

Department of Planning and Budget
2026 General Assembly Session
State Fiscal Impact Statement

PUBLISHED: 1/23/2026 1:07 PM

ORIGINAL

Bill Number: HB795

Patron: Reaser

Bill Title: Health insurance; coverage for prescription and nonprescription opioid antagonists.

Bill Summary: Requires each health insurer, corporation providing health care subscription plans, and health maintenance organization whose policy, contract, or plan includes coverage for prescription drugs to include coverage for (i) naloxone or at least one other opioid antagonist used for overdose reversal dispensed pursuant to an oral, written, or standing order of a prescriber on the lowest cost tier of the insurer's, corporation's, or health maintenance organization's prescription drug formulary and (ii) nonprescription naloxone or at least one other nonprescription opioid antagonist used for overdose reversal that is available over the counter. The bill provides that such coverage shall be exempt from any prior authorization or step therapy requirement on coverage of benefits. This bill is a recommendation of the Joint Commission on Health Care.

Budget Amendment Necessary: Potentially **Items Impacted:** 469

Explanation: Additional general fund amounts would be needed to fund additional costs to the Health Insurance Fund. The amount required is currently unknown and would depend on the actual costs incurred as a result of this legislation.

Fiscal Summary: Preliminary - This legislation will likely result in additional costs to the Health Insurance Fund, which pays health insurance claims for state employees. The Health Insurance Fund is funded through a mix of premiums charged to state employees, the general fund, and nongeneral fund sources.

Fiscal Analysis: This legislation requires coverage for nonprescription naloxone or one other nonprescription opioid antagonist used for overdose reversal that is available over the counter. Per the Department of Human Resource Management (DHRM), the state employee health plan does not currently cover over-the-counter medications unless there is an associated prescription. It is unknown how many such over-the-counter purchases would shift to being covered by the state employee health plan, but DHRM provides that a 10 percent to 25 percent increase in naloxone related cost due to potential increase in users and coverage of specific over-the-counter prescriptions could increase costs by approximately \$68,000. This amount could be higher or lower, depending on actual utilization.

Additional costs for such costs will be paid out of the Health Insurance Fund (HIF), which is funded through premiums charged to state employees and their employing agencies. Agencies use general fund, nongeneral fund, or some combination of the two to make these premiums, depending on the fund sources available to the agency and from which source the employee is regularly paid. A portion of these costs, approximately 15 percent, would be paid by members of the state employee health plan, either through co-pays, co-insurance,

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or increased premiums. The remaining 85 percent would be charged to state agencies through higher premiums, which are currently paid 50 percent from the general fund and 50 percent from nongeneral fund sources. Increased health insurance premiums would require additional general fund appropriation be provided to state agencies.

Other: This legislation is identical to SB257.