

**Senate Study Bill 1169 - Introduced**

SENATE FILE \_\_\_\_\_  
BY (PROPOSED COMMITTEE ON HEALTH  
AND HUMAN SERVICES BILL BY  
CHAIRPERSON KLIMESH)

**A BILL FOR**

1 An Act relating to nonopioid drugs on the medical assistance  
2 preferred drug list, and health carriers' development of a  
3 pain management access plan.  
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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1 Section 1. Section 249A.20A, Code 2025, is amended by adding  
2 the following new subsection:

3 NEW SUBSECTION. 12. a. In establishing and maintaining a  
4 preferred drug list, a nonopioid drug approved by the United  
5 States food and drug administration for the treatment or  
6 management of pain shall not be disadvantaged or discouraged with  
7 respect to Medicaid coverage relative to an opioid or narcotic  
8 drug for the treatment or management of pain on the preferred  
9 drug list.

10 b. Impermissible disadvantaging or discouragement under this  
11 subsection includes all of the following:

12 (1) Designating a nonopioid drug for the treatment or  
13 management of pain as a nonpreferred drug if any opioid or  
14 narcotic drug for the treatment or management of pain is  
15 designated as a preferred drug.

16 (2) Establishing more restrictive or more extensive  
17 utilization controls, including but not limited to more  
18 restrictive or more extensive prior authorization or step therapy  
19 requirements for a nonopioid drug for the treatment or management  
20 of pain than the least restrictive or extensive utilization  
21 controls applicable to an opioid or narcotic drug for the  
22 treatment or management of pain.

23 c. This subsection shall apply to a nonopioid drug  
24 immediately upon approval of the drug by the United States  
25 food and drug administration for the treatment or management of  
26 pain, regardless of whether the drug has been reviewed by the  
27 medical assistance pharmaceutical and therapeutics committee for  
28 inclusion on the preferred drug list.

29 d. This subsection shall apply to drugs being provided under  
30 a contract between the department and a Medicaid managed care  
31 organization.

32 Sec. 2. NEW SECTION. **505.36 Health carriers — pain**  
33 **management access plans.**

34 1. *Definitions.* As used in this section, unless the context  
35 otherwise requires:

1     a. "Covered person" means a policyholder, subscriber,  
2 enrollee, or other individual participating in a health benefit  
3 plan.

4     b. "Health benefit plan" means a policy, contract,  
5 certificate, or agreement offered or issued by a health carrier  
6 to provide, deliver, arrange for, pay for, or reimburse any of  
7 the costs of health care services.

8     c. "Health carrier" means an entity subject to the insurance  
9 laws and regulations of this state, or subject to the  
10 jurisdiction of the commissioner, including an insurance company  
11 offering sickness and accident plans, a health maintenance  
12 organization, a nonprofit health service corporation, a plan  
13 established pursuant to chapter 509A for public employees, or any  
14 other entity providing a plan of health insurance, health care  
15 benefits, or health care services.

16     d. "Pain management access plan" means a plan developed by a  
17 health carrier to provide adequate coverage and access to a broad  
18 spectrum of pain management alternatives under a health benefit  
19 plan.

20     e. "Pain management alternatives" means alternatives to  
21 opioid drugs including but not limited to nonopioid medicinal  
22 drugs or drug products for the treatment or management of pain,  
23 and nonpharmacologic, nonoperative pain management modalities.

24     2. Pain management access plan. A health carrier shall  
25 develop and implement a pain management access plan that  
26 satisfies all of the following requirements:

27     a. The plan provides coverage for pain management  
28 alternatives including coverage for all of the following:

29         (1) A minimum of two alternative prescription medication  
30 treatment options that are approved by the United States food and  
31 drug administration for the treatment of pain, and that are not  
32 schedule I, II, or III controlled substances.

33         (2) A minimum of three alternative nonpharmacologic treatment  
34 modalities.

35     b. The plan does not establish utilization controls,

1 including but not limited to prior authorization or step therapy  
2 requirements, for clinically appropriate nonopioid drugs or  
3 drug products approved by the United States food and drug  
4 administration for the treatment or management of pain, that  
5 are more restrictive or extensive than the least restrictive  
6 or extensive utilization controls applicable to an opioid or  
7 narcotic drug for the treatment or management of pain.

8 3. *Filing and review.* A health carrier shall file the pain  
9 management access plan with the division for approval. In  
10 reviewing a plan, the division shall determine if the health  
11 carrier is in compliance with the requirements of this section  
12 and if any policies adopted by the health carrier may create  
13 preferential coverage of, and access to, opioid drugs.

14 4. *Plan information.* A health carrier shall annually  
15 distribute educational materials about the health carrier's pain  
16 management access plan to health care providers in the health  
17 carrier's network, and to the health carrier's covered persons.  
18 The health carrier shall make the pain management access plan  
19 publicly available on the health carrier's internet site.

20 5. *Rules.* The commissioner of insurance may adopt rules  
21 pursuant to chapter 17A to administer this section.

22 EXPLANATION

23 The inclusion of this explanation does not constitute agreement with  
24 the explanation's substance by the members of the general assembly.

25 This bill relates to nonopioid drugs on the medical assistance  
26 preferred drug list, and health carriers' development of a pain  
27 management access plan.

28 Under the bill, in establishing and maintaining a preferred  
29 drug list under Code section 249A.20A, a nonopioid drug approved  
30 by the United States food and drug administration (FDA) for the  
31 treatment or management of pain shall not be disadvantaged or  
32 discouraged with respect to Medicaid coverage for an opioid or  
33 narcotic drug for the treatment or management of pain on the  
34 preferred drug list.

35 Impermissible disadvantaging or discouragement of a nonopioid

1 drug includes designating the nonopioid drug as a nonpreferred  
2 drug if any opioid or narcotic is designated as a preferred  
3 drug, and establishing more restrictive or extensive utilization  
4 controls for a nonopioid drug than the least restrictive  
5 or extensive utilization controls applicable to an opioid or  
6 narcotic drug.

7 The bill applies to a nonopioid drug immediately upon its  
8 approval by the FDA for the treatment or management of pain,  
9 regardless of whether the drug has been reviewed by the  
10 medical assistance pharmaceutical and therapeutics committee for  
11 inclusion on the preferred drug list. The bill also applies to  
12 drugs being provided under a contract between the department and  
13 a Medicaid managed care organization.

14 Under the bill, a health carrier shall develop and implement  
15 a pain management access plan (plan). "Pain management access  
16 plan" and "pain management alternatives" are defined in the bill.

17 A plan shall provide coverage for a minimum of two alternative  
18 prescription medication treatment options that are approved by  
19 the FDA for the treatment of pain, and that are not schedule  
20 I, II, or III controlled substances; and provide coverage  
21 for a minimum of three alternative nonpharmacologic treatment  
22 modalities. A health carrier's plan shall not establish  
23 utilization controls for clinically appropriate nonopioid drugs  
24 or drug products approved by the FDA that are more restrictive  
25 or extensive than the least restrictive or extensive utilization  
26 controls applicable to an opioid or narcotic drug.

27 A health carrier shall file the plan with the insurance  
28 division for approval. In reviewing a plan, the division shall  
29 determine if the health carrier is in compliance with the bill,  
30 and if any policies adopted by the health carrier may create  
31 preferential coverage of, and access to, opioid drugs.

32 A health carrier shall annually distribute educational  
33 materials to providers within the health carrier's network, and  
34 to covered persons, about the health carrier's plan, and shall  
35 make the plan publicly available on the health carrier's internet

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1 site.

2 The commissioner of insurance may adopt rules to administer  
3 the bill.

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