

## **SB 598 -1, -2 STAFF MEASURE SUMMARY**

### **Senate Committee On Health Care**

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**Meeting Dates:** 3/11, 4/8

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#### **WHAT THE MEASURE DOES:**

The measure requires health insurers and the Oregon Health Plan to apply the same approval processes and, when relevant, cost-sharing rules to non-opioid pain treatments as they do to opioid pain medications.

##### Detailed Summary:

Requires commercial health insurers covering prescription drugs to ensure that access to non-opioid pain medications is no more restrictive than access to opioids.

- Requires that utilization review criteria, including step therapy, for non-opioid medications used to treat acute or chronic pain be no more restrictive than the least restrictive requirements for opioids.
- Requires that cost-sharing, copayments, or deductibles for non-opioid medications used to treat acute or chronic pain not exceed those for opioids.
- Applies to health benefit plans, health care services contracts, and multiple employer welfare arrangements.

Requires the Oregon Health Authority and coordinated care organizations to ensure that access to non-opioid pain medications is no more restrictive than access to opioids.

- Requires that utilization review criteria, including step therapy, for non-opioid medications used to treat acute or chronic pain be no more restrictive than the least restrictive requirements for opioids.

*Fiscal impact: May have fiscal impact, but no statement yet issued*

*Revenue impact: No revenue impact*

#### **ISSUES DISCUSSED:**

##### **EFFECT OF AMENDMENT:**

- 1 Applies only to non-opioid drugs that are authorized generic and noninnovator multiple source.
- 2 Replaces Sections 2-4 of the measure. Updates section numbers.

##### Detailed Summary:

Requires health insurance plans to ensure that the drug formulary provides coverage for at least one clinically appropriate nonopioid prescription drug as an alternative for each opioid prescription drug.

- Defines "clinically appropriate," and "nonopioid prescription drug."
- Allows provisions for coverage to be subject to, but not more restrictive than, the provisions for coverage for opioid prescription drugs, including prior authorization, step therapy, other utilization review requirements, cost-sharing, copayments, coinsurance, and deductibles.

Directs the Pharmacy and Therapeutics Committee (Committee) to provide the Oregon Health Authority (OHA) with recommendations that ensure there is at least one clinically appropriate nonopioid prescription drug as an alternative for each opioid prescription drug.

- Directs the Committee to ensure utilization controls and prior authorization requirements are no more restrictive for nonopioid prescription drugs than for opioid prescription drugs.

#### **BACKGROUND:**

Prescription opioids can be used to treat acute-to-chronic pain, and are often prescribed following surgery, injury, or for a health condition such as cancer. Prescription opioids carry risk of addiction, misuse, and overdose. In 2023, the Centers for Disease and Prevention (CDC) reported that nearly 8.6 million Americans 12 years and older reported misusing prescription opioids in the past year and over five million Americans 12 years and older reported a prescription use disorder in the past year. More than two thirds of people who reported misusing an opioid prescription reported misusing to relieve physical pain ([About Prescription Opioids](#), 2025).

The [CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) (2022) recommended clinicians maximize use of nonpharmacologic and nonopioid pharmacologic therapies appropriate for the specific condition and patient and only consider opioid therapy for acute pain if benefits are anticipated to outweigh risks to the patient. Nonopioid medications include topical or oral nonsteroidal anti-inflammatory drugs, acetaminophen, and certain migraine medications. The Food and Drug Administration (FDA) has approved a first-in-class non-opioid analgesic to treat moderate to severe pain in adults ([FDA News Release](#), 2025), though the cost for new medications may exceed the cost of a generic opioid medication used to treat pain.

Senate Bill 598 -1 requires health insurers to apply the same approval processes and, when relevant, cost-sharing rules to generic non-opioid pain treatments as they do to opioid pain medications.