H-0033.1

HOUSE BILL 1034

State of Washington 69th Legislature 2025 Regular Session

By Representatives Ortiz-Self and Peterson

Prefiled 12/11/24.

AN ACT Relating to nonopioid drugs for the treatment of pain; amending RCW 48.43.400; adding a new section to chapter 41.05 RCW; adding a new section to chapter 48.43 RCW; adding a new section to chapter 74.09 RCW; and adding a new section to chapter 43.70 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. **Sec. 1.** A new section is added to chapter 41.05 RCW to read as follows:

(1) A health plan offered to employees and their covered dependents under this chapter issued or renewed on or after January 1, 2026, may not maintain prescription drug practices that disadvantage or discourage nonopioid drugs for the treatment or management of pain with respect to coverage relative to any opioid or narcotic drug for the treatment or management of pain, including:

(a) Designating a nonopioid drug as a nonpreferred drug if any opioid or narcotic drug is designated as a preferred drug; or

(b) Establishing more restrictive or more extensive prescription drug utilization management practices, including prior authorization or step therapy requirements, for a nonopioid drug that are more restrictive or more extensive than the least restrictive or extensive prescription drug utilization management practice applicable to an opioid or narcotic drug.

(2) For the purposes of this section:

(a) "Nonopioid drug" means a drug or biological product that is indicated to produce analgesia without acting on the body's opioid receptors and that has been approved by the United States food and drug administration.

(b) "Prescription drug utilization management" has the same meaning as in RCW 48.43.400.

(c) "Prior authorization" has the same meaning as in RCW 48.43.400.

(d) "Step therapy protocol" has the same meaning as in RCW 48.43.400.

NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43 RCW to read as follows:

(1) A health plan issued or renewed on or after January 1, 2026, may not maintain prescription drug practices that disadvantage or discourage nonopioid drugs for the treatment or management of pain with respect to coverage relative to any opioid or narcotic drug for the treatment or management of pain, including:

(a) Designating a nonopioid drug as a nonpreferred drug if any opioid or narcotic drug is designated as a preferred drug; or

(b) Establishing more restrictive or more extensive prescription drug utilization management practices, including prior authorization or step therapy requirements, for a nonopioid drug that are more restrictive or more extensive than the least restrictive or extensive prescription drug utilization management practice applicable to an opioid or narcotic drug.

(2) For the purposes of this section, "nonopioid drug" means a drug or biological product that is indicated to produce analgesia without acting on the body's opioid receptors and that has been approved by the United States food and drug administration.

NEW SECTION. **Sec. 3.** A new section is added to chapter 74.09 RCW to read as follows:

(1) Beginning January 1, 2026, a managed care organization may not maintain prescription drug practices that disadvantage or discourage nonopioid drugs for the treatment or management of pain with respect to coverage relative to any opioid or narcotic drug for the treatment or management of pain, including:

(a) Designating a nonopioid drug as a nonpreferred drug if any opioid or narcotic drug is designated as a preferred drug; or

(b) Establishing more restrictive or more extensive prescription drug utilization management practices, including prior authorization or step therapy protocol requirements, for a nonopioid drug that are more restrictive or more extensive than the least restrictive or extensive prescription drug utilization management practice applicable to an opioid or narcotic drug.

(2) The authority shall assure that any prescription drug practices that it applies to fee-for-service programs and managed care organizations under this chapter comply with the requirements of subsection (1) of this section.

(3) For the purposes of this section:

(a) "Nonopioid drug" means a drug or biological product that is indicated to produce analgesia without acting on the body's opioid receptors and that has been approved by the United States food and drug administration.

(b) "Prescription drug utilization management" has the same meaning as in RCW 48.43.400.

(c) "Prior authorization" has the same meaning as in RCW 48.43.400.

(d) "Step therapy protocol" has the same meaning as in RCW 48.43.400.

NEW SECTION. **Sec. 4.** A new section is added to chapter 43.70 RCW to read as follows:

By January 1, 2026, the department shall develop and publish on its website an educational pamphlet regarding the use of nonopioid alternatives for the treatment of pain. At a minimum, the pamphlet must include:

(1) Information on available nonopioid alternatives for the treatment of pain, including nonopioid medicinal drugs or drug products and nonpharmacological therapies; and

(2) The advantages and disadvantages of the use of nonopioid alternatives.

Sec. 5. RCW 48.43.400 and 2019 c 171 s 1 are each amended to read as follows:

The definitions in this section apply throughout this section and RCW 48.43.410 ((~~and~~)), 48.43.420, and section 2 of this act unless the context clearly requires otherwise.

(1) "Clinical practice guidelines" means a systemically developed statement to assist decision making by health care providers and patients about appropriate health care for specific clinical circumstances and conditions.

(2) "Clinical review criteria" means the written screening procedures, decision rules, medical protocols, and clinical practice guidelines used by a health carrier or prescription drug utilization management entity as an element in the evaluation of medical necessity and appropriateness of requested prescription drugs under a health plan.

(3) "Emergency fill" means a limited dispensed amount of medication that allows time for the processing of prescription drug utilization management.

(4) "Medically appropriate" means prescription drugs that under the applicable standard of care are appropriate: (a) To improve or preserve health, life, or function; (b) to slow the deterioration of health, life, or function; or (c) for the early screening, prevention, evaluation, diagnosis, or treatment of a disease, condition, illness, or injury.

(5) "Prescription drug utilization management" means a set of formal techniques used by a health carrier or prescription drug utilization management entity, that are designed to monitor the use of or evaluate the medical necessity, appropriateness, efficacy, or efficiency of prescription drugs including, but not limited to, prior authorization and step therapy protocols.

(6) "Prescription drug utilization management entity" means an entity affiliated with, under contract with, or acting on behalf of a health carrier to perform prescription drug utilization management.

(7) "Prior authorization" means a mandatory process that a carrier or prescription drug utilization management entity requires a provider or facility to follow to determine if a service is a benefit and meets the requirements for medical necessity, clinical appropriateness, level of care, or effectiveness in relation to the applicable plan.

(8) "Step therapy protocol" means a protocol or program that establishes the specific sequence in which prescription drugs for a specified medical condition will be covered by a health carrier.

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