

Congress of the United States

Washington, DC 20515

April 30, 2026

The Honorable Dr. Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Oz,

We write to encourage the Centers for Medicare & Medicaid Services (CMS) to use its existing authorities to ensure that Medicare Part D plans prioritize timely and meaningful access to newly approved, evidence-based non-opioid medicines for Medicare beneficiaries.

America's seniors continue to face unnecessary exposure to opioids for the management of acute pain, even as new non-opioid therapies are approved by the Food and Drug Administration and become available for clinical use. Limited formulary placement, restrictive utilization management, and delayed coverage decisions can undermine the promise of these innovations and perpetuate reliance on opioids when safer and more effective alternatives may exist.

Expanding access to non-opioid options is critical to improving health outcomes for seniors. Opioid utilization is associated with increased risks of falls, fractures, cognitive impairment, dependence, and hospitalization—outcomes that are especially dangerous and costly for older Americans.

By contrast, non-opioid medicines that effectively manage pain can support faster recovery, improved function, and better quality of life. Reducing unnecessary opioid prescribing also protects families and households beyond the beneficiary. Excess opioids prescribed to seniors are a known source of diversion, accidental ingestion, and misuse by family members, caregivers, and others. Policies that favor non-opioid therapies where clinically appropriate can help prevent these downstream harms and strengthen community safety.

There is also a clear fiscal rationale for action. Opioid-related adverse events drive avoidable spending across Medicare, including emergency department visits, inpatient admissions, post-acute care, and long-term disability. When beneficiaries experience poor outcomes associated with opioid use, taxpayers ultimately bear the cost. Facilitating access to effective non-opioid medicines has the potential to reduce these downstream expenditures while improving care.

We therefore urge CMS to:

- 1) Encourage Medicare Part D plans to provide favorable formulary placement for newly approved, clinically appropriate non-opioid medicines;
- 2) Discourage unnecessary utilization management practices that delay or restrict access to non-opioid therapies; and
- 3) Ensure that plan benefit designs align with CMS's broader goals of improving outcomes, preventing avoidable harm, and promoting value-based care.

These steps would build on ongoing efforts to address the opioid crisis while respecting physician judgment and patient choice. Seniors deserve access to the full range of FDA-approved treatment options so that pain can be managed safely, effectively, and responsibly.

Thank you for your leadership and attention to this important issue. We look forward to continued collaboration to improve care for Medicare beneficiaries and strengthen the integrity of the program.

Sincerely,



Tim Sheehy
United States Senator



Mariannette J. Miller-Meeks, M.D.
Member of Congress



Earl L. "Buddy" Carter
Member of Congress



Brian Babin, D.D.S.
Member of Congress



Charles J. "Chuck" Fleischmann
Member of Congress



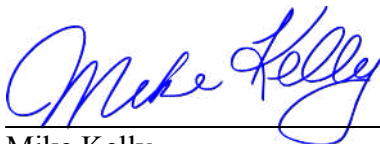
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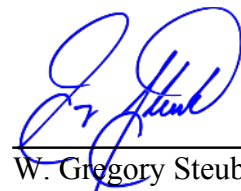
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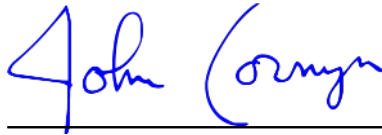
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Member of Congress



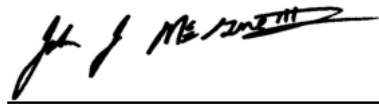
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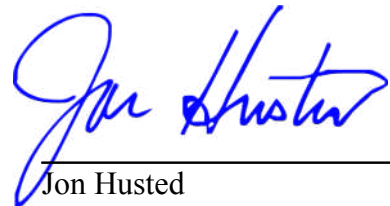
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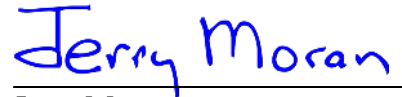
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