



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2296		DATE: 1/22/2026	
COMMITTEE: Health and Mental Health			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> 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	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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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: 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: ROBERT TWILLMAN		PHONE NUMBER: 913-205-3746	
BUSINESS/ORGANIZATION NAME: AMERICAN CHRONIC PAIN ASSOCIATION		TITLE: MEMBER, BOARD OF DIRECTORS	
ADDRESS: 13124 W 83RD TER			
CITY: LENEXA		STATE: KS	ZIP: 66215
EMAIL: bob.twillman@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 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: 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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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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