

119TH CONGRESS
1ST SESSION

S. 3064

To amend title XVIII of the Social Security Act to ensure appropriate access to non-opioid pain management drugs for chronic pain conditions under part D of the Medicare program.

IN THE SENATE OF THE UNITED STATES

OCTOBER 28, 2025

Mr. DAINES (for himself and Ms. CANTWELL) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To amend title XVIII of the Social Security Act to ensure appropriate access to non-opioid pain management drugs for chronic pain conditions under part D of the Medicare program.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Relief of Chronic Pain
5 Act of 2025”.

1 **SEC. 2. APPROPRIATE COST-SHARING FOR QUALIFYING**
 2 **NON-OPIOID CHRONIC PAIN MANAGEMENT**
 3 **DRUGS UNDER MEDICARE PART D.**

4 (a) MEDICARE PART D.—Section 1860D–2 of the
 5 Social Security Act (42 U.S.C. 1395w–102) is amended—

6 (1) in subsection (b)—

7 (A) in paragraph (1)(A), in the matter
 8 preceding clause (i), by striking “and (9)” and
 9 inserting “(9), and (10)”;

10 (B) in paragraph (2)(A), in the matter
 11 preceding clause (i), by striking “and (9)” and
 12 inserting “(9), and (10)”;

13 (C) by adding at the end the following new
 14 paragraph:

15 “(10) TREATMENT OF COST-SHARING FOR
 16 QUALIFYING NON-OPIOID CHRONIC PAIN MANAGE-
 17 MENT DRUGS.—

18 “(A) IN GENERAL.—For plan years begin-
 19 ning on or after January 1, 2026, with respect
 20 to a covered part D drug that is a qualifying
 21 non-opioid chronic pain management drug (as
 22 defined in subparagraph (B))—

23 “(i) the deductible under paragraph
 24 (1) shall not apply; and

25 “(ii) such drug shall be placed on the
 26 lowest cost-sharing tier, if any, for pur-

poses of determining the maximum co-insurance or other cost-sharing for such drug.

“(B) QUALIFYING NON-OPIOID CHRONIC PAIN MANAGEMENT DRUGS.—In this paragraph, the term ‘qualifying non-opioid chronic pain management drug’ means a non-opioid drug or biological product—

“(i) that has a label indication approved by the Food and Drug Administration to treat chronic pain or a chronic pain condition (as defined in subparagraph (C));

“(ii) that does not act upon the body’s opioid receptors;

“(iii) for which there is no other drug or product that is—

“(I) rated as therapeutically equivalent (under the Food and Drug Administration’s most recent publication of ‘Approved Drug Products with Therapeutic Equivalence Evaluations’); and

“(II) sold or marketed in the United States; and

1 “(iv) for which the wholesale acqui-
 2 sition cost (as defined in section
 3 1847A(c)(6)(B)), for a monthly supply
 4 does not exceed the monthly specialty-tier
 5 cost threshold, as determined by the Sec-
 6 retary.

7 “(C) CHRONIC PAIN CONDITION.—In this
 8 paragraph, the term ‘chronic pain condition’
 9 means the following conditions, each character-
 10 ized by pain persisting for a period of greater
 11 than 3 months:

12 “(i) Diabetic peripheral neuropathic
 13 pain.

14 “(ii) Endometriosis.

15 “(iii) Fibromyalgia.

16 “(iv) Musculoskeletal pain.

17 “(v) Neuropathic pain.

18 “(vi) Post-herpetic neuralgia.

19 “(vii) Trigeminal neuralgia.”; and

20 (2) in subsection (c), by adding at the end the
 21 following new paragraph:

22 “(7) TREATMENT OF COST-SHARING FOR
 23 QUALIFYING NON-OPIOID CHRONIC PAIN MANAGE-
 24 MENT DRUGS.—The coverage is provided in accord-
 25 ance with subsection (b)(10).”.

1 (b) CONFORMING AMENDMENTS TO COST-SHARING
2 FOR LOW-INCOME INDIVIDUALS.—Section 1860D–14(a)
3 of the Social Security Act (42 U.S.C. 1395w–114(a)) is
4 amended—

5 (1) in paragraph (1)(D), in each of the clauses
6 (ii) and (iii), by striking “Subject to paragraph (6)”
7 and inserting “Subject to paragraphs (6) and (7)”;
8 and

9 (2) by adding at the end the following new
10 paragraph:

11 “(7) TREATMENT OF COST-SHARING OR DE-
12 DUCTIBLE FOR QUALIFYING NON-OPIOID PAIN MAN-
13 AGEMENT DRUGS.—For plan years beginning on or
14 after January 1, 2026, with respect to a covered
15 part D drug that is a qualifying non-opioid chronic
16 pain management drug (as defined in section
17 1860D–2(b)(10)(B))—

18 “(A) the deductible under section 1860D–
19 2(b)(1) shall not apply; and

20 “(B) such drug shall be placed on the low-
21 est cost-sharing tier, if any, for purposes of de-
22 termining the maximum co-insurance or other
23 cost-sharing for such drug.”.

1 **SEC. 3. PROHIBITION ON THE USE OF STEP THERAPY AND**
 2 **PRIOR AUTHORIZATION FOR QUALIFYING**
 3 **NON-OPIOID CHRONIC PAIN MANAGEMENT**
 4 **DRUGS UNDER MEDICARE PART D.**

5 Section 1860D–4(c) of the Social Security Act (42
 6 U.S.C. 1395w–104) is amended—

7 (1) by redesignating paragraph (6), as added by
 8 section 50354 of division E of the Bipartisan Budg-
 9 et Act of 2018 (Public Law 115–123), as paragraph
 10 (7); and

11 (2) by adding at the end the following new
 12 paragraph:

13 “(8) PROHIBITION ON USE OF STEP THERAPY
 14 AND PRIOR AUTHORIZATION FOR QUALIFYING NON-
 15 OPIOID CHRONIC PAIN MANAGEMENT DRUGS.—

16 “(A) IN GENERAL.—For plan years begin-
 17 ning on or after January 1, 2026, a prescrip-
 18 tion drug plan or an MA–PD plan may not,
 19 with respect to a qualifying non-opioid chronic
 20 pain management drug (as defined in section
 21 1860D–2(b)(10)(B)) for which coverage is pro-
 22 vided under such plan, impose any—

23 “(i) step therapy requirement under
 24 which an individual enrolled under such
 25 plan is required to use an opioid prior to
 26 receiving such drug; or

1 “(ii) prior authorization requirement.

2 “(B) STEP THERAPY.—In this paragraph,
3 the term ‘step therapy’ means a drug therapy
4 utilization management protocol or program
5 that requires use of an alternative, preferred
6 prescription drug or drugs before the plan ap-
7 proves coverage for the non-preferred drug
8 therapy prescribed.

9 “(C) PRIOR AUTHORIZATION.—In this
10 paragraph, the term ‘prior authorization’ means
11 any requirement to obtain approval from a plan
12 prior to the furnishing of a drug.”.

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