February 12, 2026

Honorable Lee Hawkins
Chairman, House Health Committee
401-C State Capitol
Atlanta, Georgia 30334

SUBJECT: Fiscal Note
House Bill 326 (LC 46 1006)

Dear Chairman Hawkins:

The bill would require the State Health Benefit Plan (SHBP) to cover non-opioid pain management drugs and therapies at the same level as opioid medications. The bill establishes parity in cost-sharing, coverage limitations, and utilization management requirements and restricts SHBP from imposing additional conditions on non-opioid pain management options unless the same conditions apply to opioid medications.

DCH indicated that implementation should not result in an immediate fiscal impact because SHBP covers non-opioid pain management drugs and therapies without utilization restrictions. It stated that SHBP has no precertification, step therapy, or other requirements before accessing non-opioid products. Specifically for post-surgical pain management, drugs are included in bundled pricing for surgical procedures, and facility formularies—not SHBP—govern prescribing decisions.

Although no immediate fiscal impact is anticipated, the bill could create future cost pressures under certain circumstances. It would restrict SHBP's ability to adjust clinical coverage rules for individual drugs, potentially requiring customization of coverage rules for each third-party administrator outside existing contractual arrangements. This could increase operations costs and reduce medical rebate revenue. Additionally, the bill's step therapy limitations would constrain SHBP's ability to implement step therapy for non-opioid drugs if new clinical or cost concerns arise. This would necessitate adoption of a custom formulary rather than reliance on a pharmacy benefit manager's formulary, resulting in additional administrative expenses and reduced rebate revenue.

Respectfully,

Greg S. Griffin
State Auditor

Richard Dunn, Director
Office of Planning and Budget

GSG/RD/tr