MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: **HB 1966**	DATE: **1/22/2026**
COMMITTEE: **Health and Mental Health**	

TESTIFYING: ☑ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES

WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **ALEX EATON**		PHONE NUMBER: **513-616-9860**	
REPRESENTING: **PREVENTED**		TITLE:	
ADDRESS: **9355 OLIVE BLVD.**			
CITY: **ST. LOUIS**		STATE: **MO**	ZIP: **63132**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **1/22/2026 12:00 AM**	

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WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME: **BILLY O'BRYAN**		PHONE NUMBER: **502-821-6759**	
BUSINESS/ORGANIZATION NAME: **YOUNG PEOPLE IN RECOVERY**		TITLE: **KY PROGRAM DIRECTOR**	
ADDRESS: **1415 PARK AVE W**			
CITY: **DENVER**		STATE: **CO**	ZIP: **80205**
EMAIL: **billy.obryan@youngpeopleinrecovery.org**	ATTENDANCE: **Written**	SUBMIT DATE: **1/21/2026 12:11 PM**	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Good morning Chair, Vice Chair, and members of the Committee,

My name is Billy O'Bryan, and I serve as the Kentucky Program Director for Young People in Recovery, a national organization that supports young adults and families impacted by substance use disorder. I am also a person in long-term recovery.

I'm writing in strong support of House Bills 1680, 1966, 2296, and 2642, which all contain identical language to ensure that when a licensed health care professional prescribes a non-opioid medication for acute pain, insurance plans cannot make opioids the easier or cheaper option. These bills represent a commonsense, prevention-focused reform that protects patients, supports clinical judgment, and reduces unnecessary exposure to addictive medications.

This issue is deeply personal to me and to many of the people I serve.

In 2021, after elbow surgery, my medical record clearly stated that I did not want opioids. Even so, the surgical team attempted to prescribe them. I had to advocate for myself while coming out of anesthesia just to ensure my care plan was respected.

Earlier this year, my wife — also in long-term recovery — was in a serious car accident. When she declined opioids in the emergency room, the only alternative offered was over-the-counter medication. She was in acute pain, and yet the system gave her no viable non-opioid options. She didn't have time to wait for a specialist or navigate insurance barriers. She needed compassionate, evidence-based care in that moment.

These experiences are not isolated. They reflect a broader, systemic problem:

Our health care system often makes it easier to receive an opioid than a safer non-opioid alternative. HB 1680, HB 1966, HB 2296, and HB 2642 address that problem directly by prohibiting health benefit plans from:

- **Denying coverage of a non-opioid medication in favor of an opioid**
- **Requiring patients to try an opioid first before covering a non-opioid option**
- **Charging higher cost-sharing for a non-opioid medication than for an opioid**

These protections matter. For people in recovery, for families trying to avoid unnecessary opioid exposure, and for providers who want to practice responsible pain management, these barriers are not minor inconveniences — they are risks to health, stability, and life.

Together, these bills offer a practical, bipartisan, evidence-based step toward safer pain care in Missouri. They empower clinicians, protect patients, and align insurance practices with what we know about addiction and recovery.

I respectfully urge you to support these bills and ensure that Missourians have access to the full spectrum of safe, effective pain treatments without being pushed toward opioids.

Thank you for your leadership and for your commitment to improving the health and well-being of your communities.
Sincerely,
Billy O'Bryan
Kentucky Program Director
Young People in Recovery

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WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **ELIZABETH GRACE RILEY**		PHONE NUMBER: **573-634-4876**	
REPRESENTING: **MISSOURI SOCIETY OF ANESTHESIOLOGISTS; THE MISSOURI CHAPTER OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS**		TITLE: **REGISTERED LOBBYIST**	
ADDRESS: **213 E CAPITOL AVENUE**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65101**
EMAIL: **grace@molobby.com**	ATTENDANCE: **Written**	SUBMIT DATE: **1/22/2026 5:11 PM**	

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WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **HENRIO THELEMAQUE**		PHONE NUMBER: **678-799-4815**	
REPRESENTING: **RECOVET HEALTHCARE**		TITLE:	
ADDRESS: **211 EAST CAPITOL AVE.**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65101**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **1/22/2026 12:00 AM**	

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WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **JACOB SCOTT**		PHONE NUMBER:	
REPRESENTING: **MISSOURI STATE MEDICAL ASSOCIATION**		TITLE:	
ADDRESS: **113 MADISON STREET**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65101**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **1/22/2026 12:00 AM**	

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WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **JESSICA PETRIE**		PHONE NUMBER: **573-635-6092**	
REPRESENTING: **REACH HEALTHCARE FOUNDATION, NATIONAL ASSOCIATION OF SOCIAL WORKERS-MO CHAPTER**		TITLE:	
ADDRESS: **PO BOX 1805**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65102**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **1/22/2026 12:00 AM**	

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WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **LISA PANNETT**		PHONE NUMBER:	
REPRESENTING: **ARMORVINE**		TITLE:	
ADDRESS:			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65101**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **1/22/2026 12:00 AM**	

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WITNESS NAME

BUSINESS/ORGANIZATION:

WITNESS NAME:	PHONE NUMBER:
ROBERT TWILLMAN	**913-205-3746**
BUSINESS/ORGANIZATION NAME: **AMERICAN CHRONIC PAIN ASSOCIATION**	TITLE: **MEMBER, BOARD OF DIRECTORS**
ADDRESS: **13124 W 83RD TER**	

CITY:	STATE:	ZIP:
LENEXA	**KS**	**66215**

EMAIL:	ATTENDANCE:	SUBMIT DATE:
bob.twillman@gmail.com	**Written**	**1/21/2026 4:43 PM**

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My name is Robert Twillman, Ph.D. I am employed as a pain management psychologist at Saint Luke's Health System in Kansas City, but my comments do not represent the views of my employer. I am commenting today as a member of the board of directors of the American Chronic Pain Association. For more than 30 years, the ACPA has provided support, education, and advocacy for people with pain, their loved ones, and the healthcare providers who treat them.

The ACPA advocates for the availability of a wide range of pain treatments, including medications, procedures and devices, and nonpharmacological interventions. We believe that people with pain need to have a toolbox full of tools to address their pain. Consistent with that viewpoint, we respectfully request that you send HB 1680, HB 1966, HB 2296, and HB 2642 to the floor of the House of Representatives.

These bills would require insurers to provide the same level of coverage for new non-opioid acute pain medications as they do for other medications intended to treat acute pain, such as NSAIDs and short-acting opioids. Doing so will allow patients and healthcare providers to choose the treatment they believe is best for them.

Increasingly, and appropriately, patients are expressing concern about the use of opioids to treat acute pain. Many of them would prefer to use non-opioid medications so they can avoid the risk of developing opioid use disorder. Recent advances in pharmaceutical research and development have made an effective new acute pain medication available for the first time in decades. If these effective alternatives are subject to restrictive coverage policies that make access difficult or more expensive, these patients may not be able to receive effective care that minimizes their risk.

We respectfully request that you make it possible for people with pain and their healthcare providers to avoid the risk of triggering an opioid use disorder by making it feasible for them to use these effective non-opioid options when needed.

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WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **HAMPTON WILLIAMS**		PHONE NUMBER: **573-893-4241**	
REPRESENTING: **MISSOURI INSURANCE COALITION**		TITLE:	
ADDRESS: **220 EAST HIGH STREET, SUITE B**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65616**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **1/22/2026 12:00 AM**	

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WITNESS NAME

INDIVIDUAL:

WITNESS NAME: **SARAH BERRY**	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:

EMAIL:	ATTENDANCE: **Written**	SUBMIT DATE: **1/21/2026 9:40 AM**

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While reducing opioid exposure is a legitimate and important public health goal, HB 1966 substitutes one rigid mandate for another by statutorily overriding insurance coverage standards without defining clinical boundaries, cost controls, or safety parameters.

The bill broadly requires coverage parity for undefined "nonopioid" medications without establishing evidentiary standards, formulary limitations, or comparative effectiveness review.

This creates an open-ended mandate that may compel coverage of high-cost or off-label medications without sufficient data on long-term safety, efficacy, or cost-effectiveness. Legislating coverage outcomes without guardrails is unsound policy.

HB 1966 also eliminates insurer utilization tools such as step therapy and tiered cost-sharing, not only between opioids and nonopioids, but effectively among nonopioids themselves.

Removing all utilization management does not reduce system costs; it shifts them—inevitably increasing premiums, reducing access elsewhere, or tightening coverage in unrelated areas. These consequences fall most heavily on small employers, rural enrollees, and public plans.

Additionally, the bill blurs accountability by mandating coverage decisions without addressing liability when mandated treatments result in harm. By removing insurer discretion while preserving prescriber autonomy, the bill creates ambiguity regarding responsibility for adverse outcomes.

Public policy should encourage evidence-based prescribing and reduce opioid dependence without replacing clinical nuance with statutory absolutes. HB 1966 lacks defined standards, fiscal analysis, and safety safeguards necessary to responsibly achieve its stated goals.

For these reasons, HB 1966 should not advance in its current form.

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WITNESS NAME

REGISTERED LOBBYIST:

WITNESS NAME: **SHANNON COOPER**		PHONE NUMBER: **660-890-1432**	
REPRESENTING: **AMERICA's HEALTH INSURANCE PLANS**		TITLE:	
ADDRESS: **208 MADISON**			
CITY: **JEFFERSON CITY**		STATE: **MO**	ZIP: **65101**
EMAIL:	ATTENDANCE:	SUBMIT DATE: **1/22/2026 12:00 AM**	

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