

HCS HBs 2642, 2296, 1966 & 1680 -- INSURANCE COVERAGE OF ALTERNATIVES TO OPIOID DRUGS

SPONSOR: Stinnett

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health by a vote of 15 to 0. Voted "Do Pass" by the Standing Committee on Rules-Administrative by a vote of 9 to 0.

The following is a summary of the House Committee Substitute for HBs 2642, 2296, 1966 & 1680.

This bill requires that when a licensed health care professional acting within the scope of his or her license prescribes a nonopioid medication for the treatment of acute or chronic pain to an enrollee, it will be unlawful for a health benefit plan to:

- (1) Deny coverage of the nonopioid prescription drug in favor of an opioid prescription drug;
- (2) Require the enrollee to try an opioid prescription drug before providing coverage of the nonopioid prescription drug; or
- (3) Require a higher level of cost-sharing for the nonopioid prescription drug than for an opioid prescription drug.

This will apply to health benefit plans delivered, issued for delivery, continued, or renewed on or after January 1, 2027.

This bill is similar to HB 1680 and SB 902 (2026).

The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill.

PROPOSERS: Supporters say that this bill would help people manage pain without requiring the use of an opioid, given the current opioid epidemic in the country. It supports patients' choice in directing their health care decisions, and patients should receive treatment that provides the greatest benefit relative to the risk.

Testifying in person for the bill were Representative Stinnett; Missouri Society of Anesthesiologists; Missouri Chapter of American College of Obstetricians and Gynecologists; Armorvine; REACH Healthcare Foundation, National Association of Social

Workers-Mo Chapter; RecoVET Healthcare; Missouri State Medical Association; and PreventED.

OPPONENTS: Those who oppose the bill say that there is only one pharmacological medication or treatment that the bill would apply to, thus mandating coverage for one type of treatment for one product on the market. Additionally, insurance companies process prescriptions, they don't write them, and it is ultimately up to the patient and physician what the best course of treatment is.

Testifying in person against the bill were Missouri Insurance Coalition; and Shannon Cooper, America's Health Insurance Plans.

Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.