

Concurrent Resolution Directing PEHP Regarding Pain Medication

2026 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Todd Weiler

House Sponsor:

LONG TITLE**General Description:**

This resolution relates to non-opioid pain medication and state employee health coverage.

Highlighted Provisions:

This resolution:

- directs the Public Employees' Benefit and Insurance Program to adjust the state employee health insurance plan related to non-opioid pain medication.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Be it resolved by the Legislature of the state of Utah, the Governor concurring therein:

WHEREAS, in accordance with Section 49-20-201, the state participates in the Public Employees' Benefit and Insurance Program (PEHP);

WHEREAS, Utah has experienced significant harm from the opioid epidemic, with thousands of Utahns suffering from opioid addiction and hundreds dying from opioid-related overdoses annually;

WHEREAS, the federal Centers for Disease Control and Prevention has issued guidelines recommending that non-opioid therapies be considered as first-line treatments for chronic pain;

WHEREAS, many health insurance plans impose utilization barriers to accessing non-opioid pain medications through:

1. higher copayments and coinsurance rates compared to opioid medications;
2. prior authorization requirements that delay or prevent access to non-opioid alternatives;
3. quantity limits that restrict the supply of non-opioid medications; and
4. formulary placement that designates non-opioid options as non-preferred or specialty drugs;

WHEREAS, some health insurance plans do not apply these same requirements to opioid

31 drugs; and

32 WHEREAS, these coverage disparities create perverse incentives that encourage the use of
33 opioid medications over safer non-opioid alternatives:

34 NOW, THEREFORE, BE IT RESOLVED that the Legislature of the state of Utah, the
35 Governor concurring therein, directs PEHP for state employees:

36 1. to include in PEHP's drug formulary at least one clinically appropriate non-opioid
37 prescription drug as an alternative for each opioid prescription drug; and

38 2. not to place cost sharing, prior authorization, step therapy, or other utilization review
39 requirements on a covered non-opioid prescription drug that are more restrictive than the
40 requirements placed on a covered opioid prescription drug.