or 68.2% of total overdose deaths involved opioids in 2024.[1]

816,088 Claims

or 3.33% of all Medicare Part D claims were for opioids in 2022 - an average of **33 per prescriber**.[2]

26.5 Opioid Prescriptions

were written for every 100 persons in Minnesota in 2023.[3]

13,529 Beneficiaries

on Medicare Part D had Opioid Use Disorder in 2022.[4]

National Data

90%

of surgical patients receive an opioid prescription following surgery annually.[5]

194,447

Medicare Part D beneficiaries received "high" or "extreme" amounts of prescription opioids in 2022.[6]

1.1 Million

Medicare beneficiaries suffered from Opioid Use Disorder in 2022. [6]

$33 Billion

was the estimated cost to the Medicare program of Opioid Use Disorder in 2022.[7]

Over 54,000 Americans

died from an opioid-related drug overdose in 2024 - **68% of all overdoses** that year.[8]

148 Americans Everyday

were lost due to an opioid-related drug overdose in 2024.[8]

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3. Center for Disease Control and Prevention (2024). Opioid Dispensing Rate Maps. https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html
4. Office of the Inspector General (2023). The Consistently Low Percentage of Medicare Enrollees Receiving Medication to Treat Their Opioid Use Disorder Remains a Concern. https://oig.hhs.gov/documents/evaluation/2722/OEI-02-23-00250-Complete%20Report.pdf
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7. Desmarais, M. (2024). Opioid Use Disorder in the Medicare Fee-for-Service Program. The Moran Company, an HMA Company. https://www.healthmanagement.com/insights/briefs-reports/economic-analysis-of-opioid-use-disorder-in-the-medicare-fee-for-service-program/
8. Centers for Disease Control and Prevention (2025). Provisional Drug Overdose Death Counts. https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

For more information, please visit: www.nonopioidchoices.org

Pain Parity for Minnesota

Preventing Opioid Use Disorder Before It Begins

Take Control of Pain

Pain is one of the most common reasons people visit their doctor.

Each year, nearly 80 million Americans[i] seek treatment to manage acute pain symptoms and opioids are often prescribed as a solution. While they can be effective, they can also pose significant health risks and increase chances of opioid dependency.[ii]

But breakthroughs in pain medication are enabling patients to have a choice in their pain management. Amidst the ongoing opioid epidemic, it is critical that patients have access to the treatments they want and need to address their pain.

Need for increased access to all pain treatment options

- Within one year of receiving an opioid medication to manage acute pain, approximately 85,000 Americans were diagnosed with an opioid use disorder.[iii]
- Prescribing rates have fallen, but opioid use disorders and overdoses remain high. In 2023, Minnesota reported:
  - More than 4,100 opioid-overdose related emergency room visits[iv]
  - More than 1,000 opioid overdose deaths[iv]
  - A dispensing rate of 26.5 opioid prescriptions per 100 persons[v]
  - A naloxone dispensing rate of 0.3 per 100 persons[vi]
- Furthermore, in Minnesota, opioid use disorder cost Medicaid over $465 million in excess costs in 2022.[vii]

Pain parity legislation for equal access to pain treatment options

Across the country, states are introducing legislation to expand access to non-opioid treatments and therapies. These policy efforts, often referred to as "pain parity" legislation, address the health insurance barriers many patients face when trying to access non-opioid treatment options. Pain parity legislation ensures patients are not disadvantaged when accessing non-opioid options by:

- Prohibiting the use of utilization controls such as prior authorization and step therapy
- Equalizing cost-sharing for the non-opioid prescription drug and the opioid prescription drug

Pain parity legislation in Minnesota

In Minnesota there is important legislation focused on pain parity to help patients and families.

S.F. 1947 | H.F. 1807

State Senators Robert J. Kupec (DFL-4) and Jim Abeler (R-35), and State Representatives Dawn Gillman (R-17A), Dave Baker (R-16B), and Dan Wolgamott (DFL-14B) introduced S.F. 1947 and H.F. 1807, bills requiring that in establishing and maintaining Minnesota's preferred drug list, health insurers must not disadvantage or discourage a non-opioid drug with respect to coverage of an opioid drug.

S.F. 1946 | H.F. 1806

The same group also introduced S.F. 1946 and H.F. 1806, bills that require health insurers to cover non-opioid treatments and prohibit more restrictive controls on non-opioid pain treatment options than on opioids. The legislation also requires health insurers to distribute non-opioid educational materials to in-network providers and enrollees and to publish resources on the health plan company's website.

Contact your representative to let them know Minnesota needs pain parity and help prevent addiction before it begins.

www.leg.mn.gov/

Visit www.families-network.org to learn more about Take Control of Pain and the state of pain parity across the U.S.

i. Lopez A, et al. An evaluation of the prevalence of acute and chronic pain medication use in the United States: a real-world database analysis. Presented at: ASRA Annual Pain Medicine Meeting; November 10-11, 2023; New Orleans, LA.

ii. Dydyk AM, Jain NK, Gupta M. Opioid Use Disorder: Evaluation and Management; January 17, 2024; In: StatPearls. Treasure Island (FL): StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK553166/

iii. Schoenfeld AJ, et al. An Evaluation of the Incidence of Opioid Use Disorder Among People with Acute and Chronic Pain Managed with Prescription Opioids and the Associated Economic and Societal Burden in the United States. Presented at PAINWeek 2024, Las Vegas, NV.

iv. Minnesota Department of Health. 2023. Drug Overdose Dashboard. https://www.health.state.mn.us/communities/injury/midas/drugdeath.html

v. 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

vi. Centers for Disease Control and Prevention. 2024. Naloxone Dispensing Rate Maps. https://www.cdc.gov/overdose-prevention/data-research/facts-stats/naloxone-dispensing-rate-maps.html

vii. Health Management Associates. 2025. Opioid Use Disorder in the Medicaid Fee-For-Service Program Economic Analysis. https://www.healthmanagement.com/wp-content/uploads/Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf

Updated September 2025

FAMILIES, ADDICTION & MENTAL HEALTH NETWORK

The Hon. Jeff Backer
The Hon. Robert Bierman
Health Finance and Policy
75 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, MN 55155
VIA EMAIL

February 23, 2026

Re: Letter of Support for HF 1807

Dear Rep. Backer and Rep. Bierman,
On behalf of Young People in Recovery (YPR) and our two Minneapolis-based chapters, I'm writing to express our organization's strong support for HF 1807, which would expand non-opioid choices to the people of Minnesota by requiring health plans to provide coverage for nonopioid and nonpharmacologic pain management. Opioids should be the last resort for pain management, not the first! Wherever we can, we should protect young people—and all people—from unnecessary exposure to opioid medication when non-addictive and equally effective alternatives are available.

YPR, the young people, and the families we serve in Minnesota and nationwide believe that non-opioid pain management should not be disadvantaged by insurance policies that require additional barriers, prior authorizations, or step therapy requirements that are not applied to opioid medications. By aligning Minnesota's policy with protections adopted in other states, this legislation helps create a consistent and equitable standard for patient access to safer pain management options.

YPR is a national, peer-led organization serving young people in recovery from substance use disorder. Every day, we work with individuals and families whose lives have been affected by opioid addiction. Prevention remains one of the most effective strategies for addressing the opioid crisis. Ensuring that patients have timely, affordable access to clinically appropriate non-opioid pain treatments—without unnecessary administrative or financial barriers—is a practical and evidence-informed step toward reducing unnecessary opioid exposure.

Thank you for your leadership on this issue. Young People in Recovery stands ready to support efforts that advance recovery, prevention, and healthier communities across Minnesota.

Sincerely,

Ann Herbst
Executive Director

Young People in Recovery
1415 Park Avenue West
Denver, CO 80205
www.youngpeopleinrecovery.org

HALEON | healthpartner

February 24, 2026

Members of the House Health Finance and Policy Committee
Minnesota House of Representatives
465 State Office Building
St. Paul, MN 55155

Dear Members of the House Health Finance and Policy Committee:

On behalf of Haleon and the millions of consumers who rely on our over-the-counter health products for safe and effective pain management, I am writing to express our strong support for HF 1807, legislation that protects patient access to non-opioid pain management options by ensuring Medicaid coverage of FDA-approved non-opioid medications.

Pain is one of the most common reasons individuals seek healthcare, and when left untreated or mistreated, it can significantly impact daily functioning, quality of life, and long-term health. For many types of common pain, evidence-based non-opioid treatments including non-pharmacological approaches and a range of non-opioid pharmacologic therapies are recommended as first-line options by clinical experts and national guidelines. These include oral and topical NSAIDs, acetaminophen, topical counter-irritants, and other non-opioid analgesics.

Opioids can be appropriate in limited circumstances, such as certain surgeries, traumatic injuries, or advanced cancers. However, even short-term opioid use increases risks for side effects, dangerous drug interactions, overdose, and the potential for addiction. According to the CDC, more than one million people in the United States have died from a drug overdose since 1999, and nearly 75% of overdose deaths in 2021 involved an opioid. These trends underscore the importance of meaningful policy interventions that reduce unnecessary opioid exposure, particularly when safe, effective alternatives exist.

HF 1807 takes an important step by ensuring that Minnesota's preferred drug list does not disadvantage or restrict access to FDA-approved non-opioid pain treatments relative to opioids. This policy aligns with clinical best practices and advances a more patient-centered approach to pain care—one that supports individualized treatment decisions, reduces unnecessary opioid utilization, and promotes safer pain management options.

Haleon strongly supports efforts to expand education, access, and coverage of evidence-based non-opioid pain treatments. We appreciate your leadership in advancing HF 1807, and we welcome the opportunity to serve as a resource as this legislation moves through the Legislature.
Please do not hesitate to contact me at darius.a.lovett@haleon.com or (201)-704-8262 if we can provide any additional information.

Sincerely,
Darius Lovett
Senior Manager, State Government Affairs
Haleon
www.haleon.com

February 24, 2026

Dear Health Finance and Policy Committee,

As an acupuncturist, I support non-opioid medication pain options for the treatment of pain, HF1807. Many of my patients benefit significantly from acupuncture, yet some individuals require additional non-opioid therapies as well. Access to a full range of pain management tools is essential to providing responsible, patient-centered care.

Not only non-opioid pain medications should be available but acupuncture should be available as an option for all patients; however, many currently do not have meaningful access to it.

Historically, acupuncture has been used for pain treatment in the United States since the 1700s. [i] [ii] [iii] [iv] In a 1993 report, the Food and Drug Administration noted that French physicians were instrumental in bringing acupuncture to the United States.[v] Numerous medical articles from earlier eras discuss acupuncture in clinical practice.[vi] [vii] [viii]

Over the past several years, I have been exploring the history of acupuncture and Chinese medicine in the United States and have found evidence suggesting that Chinese physicians may have been present here as early as the 1700s. As more historical documents are digitized, we will continue to gain a clearer understanding of this history.

Acupuncture needles themselves have undergone minimal structural change over time (noncutting needle and handle). They are produced in different lengths and gauges to serve various treatment strategies. Some techniques involve shallow insertion, while others reach muscle tissue, joint spaces, or the periosteal level. Across cultures, distinct needling traditions have developed—including French, Chinese, Japanese, Korean, and broader European styles.

Acupuncture has also been present in institutional medical settings throughout as well as within cultural medical traditions. It was referenced in early medical education, used during the Civil War period, and known to pioneers in Western medicine, including Dr. Henry Gray (author of *Gray's Anatomy*), Dr. William Osler,[ix] [x] and Dr. Sydney Ringer. [xi] [xii] Acupuncture can also be connected to early American physicians such as Dr. Franklin Bache, [xiii] the great-grandson of Benjamin Franklin, who is credited with translating one of the first American texts on acupuncture from French sources. Even the 5,300-year-old Ötzi the Iceman[xiv] has been found with markings corresponding to acupuncture points, demonstrating the deep historical roots of needling practices

I respectfully ask you to support non-opioid pain medication options for pain management. I encourage you to also consider acupuncture as part of a non-opioid solution and encourage you to support HF2873 as well.

Sincerely,

Bonnie Bolash, LAc.
Crystal, MN
Licensed Acupuncturists (L.Ac.) maintain and restore the health of patients through the diagnosis and treatment of a wide range of health conditions, utilizing a uniformly based set of principles and algorithms based in classical Chinese medical theory, and informed by modern science and medicine. Acupuncturists apply numerous modalities which may include acupuncture needle insertion, manual therapies, tool-assisted techniques, moxibustion, lifestyle and diet counseling, herbal medicine and supplements, breathing and exercise therapy.

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