



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2642</b>		DATE: <b>1/22/2026</b>	
COMMITTEE: <b>Health and Mental Health</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>ADAM MCBRIDE</b>		PHONE NUMBER: <b>314-384-2508</b>	
BUSINESS/ORGANIZATION NAME: <b>PREVENTED</b>		TITLE: <b>DIRECTOR OF ADVOCACY</b>	
ADDRESS: <b>9355 OLIVE BLVD</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63132</b>
EMAIL: <b>amcbride@prevented.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/21/2026 9:28 PM</b>	
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To: Chairwoman Stinnett and Members of the House Committee on Health and Mental Health  
 From: Adam McBride, Director of Advocacy, PreventED  
 Date: January 21, 2026

RE: Support for House Bill 2642 – Equitable Access to Non-Opioid Alternatives

To the Chair and members of the Committee, thank you for the opportunity to provide testimony in support of House Bill 2642. My name is Adam McBride, and I serve as the Director of Advocacy at PreventEd.

PreventEd is a non-profit organization that has been dedicated to serving Missouri’s eastern region for more than 60 years. Our agency leads the conversation on the harms of alcohol and other drug use through a comprehensive lens of education, intervention, and advocacy. Within Missouri’s Recovery Oriented System of Care (ROSC), we work "where life happens" - in schools, boardrooms, and throughout Missouri communities. While PreventEd does not offer clinical treatment services, we provide the essential infrastructure for a healthy community through school-based education, local coalition building, professional development, and the utilization of certified PEER professionals who support individuals navigating the complexities of early intervention and long-term recovery.

HB 2642 addresses an essential need in our healthcare system: therapeutic equity. Currently, insurance structures can inadvertently steer patients toward opioids by making them the most affordable or easily accessible option. By seeking "pain parity," we are advocating for a system where safer, non-opioid alternatives are given a level playing field.

We view this bill as a thoughtful and compassionate starting point for protecting high-risk populations. For a person in early recovery or someone with a family history of addiction, the financial cost of a prescription should never be the factor that determines whether they use an opioid or a safer alternative.

The shift toward non-opioid options for acute pain is supported by evidence from the medical community:

- **The Risk of Early Exposure:** The likelihood of chronic opioid use begins to increase after just three days of an initial prescription\* (CDC, MMWR 2017).

- **The Impact of Duration:** Patients started on an initial eight-day supply are twice as likely to be using opioids one year later as those given a one-day supply\* (CDC, MMWR 2017).
- **Access Barriers:** Insurance hurdles, such as higher co-pays or "fail-first" requirements for non-opioid medications, often act as a financial penalty for those trying to make the safest choice for their health (AMA, 2023).

By removing these barriers, HB 2642 will have a profound impact on the stability of Missouri families. Our school-based programs and peer-led supports work tirelessly to help individuals build lives of health and resilience. However, that resilience is challenged if a routine medical procedure for acute pain becomes a gateway to misuse simply because the non-addictive option was less accessible.

This legislation ensures that the "right choice" is also the "accessible choice." It protects those working hard to achieve or sustain a life of recovery by ensuring that cost is not a barrier to maintaining their health and safety.

House Bill 2642 is a proactive step toward a healthier Missouri. It recognizes that in the first 30 days of pain management, we have a vital opportunity to prevent the onset of misuse before it ever begins.

On behalf of PreventED, I want to thank Chairwoman Stinnett for her leadership on this issue and urge the Committee to support this vital piece of legislation.

Respectfully,  
Adam McBride  
Director of Advocacy

Source Citation: Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. *MMWR Morb Mortal Wkly Rep* 2017;66:265–269. DOI: <http://dx.doi.org/10.15585/mmwr.mm6610a1>

Source Citation: American Medical Association. (2023). 2023 Overdose Epidemic Report: Physicians' actions and further policy opportunities. *AMA Policy Finder: H-120.922 Improved Access and Coverage to Non-Opioid Modalities*. <https://www.end-overdose-epidemic.org/highlights/ama-reports/2023-report>



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>ALEX EATON</b>		PHONE NUMBER: <b>513-616-9860</b>	
REPRESENTING: <b>PREVENTED</b>		TITLE:	
ADDRESS: <b>9355 OLIVE BLVD.</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63132</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/22/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>BILLY O'BRYAN</b>		PHONE NUMBER: <b>502-821-6759</b>	
BUSINESS/ORGANIZATION NAME: <b>YOUNG PEOPLE IN RECOVERY</b>		TITLE: <b>KY PROGRAM DIRECTOR</b>	
ADDRESS: <b>1415 PARK AVE W</b>			
CITY: <b>DENVER</b>		STATE: <b>CO</b>	ZIP: <b>80205</b>
EMAIL: <b>billy.obryan@youngpeopleinrecovery.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/21/2026 12:11 PM</b>	

**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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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>ELIZABETH GRACE RILEY</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>MISSOURI SOCIETY OF ANESTHESIOLOGISTS; THE MISSOURI CHAPTER OF THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS</b>		TITLE: <b>REGISTERED LOBBYIST</b>	
ADDRESS: <b>213 E CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>grace@molobby.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/22/2026 5:11 PM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>HENRIO THELEMAQUE</b>		PHONE NUMBER: <b>678-799-4815</b>	
REPRESENTING: <b>RECOVET HEALTHCARE</b>		TITLE:	
ADDRESS: <b>211 EAST CAPITOL AVE.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/22/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JACOB SCOTT</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/22/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JESSICA PETRIE</b>		PHONE NUMBER: <b>573-635-6092</b>	
REPRESENTING: <b>REACH HEALTHCARE FOUNDATION, NATIONAL ASSOC OF SOCIAL WORKERS-MO CHAPTER</b>		TITLE:	
ADDRESS: <b>PO BOX 1805</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/22/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>LISA PANNETT</b>		PHONE NUMBER:
REPRESENTING: <b>ARMORVINE</b>		TITLE:
ADDRESS:		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>ROBERT TWILLMAN</b>		PHONE NUMBER: <b>913-205-3746</b>	
BUSINESS/ORGANIZATION NAME: <b>AMERICAN CHRONIC PAIN ASSOCIATION</b>		TITLE: <b>MEMBER, BOARD OF DIRECTORS</b>	
ADDRESS: <b>13124 W 83RD TER</b>			
CITY: <b>LENEXA</b>		STATE: <b>KS</b>	ZIP: <b>66215</b>
EMAIL: <b>bob.twillman@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/21/2026 4:43 PM</b>	
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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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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>HAMPTON WILLIAMS</b>		PHONE NUMBER: <b>573-893-4241</b>
REPRESENTING: <b>MISSOURI INSURANCE COALITION</b>		TITLE:
ADDRESS: <b>220 EAST HIGH STREET, SUITE B</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARAH BERRY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/21/2026 9:48 AM</b>
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Although the stated goal of reducing opioid reliance is laudable, this bill employs a rigid statutory mandate that overrides both clinical judgment and sound insurance regulation.

HB 2642 prohibits health benefit plans from applying coverage criteria, step therapy, or cost-sharing distinctions between opioid and nonopioid medications, regardless of clinical appropriateness, comparative effectiveness, or cost.

First, the bill substitutes legislative fiat for individualized medical decision-making. Nonopioid medications are not inherently safer, cheaper, or more effective across all patients or conditions. By statutorily privileging one category of drugs, the bill risks incentivizing inappropriate prescribing and undermines evidence-based care.

Second, HB 2642 mandates insurance benefit design, raising constitutional and fiscal concerns. Eliminating actuarial discretion will inevitably shift costs onto patients through higher premiums, reduced formularies, or restricted access elsewhere in the system. The bill contains no fiscal analysis, cost controls, or safeguards against these downstream impacts.

Third, the bill creates unintended liability exposure. By constraining coverage options and utilization review, it increases the risk that patients are steered toward medications that later prove ineffective or harmful, exposing providers, insurers, and potentially the state to increased litigation.

Finally, opioid misuse is a complex public health issue that requires clinical standards, provider education, and patient-centered pain management, not blanket statutory mandates that flatten nuance and remove professional discretion.

For these reasons, HB 2642 should be rejected or substantially revised to preserve medical judgment, actuarial integrity, and constitutional boundaries.



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