

B-Engrossed Senate Bill 598

Ordered by the Senate June 19
Including Senate Amendments dated April 15 and June 19

Sponsored by Senator CAMPOS; Senator PATTERSON, Representatives GRAYBER, NELSON, NOSSE (Presession filed.)

SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure. The statement includes a measure digest written in compliance with applicable readability standards.

Digest: Tells some health insurers to cover a nonopioid drug alternate for an opioid drug with the same rules. Tells the PTC to add to their suggestions a nonopioid drug alternate for an opioid drug with the same rules. (Flesch Readability Score: 60.6).

Requires certain health insurance providers to ensure that coverage for a nonopioid prescription drug is available as an alternative for an opioid prescription drug and to use the same utilization review requirements and cost-sharing provisions for opioid and nonopioid drugs when they are prescribed for the same treatment.

Requires the Pharmacy and Therapeutics Committee to include nonopioid prescription drug alternatives to opioid prescription drugs with the same utilization review requirements when making recommendations to the Oregon Health Authority for the preferred drug list and Practitioner-Managed Prescription Drug Plan.

A BILL FOR AN ACT

Relating to step therapy for nonopioids; creating new provisions; and amending ORS 414.361, 750.055 and 750.333.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2 of this 2025 Act is added to and made a part of the Insurance Code.

SECTION 2. (1) As used in this section:

(a) "Clinically appropriate" means supported by nationally recognized compendia, clinical guidelines or generally recognized standards of care.

(b) "Compendia" mean those resources widely accepted by the medical profession in the efficacious use of drugs.

(c) "Health care coverage" has the meaning given that term in ORS 743B.602.

(d) "Nonopioid prescription drug" means a drug that is prescribed for the treatment of chronic or acute pain and is approved by the United States Food and Drug Administration.

(e) "Prior authorization," "step therapy" and "utilization review" have the meanings given those terms in ORS 743B.001.

(2) An entity that provides health care coverage for prescription drugs shall ensure that the entity's drug formulary provides coverage for at least one clinically appropriate nonopioid prescription drug as an alternative for each opioid prescription drug.

(3) The coverage described in this section for nonopioid prescription drugs may be made subject to, but may not be more restrictive than, the provisions for coverage for opioid prescription drugs, including with respect to prior authorization, step therapy, other utilization review requirements, cost-sharing, copayments, coinsurance and deductibles.

NOTE: Matter in **boldfaced** type in an amended section is new; matter *[italic and bracketed]* is existing law to be omitted. New sections are in **boldfaced** type.

SECTION 3. ORS 414.361 is amended to read:

414.361. (1) The Pharmacy and Therapeutics Committee shall advise the Oregon Health Authority on:

(a) Adoption of rules to implement ORS 414.351 to 414.414 in accordance with ORS chapter 183.

(b) Implementation of the medical assistance program retrospective and prospective programs as described in ORS 414.351 to 414.414, including the type of software programs to be used by the pharmacist for prospective drug use review and the provisions of the contractual agreement between the state and any entity involved in the retrospective program.

(c) Development of and application of the criteria and standards to be used in retrospective and prospective drug use review in a manner that ensures that such criteria and standards are based on compendia, relevant guidelines obtained from professional groups through consensus-driven processes, the experience of practitioners with expertise in drug therapy, data and experience obtained from drug utilization review program operations. The committee shall have an open professional consensus process for establishing and revising criteria and standards. Criteria and standards shall be available to the public. In developing recommendations for criteria and standards, the committee shall establish an explicit ongoing process for soliciting and considering input from interested parties. The committee shall make timely revisions to the criteria and standards based upon this input in addition to revisions based upon scheduled review of the criteria and standards. Further, the drug utilization review standards shall reflect the local practices of prescribers in order to monitor:

(A) Therapeutic appropriateness.

(B) Overutilization or underutilization.

(C) Therapeutic duplication.

(D) Drug-disease contraindications.

(E) Drug-drug interactions.

(F) Incorrect drug dosage or drug treatment duration.

(G) Clinical abuse or misuse.

(H) Drug allergies.

(d) Development, selection and application of and assessment for interventions that are educational and not punitive in nature for medical assistance program prescribers, dispensers and patients.

(2) In reviewing retrospective and prospective drug use, the committee may consider only drugs that have received final approval from the federal Food and Drug Administration.

(3) The committee shall make recommendations to the authority, subject to approval by the Director of the Oregon Health Authority or the director's designee, for drugs to be included on any preferred drug list adopted by the authority and on the Practitioner-Managed Prescription Drug Plan. The committee shall also recommend all utilization controls, prior authorization requirements or other conditions for the coverage of a drug.

(4) In making recommendations under subsection (3) of this section, the committee may use any information the committee deems appropriate. The recommendations must be based upon the following factors in order of priority:

(a) Safety and efficacy of the drug.

(b) The ability of Oregonians to access effective prescription drugs that are appropriate for their clinical conditions.

(c) Substantial differences in the costs of drugs within the same therapeutic class.

(5) In addition to the factors described in subsection (4) of this section, the committee,

1 **in making a recommendation, shall ensure there is at least one clinically appropriate**
 2 **nonopioid prescription drug available as an alternative for each opioid prescription drug and**
 3 **ensure the utilization controls and prior authorization requirements are no more restrictive**
 4 **for the nonopioid prescription drug than the utilization controls and prior authorization re-**
 5 **quirements for the opioid prescription drug.**

6 [(5)(a)] **(6)(a)** No later than seven days after the date on which the committee makes a recom-
 7 mendation under subsection (3) of this section, the committee shall publish the recommendation on
 8 the website of the authority.

9 (b) As soon as practicable after the committee makes a recommendation, the director shall de-
 10 cide whether to approve, disapprove or modify the recommendation, shall publish the decision on the
 11 website and shall notify persons who have requested notification of the decision.

12 (c) Except as provided in subsection [(6)] **(7)** of this section, a recommendation approved by the
 13 director, in whole or in part, with respect to the inclusion of a drug on a preferred drug list or the
 14 Practitioner-Managed Prescription Drug Plan may not become effective less than seven days after
 15 the date that the director's decision is published on the website.

16 [(6)(a)] **(7)(a)** The director may allow the immediate implementation of a recommendation de-
 17 scribed in subsection [(5)(c)] **(6)(c)** of this section if the director determines that immediate imple-
 18 mentation is necessary to protect patient safety or to comply with state or federal requirements.

19 (b) The director shall reconsider any decision to approve, disapprove or modify a recommen-
 20 dation described in subsection [(5)(c)] **(6)(c)** of this section upon the request of any interested person
 21 filed no later than seven days after the director's decision is published on the website of the au-
 22 thority. The director's determination regarding the request for reconsideration shall be sent to the
 23 requester and posted to the website without undue delay. Upon receipt of a request for reconsider-
 24 ation, the director may:

25 (A) Delay the implementation of the recommendation pending the reconsideration process; or

26 (B) Implement the recommendation if the director determines that delay could reasonably result
 27 in harm to patient safety or would violate state or federal requirements.

28 **(8) As used in this section, "clinically appropriate" and "nonopioid prescription drug"**
 29 **have the meanings given those terms in section 2 of this 2025 Act.**

30 **SECTION 4.** ORS 414.361, as amended by section 4, chapter 628, Oregon Laws 2021, is amended
 31 to read:

32 414.361. (1) The Pharmacy and Therapeutics Committee shall advise the Oregon Health Author-
 33 ity on:

34 (a) Adoption of rules to implement ORS 414.351 to 414.414 in accordance with ORS chapter 183.

35 (b) Implementation of the medical assistance program retrospective and prospective programs
 36 as described in ORS 414.351 to 414.414, including the type of software programs to be used by the
 37 pharmacist for prospective drug use review and the provisions of the contractual agreement between
 38 the state and any entity involved in the retrospective program.

39 (c) Development of and application of the criteria and standards to be used in retrospective and
 40 prospective drug use review in a manner that ensures that such criteria and standards are based
 41 on compendia, relevant guidelines obtained from professional groups through consensus-driven pro-
 42 cesses, the experience of practitioners with expertise in drug therapy, data and experience obtained
 43 from drug utilization review program operations. The committee shall have an open professional
 44 consensus process for establishing and revising criteria and standards. Criteria and standards shall
 45 be available to the public. In developing recommendations for criteria and standards, the committee

1 shall establish an explicit ongoing process for soliciting and considering input from interested parties. The committee shall make timely revisions to the criteria and standards based upon this input
 2 in addition to revisions based upon scheduled review of the criteria and standards. Further, the drug
 3 utilization review standards shall reflect the local practices of prescribers in order to monitor:

4 (A) Therapeutic appropriateness.

5 (B) Overutilization or underutilization.

6 (C) Therapeutic duplication.

7 (D) Drug-disease contraindications.

8 (E) Drug-drug interactions.

9 (F) Incorrect drug dosage or drug treatment duration.

10 (G) Clinical abuse or misuse.

11 (H) Drug allergies.

12 (d) Development, selection and application of and assessment for interventions that are educational and not punitive in nature for medical assistance program prescribers, dispensers and patients.

13 (2) In reviewing retrospective and prospective drug use, the committee may consider only drugs that have received final approval from the federal Food and Drug Administration.

14 (3) The committee shall make recommendations to the authority, subject to approval by the Director of the Oregon Health Authority or the director's designee, for drugs to be included on any preferred drug list adopted by the authority and on the Practitioner-Managed Prescription Drug Plan. The committee shall also recommend all utilization controls, prior authorization requirements or other conditions for the coverage of a drug.

15 (4) In making recommendations under subsection (3) of this section, the committee may use any information the committee deems appropriate. The recommendations must be based upon the following factors in order of priority:

16 (a) Safety and efficacy of the drug.

17 (b) The ability of Oregonians to access effective prescription drugs that are appropriate for their clinical conditions.

18 (c) For mental health drugs, the recommendations of the Mental Health Clinical Advisory Group.

19 (d) Substantial differences in the costs of drugs within the same therapeutic class.

20 **(5) In addition to the factors described in subsection (4) of this section, the committee, in making a recommendation, shall ensure there is at least one clinically appropriate nonopioid prescription drug available as an alternative for each opioid prescription drug and ensure the utilization controls and prior authorization requirements are no more restrictive for the nonopioid prescription drug than the utilization controls and prior authorization requirements for the opioid prescription drug.**

21 [(5)(a)] **(6)(a)** No later than seven days after the date on which the committee makes a recommendation under subsection (3) of this section, the committee shall publish the recommendation on the website of the authority.

22 (b) As soon as practicable after the committee makes a recommendation, the director shall decide whether to approve, disapprove or modify the recommendation, shall publish the decision on the website and shall notify persons who have requested notification of the decision.

23 (c) Except as provided in subsection [(6)] **(7)** of this section, a recommendation approved by the director, in whole or in part, with respect to the inclusion of a drug on a preferred drug list or the Practitioner-Managed Prescription Drug Plan may not become effective less than seven days after

the date that the director's decision is published on the website.

[(6)(a)] **(7)(a)** The director may allow the immediate implementation of a recommendation described in subsection [(5)(c)] **(6)(c)** of this section if the director determines that immediate implementation is necessary to protect patient safety or to comply with state or federal requirements.

(b) The director shall reconsider any decision to approve, disapprove or modify a recommendation described in subsection [(5)(c)] **(6)(a)** of this section upon the request of any interested person filed no later than seven days after the director's decision is published on the website of the authority. The director's determination regarding the request for reconsideration shall be sent to the requester and posted to the website without undue delay. Upon receipt of a request for reconsideration, the director may:

(A) Delay the implementation of the recommendation pending the reconsideration process; or

(B) Implement the recommendation if the director determines that delay could reasonably result in harm to patient safety or would violate state or federal requirements.

(8) As used in this section, "clinically appropriate" and "nonopioid prescription drug" have the meanings given those terms in section 2 of this 2025 Act.

SECTION 5. ORS 750.055, as amended by section 3, chapter 24, Oregon Laws 2024, section 4, chapter 35, Oregon Laws 2024, section 21, chapter 70, Oregon Laws 2024, and section 162, chapter 73, Oregon Laws 2024, is amended to read:

750.055. (1) The following provisions apply to health care service contractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

(a) ORS 705.137, 705.138 and 705.139.

(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not including ORS 732.582, and ORS 732.650 to 732.689.

(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(e) ORS 734.014 to 734.440.

(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to 742.542.

(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.025, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680 to 743.689, 743.788 and 743.790.

(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.169, 743A.170, 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252, 743A.260, 743A.310 and 743A.315 and section 2, chapter 771, Oregon Laws 2013, and section 2, chapter 70, Oregon Laws 2024.

(i) ORS 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.221, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253,

743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320, 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602 and 743B.800 and section 2, chapter 24, Oregon Laws 2024, and section 2, chapter 35, Oregon Laws 2024, **and section 2 of this 2025 Act.**

(j) The following provisions of ORS chapter 744:

(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;

(B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

(2) The following provisions of the Insurance Code apply to health care service contractors except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act:

(a) ORS 731.485, if the group practice health maintenance organization wholly owns and operates an in-house drug outlet.

(b) ORS 743A.024, unless the patient is referred by a physician, physician associate or nurse practitioner associated with a group practice health maintenance organization.

(3) For the purposes of this section, health care service contractors are insurers.

(4) Any for-profit health care service contractor organized under the laws of any other state that is not governed by the insurance laws of the other state is subject to all requirements of ORS chapter 732.

(5)(a) A health care service contractor is a domestic insurance company for the purpose of determining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

(b) A health care service contractor's classification as a domestic insurance company under paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510 to 734.710.

(6) The Director of the Department of Consumer and Business Services may, after notice and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025 and 750.045 that are necessary for the proper administration of these provisions.

SECTION 6. ORS 750.055, as amended by section 21, chapter 771, Oregon Laws 2013, section 7, chapter 25, Oregon Laws 2014, section 82, chapter 45, Oregon Laws 2014, section 9, chapter 59, Oregon Laws 2015, section 7, chapter 100, Oregon Laws 2015, section 7, chapter 224, Oregon Laws 2015, section 11, chapter 362, Oregon Laws 2015, section 10, chapter 470, Oregon Laws 2015, section 30, chapter 515, Oregon Laws 2015, section 10, chapter 206, Oregon Laws 2017, section 6, chapter 417, Oregon Laws 2017, section 22, chapter 479, Oregon Laws 2017, section 10, chapter 7, Oregon Laws 2018, section 69, chapter 13, Oregon Laws 2019, section 38, chapter 151, Oregon Laws 2019, section 5, chapter 441, Oregon Laws 2019, section 85, chapter 97, Oregon Laws 2021, section 12, chapter 37, Oregon Laws 2022, section 5, chapter 111, Oregon Laws 2023, section 2, chapter 152, Oregon Laws 2023, section 4, chapter 24, Oregon Laws 2024, section 5, chapter 35, Oregon Laws 2024, section 22, chapter 70, Oregon Laws 2024, and section 163, chapter 73, Oregon Laws 2024, is amended to read:

750.055. (1) The following provisions apply to health care service contractors to the extent not inconsistent with the express provisions of ORS 750.005 to 750.095:

(a) ORS 705.137, 705.138 and 705.139.

(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.362, 731.382, 731.385, 731.386, 731.390, 731.398 to 731.430, 731.428, 731.450, 731.454, 731.485, as provided in subsection (2) of this section, ORS 731.488, 731.504, 731.508, 731.509, 731.510, 731.511, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.730, 731.731, 731.735, 731.737, 731.750, 731.752, 731.804, 731.808 and 731.844 to 731.992.

(c) ORS 732.215, 732.220, 732.230, 732.245, 732.250, 732.320, 732.325 and 732.517 to 732.596, not including ORS 732.582, and ORS 732.650 to 732.689.

(d) ORS 733.010 to 733.050, 733.080, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(e) ORS 734.014 to 734.440.

(f) ORS 742.001 to 742.009, 742.013, 742.016, 742.061, 742.065, 742.150 to 742.162 and 742.518 to 742.542.

(g) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.022, 743.023, 743.025, 743.028, 743.029, 743.038, 743.040, 743.044, 743.050, 743.100 to 743.109, 743.402, 743.405, 743.406, 743.417, 743.472, 743.492, 743.495, 743.498, 743.522, 743.523, 743.524, 743.526, 743.535, 743.550, 743.650 to 743.656, 743.680 to 743.689, 743.788 and 743.790.

(h) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.034, 743A.036, 743A.040, 743A.044, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.169, 743A.170, 743A.175, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252, 743A.260, 743A.310 and 743A.315 and section 2, chapter 70, Oregon Laws 2024.

(i) ORS 743B.001, 743B.003 to 743B.127, 743B.128, 743B.130, 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.221, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.280 to 743B.285, 743B.287, 743B.300, 743B.310, 743B.320, 743B.323, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343 to 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.450, 743B.451, 743B.452, 743B.453, 743B.470, 743B.475, 743B.505, 743B.550, 743B.555, 743B.601, 743B.602 and 743B.800 and section 2, chapter 24, Oregon Laws 2024, and section 2, chapter 35, Oregon Laws 2024, **and section 2 of this 2025 Act.**

(j) The following provisions of ORS chapter 744:

(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;

(B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

(k) ORS 746.005 to 746.140, 746.160, 746.220 to 746.370, 746.600, 746.605, 746.607, 746.608, 746.610, 746.615, 746.625, 746.635, 746.650, 746.655, 746.660, 746.668, 746.670, 746.675, 746.680 and 746.690.

(2) The following provisions of the Insurance Code apply to health care service contractors except in the case of group practice health maintenance organizations that are federally qualified pursuant to Title XIII of the Public Health Service Act:

(a) ORS 731.485, if the group practice health maintenance organization wholly owns and operates an in-house drug outlet.

(b) ORS 743A.024, unless the patient is referred by a physician, physician associate or nurse practitioner associated with a group practice health maintenance organization.

(3) For the purposes of this section, health care service contractors are insurers.

(4) Any for-profit health care service contractor organized under the laws of any other state that

is not governed by the insurance laws of the other state is subject to all requirements of ORS chapter 732.

(5)(a) A health care service contractor is a domestic insurance company for the purpose of determining whether the health care service contractor is a debtor, as defined in 11 U.S.C. 109.

(b) A health care service contractor's classification as a domestic insurance company under paragraph (a) of this subsection does not subject the health care service contractor to ORS 734.510 to 734.710.

(6) The Director of the Department of Consumer and Business Services may, after notice and hearing, adopt reasonable rules not inconsistent with this section and ORS 750.003, 750.005, 750.025 and 750.045 that are necessary for the proper administration of these provisions.

SECTION 7. ORS 750.333, as amended by section 5, chapter 24, Oregon Laws 2024, and section 23, chapter 70, Oregon Laws 2024, is amended to read:

750.333. (1) The following provisions apply to trusts carrying out a multiple employer welfare arrangement:

(a) ORS 705.137, 705.138 and 705.139.

(b) ORS 731.004 to 731.150, 731.162, 731.216 to 731.268, 731.296 to 731.316, 731.324, 731.328, 731.378, 731.386, 731.390, 731.398, 731.406, 731.410, 731.414, 731.418 to 731.434, 731.454, 731.484, 731.486, 731.488, 731.512, 731.574 to 731.620, 731.640 to 731.652, 731.804, 731.808 and 731.844 to 731.992.

(c) ORS 733.010 to 733.050, 733.140 to 733.170, 733.210, 733.510 to 733.680 and 733.695 to 733.780.

(d) ORS 734.014 to 734.440.

(e) ORS 742.001 to 742.009, 742.013, 742.016, 742.061 and 742.065.

(f) ORS 743.004, 743.005, 743.007, 743.008, 743.010, 743.018, 743.020, 743.023, 743.028, 743.029, 743.053, 743.405, 743.406, 743.524, 743.526, 743.535 and 743B.221.

(g) ORS 743A.010, 743A.012, 743A.014, 743A.020, 743A.024, 743A.034, 743A.036, 743A.040, 743A.048, 743A.051, 743A.052, 743A.058, 743A.060, 743A.062, 743A.063, 743A.064, 743A.065, 743A.066, 743A.068, 743A.070, 743A.080, 743A.082, 743A.084, 743A.088, 743A.090, 743A.100, 743A.104, 743A.105, 743A.108, 743A.110, 743A.124, 743A.140, 743A.141, 743A.148, 743A.150, 743A.160, 743A.168, 743A.169, 743A.170, 743A.175, 743A.180, 743A.185, 743A.188, 743A.190, 743A.192, 743A.250, 743A.252, 743A.260 and 743A.310 and section 2, chapter 70, Oregon Laws 2024.

(h) ORS 743B.001, 743B.003 to 743B.127 (except 743B.125 to 743B.127), 743B.195, 743B.197, 743B.200, 743B.202, 743B.204, 743B.220, 743B.222, 743B.225, 743B.227, 743B.250, 743B.252, 743B.253, 743B.254, 743B.255, 743B.256, 743B.257, 743B.258, 743B.310, 743B.320, 743B.321, 743B.330, 743B.340, 743B.341, 743B.342, 743B.343, 743B.344, 743B.345, 743B.347, 743B.400, 743B.403, 743B.407, 743B.420, 743B.423, 743B.451, 743B.453, 743B.470, 743B.505, 743B.550, 743B.555 and 743B.601 and section 2, chapter 24, Oregon Laws 2024, **and section 2 of this 2025 Act.**

(i) The following provisions of ORS chapter 744:

(A) ORS 744.052 to 744.089, 744.091 and 744.093, relating to the regulation of insurance producers;

(B) ORS 744.602 to 744.665, relating to the regulation of insurance consultants; and

(C) ORS 744.700 to 744.740, relating to the regulation of third party administrators.

(j) ORS 746.005 to 746.140, 746.160 and 746.220 to 746.370.

(2) For the purposes of this section:

(a) A trust carrying out a multiple employer welfare arrangement is an insurer.

(b) References to certificates of authority are references to certificates of multiple employer

welfare arrangement.

(c) Contributions are premiums.

(3) The provision of health benefits under ORS 750.301 to 750.341 is the transaction of health insurance.

(4) The Department of Consumer and Business Services may adopt rules that are necessary to implement the provisions of ORS 750.301 to 750.341.

SECTION 8. Notwithstanding any other law limiting expenditures, the limit on expenditures established in section 7, chapter___, Oregon Laws 2025 (Enrolled House Bill 5025), for the biennium beginning July 1, 2025, as the maximum limit for payment of expenses by the Public Employees' Benefit Board from the Public Employees' Revolving Fund for benefit plan premiums and self-insurance is increased by \$541,508 for equitable nonopioid prescription drug coverage.

SECTION 9. Notwithstanding any other law limiting expenditures, the limit on expenditures established in section 8, chapter___, Oregon Laws 2025 (Enrolled House Bill 5025), for the biennium beginning July 1, 2025, as the maximum limit for payment of expenses by the Oregon Educators Benefit Board from the Oregon Educators Revolving Fund for benefit plan premiums and self-insurance is increased by \$258,652 for equitable nonopioid prescription drug coverage.

SECTION 10. Section 2 of this 2025 Act and the amendments to ORS 750.055 and 750.033 by sections 5 to 7 of this 2025 Act apply to health benefit plans, health care service contracts and multiple employer welfare arrangements issued, renewed or extended on or after the effective date of this 2025 Act.
