

SB 598 A STAFF MEASURE SUMMARY

Senate Committee On Health Care

Action Date: 04/08/25

Action: Do pass with amendments and requesting referral to Ways and Means. (Printed A-Engrossed.)

Vote: 4-1-0-0

Yeas: 4 - Campos, Linthicum, Patterson, Reynolds

Nays: 1 - Hayden

Fiscal: Fiscal impact issued

Revenue: No revenue impact

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Meeting Dates: 3/11, 4/8

WHAT THE MEASURE DOES:

The measure requires any entity that provides health care coverage for prescription drugs 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.

Detailed Summary:

- 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, with utilization controls and prior authorization requirements that are no more restrictive for nonopioid prescription drugs than for opioid prescription drugs.
- Applies to health benefit plans, health care service contracts, and multiple employer welfare arrangements issued, renewed, or extended on or after the effective date of the measure.

ISSUES DISCUSSED:

- Cost of coverage requirements.
- Impacts of the measure.

EFFECT OF AMENDMENT:

Replaces Sections 2-4 of the measure. Updates section numbers.

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

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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 A requires any entity that provides health care coverage for prescription drugs 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.