



Students for Patient Advocacy Nationwide

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The Honorable Cynthia Roe, Chair
Oklahoma House Public Health Committee
2300 N. Lincoln Blvd. Room 205, Oklahoma City, OK 73105
March 2nd, 2026

Re: Oklahoma H.B. 1416 (Manoj) – Support if Amended

Dear Chairwoman Roe and members of the House Public Health Committee,

Students for Patient Advocacy Nationwide (SPAN) appreciates the intent of H.B. 1416, which aims to ensure that non-opioid pain treatments are given equal status on insurance preferred drug lists to prevent the unnecessary prioritization of addictive substances. Our organization recognizes and commends the bill's intention to lower barriers to safer pain management.

However, in its current form the H.B. 1416 lacks the necessary safeguards to truly change the “opioid-first” culture that persists in our healthcare system. While we support the principles behind H.B. 1416, we write today to respectfully raise the following concerns regarding its implementation:

- **Persistence of Restrictive Utilization Controls:** The bill does not address step therapy protocols where insurance forces a patient to first try and fail on a cheaper addictive opioid before they are allowed to access a safer non-opioid alternative. In 2023, Oklahoma had one of the highest opioid dispensing rates in the country at 50.9 prescriptions per 100 people, and we should not be creating a system where the cheapest option is also the most dangerous (CDC, 2024).
- **Absence of Informed Consent and Patient Disclosure:** There is currently no requirement for informed consent regarding non-addictive options. Many patients are simply unaware that these safer alternatives exist or that they are covered by their insurance, which keeps them stuck using high-risk medications by default.



Analysis of H.B. 1416 Current Language

The current text of H.B. 1416 states:

"disadvantaged or discouraged with respect to coverage relative to an opioid."

While this addresses drug "tiers," it does not explicitly prohibit step therapy. A drug may be "on the list," but if it is hidden behind a requirement to fail on an opioid first, it remains effectively inaccessible.

To address these concerns while preserving the bill's goals, we respectfully propose the following amendment:

- **Mandatory Non-Opioid Disclosure:** Add language requiring healthcare providers to discuss non-opioid alternatives with a patient and confirm that a safer option was considered before a prescription for a Schedule II opioid is written.

We believe these changes will help ensure the bill more effectively protects patient rights and makes certain that safe medical care is the priority over insurance costs.

By strengthening H.B. 1416, Oklahoma can move from a "parity" model to a "safety-first" model. We must ensure that the cheapest option for an insurance company is no longer the most dangerous option for a resident within Oklahoma.

SPAN respectfully urges the committee to consider this amendment to protect patient rights and prioritize long-term health outcomes before moving the bill forward. We are more than willing to engage further or provide additional input as needed.

Sincerely,

A handwritten signature in blue ink that reads "Rishab Manoj".

Rishab Manoj

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Students for Patient Advocacy Nationwide (SPAN)

References

1. CDC. (2024, May 7). *Opioid Dispensing Rate Maps*. Overdose Prevention.
<https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>
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3. *Data*. (n.d.). Health Department.
<https://oklahoma.gov/health/health-education/injury-prevention-service/drug-overdose/data.html>
4. *Bill Information*. (2024). Oklegislature.gov.
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