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## Health Care & Wellness Committee

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### HB 1034

**Brief Description:** Concerning nonopioid drugs for the treatment of pain.

**Sponsors:** Representatives Ortiz-Self, Peterson, Simmons, Kloba, Ormsby, Lekanoff, Donaghy and Hill.

#### Brief Summary of Bill

- Prohibits health carriers, public employee and school employee health plans, and Medicaid managed care organizations from maintaining prescription drug practices that disadvantages or discourages the use of nonopioid drugs for the treatment of pain relative to opioid drugs.
- Directs the Department of Health to publish an educational pamphlet regarding the use of nonopioid alternatives for the treatment of pain.

**Hearing Date:** 1/21/25

**Staff:** Chris Blake (786-7392).

#### **Background:**

##### Pain Management Options.

Opioids are a class of natural and synthetic drugs that bind to receptors in the body to reduce the intensity of pain signals reaching the brain. Opioid medications are a common form of treatment for managing acute, subacute, or chronic pain in patients. Among the potential side effects from the use of opioids are the risks of addiction, misuse, and overdose. In addition, there are nonopioid drug options to manage pain which currently include certain antidepressants, nonsteroidal anti-inflammatory drugs, and antiepileptic drugs.

##### Preferred Drugs.

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In Washington, health carriers may design their prescription drug benefits to include cost control measures, such as providing certain drugs with preferred status on their formularies. Preferred drugs may have a lower cost to the enrollee and have fewer utilization management restrictions, such as prior authorization, quantity limits, or step therapy requirements. Frequently, health carriers use a pharmacy benefit manager to administer the drug benefit portion of a health plan, including developing and maintaining the drug formulary.

The Health Care Authority (Authority) maintains a single preferred drug list that is used for medical assistance programs. Medicaid managed care organizations must use this drug list as their primary preferred drug list. Medicaid managed care organizations must follow the preferred status, authorization criteria, quantity limits, step therapy protocols, specialty drug designation, 90-day supply limit designation, and other restrictions, as established by the Authority.

**Summary of Bill:**

Health carriers, public employee and school employee health plans, and Medicaid managed care organizations may not maintain prescription drug policies that disadvantages or discourages the use of nonopioid drugs for the treatment or management of pain. The prohibited actions include:

- designating a nonopioid drug as a nonpreferred drug if other opioids are designated as preferred; and
- establishing prescription drug utilization management practices for nonopioid drugs that are more restrictive or extensive than the least restrictive or extensive practices for opioid drugs.

"Nonopioid drug" is defined as a drug or biological product that produces analgesia without acting on the body's opioid receptors and that has been approved by the United States Food and Drug Administration.

The Department of Health must develop and publish an educational pamphlet regarding the use of nonopioid alternatives for the treatment of pain. The pamphlet must include information on available nonopioid alternatives for the treatment of pain, and the advantages and disadvantages of the use of nonopioid alternatives.

**Appropriation:** None.

**Fiscal Note:** Requested on January 16, 2025.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.