



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1643</b>		DATE: <b>2/16/2026</b>	
COMMITTEE: <b>Emerging Issues</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>INDIVIDUAL:</b>			
WITNESS NAME: <b>ALINA VERA LOVE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/16/2026 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>AMANDA DIMARTINI</b>		PHONE NUMBER: <b>417-379-4781</b>	
BUSINESS/ORGANIZATION NAME: <b>THRIVE AND BE WELL</b>		TITLE: <b>FOUNDER, LPC (COUNSELOR)</b>	
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CITY: <b>SPRINGFIELD</b>		STATE: <b>MO</b>	ZIP: <b>65804</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ANNE BETHUNE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRITTANY FRAZIER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/16/2026 9:17 AM</b>
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I am writing to support psilocybin as a therapeutic intervention in Missouri. I am a Licensed Clinical Social Worker specializing in the care of trauma survivors, and have PTSD myself. Psilocybin has tremendous therapeutic potential when administered responsibly and safely, with maximum harm-reduction precautions in place. This includes safe medicine, administered by trained professionals who are experts in their respective fields. The main barrier to this much-needed treatment is the lack of legal pathways available for administration and use. I encourage legislators to create this legal venue for people, including veterans, to access the therapeutic benefits of this medicine in a way that is based in science and the best interests of those receiving the treatment.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>BYRON KEELIN</b>		PHONE NUMBER: <b>314-402-0655</b>	
BUSINESS/ORGANIZATION NAME: <b>FREEDOM PRINCIPLE</b>		TITLE: <b>PRESIDENT</b>	
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CITY: <b>BALLWIN</b>		STATE: <b>MO</b>	ZIP: <b>63011</b>
EMAIL: <b>freedomprinciplemo@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/16/2026 10:57 AM</b>	

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The Freedom Principle strongly supports the following bills to address the growing harms of artificially generated materials created or altered through artificial intelligence (AI): HB 2321, HB 2035, HB 2350, HB 2361, HB 1913, and HB 2862. (Note: HB 1187 does not appear directly related to AI-generated content based on available information, but I support any provisions that protect individuals from misuse of emerging technologies.)

These bills collectively tackle one of the most urgent emerging issues of our time: the proliferation of AI-generated or AI-altered images, videos, and audio that depict real people—often without their knowledge or consent. This includes non-consensual intimate/sexual depictions (deepfake pornography), synthetic child sexual abuse material, unauthorized use of a person’s likeness or voice, and deceptive digital impersonation.

**Key Common Themes Across These Bills**

- **Consent and privacy protections** — HB 2321 (AI-Generated Content Accountability and Privacy Protection Act) requires explicit consent for publishing AI-generated or altered content depicting an individual and imposes meaningful penalties for violations, with higher penalties for sexual/pornographic content.
- **Criminalization of non-consensual altered sexual content** — HB 2035, HB 2350, and HB 2361 close dangerous loopholes by treating AI-generated or altered explicit depictions (including of minors) as equivalent to traditional child pornography or sexual offenses, and by making the knowing creation, distribution, or promotion of non-consensual “altered sexual depictions” a felony.
- **Disclosure and civil remedies** — HB 1913 creates offenses and civil penalties for the unauthorized disclosure of intimate digital depictions. HB 2862 prohibits digital impersonation and provides for injunctive relief and civil actions.

These measures are narrowly tailored, include appropriate exemptions (artistic, parody, journalistic, research, etc., often with required disclosure), and focus on harm caused by lack of consent or malicious intent. They do not ban AI technology itself—only its abusive applications that violate privacy, dignity, and safety.

**Why These Bills Matter**

AI tools now allow anyone with a smartphone to create hyper-realistic fake videos or images of real people in explicit, violent, or humiliating situations within minutes. Victims—disproportionately women, minors, educators, public figures, and private citizens—suffer severe emotional trauma,

reputational damage, job loss, and increased risk of physical harm. Current Missouri law was written before these tools existed and leaves too many victims without recourse.

Missouri has a responsibility to act swiftly. These bills send a clear message: technological innovation is welcome, but it must not come at the expense of human dignity and consent. They align with similar protections already enacted or advancing in other states and provide Missourians with both criminal deterrence and civil remedies.

We urge the committee to give these bills a do-pass recommendation so they can move forward and provide timely protections before the harms become even more widespread.



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<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CRYSTAL SUDDUTH</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>DALE MORGAN</b>		PHONE NUMBER: <b>816-719-5793</b>	
BUSINESS/ORGANIZATION NAME: <b>PSYCHEDELIC SOCIETY OF KANSAS CITY</b>		TITLE: <b>PRESIDENT</b>	
ADDRESS: <b>15809 E 44TH ST S</b>			
CITY: <b>INDEPENDENCE</b>		STATE: <b>MO</b>	ZIP: <b>64055</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>DR. CHRISTINE ZIEMER</b>		PHONE NUMBER: <b>319-594-2829</b>	
BUSINESS/ORGANIZATION NAME: <b>PSYCHEDELIC SOCIETY OF KANSAS CITY</b>		TITLE: <b>EXECUTIVE DIRECTOR</b>	
ADDRESS: <b>1302 DEWEY AVE.</b>			
CITY: <b>ST. JOSEPH</b>		STATE: <b>MO</b>	ZIP: <b>64501</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</b>	
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<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>DR. HALEY FOX</b>		PHONE NUMBER: <b>612-396-6905</b>
BUSINESS/ORGANIZATION NAME: <b>SOLO PRACTITIONER</b>		TITLE:
ADDRESS: <b>477 CHISHOLM TRAIL</b>		
CITY: <b>FORSYTH</b>		STATE: <b>MO</b>
		ZIP: <b>65653</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>EDWARD RUSSO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/16/2026 12:52 PM</b>	

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

Good afternoon Chair Christ and members of the committee. My name is Edward Russo, I am a Missouri resident, and I am here in support of HB 1643, HB 1717, HB 2817, and HB 2961.

Left foot. Then the right.

That's one of the first things they teach you in basic training. When everything feels overwhelming, when you don't know how far you have to go, you reduce it to the fundamentals. You don't solve the whole march. Left foot. Then the right. Keep moving forward. Still almost 25 years later, my brain always resets here.

I grew up in the suburbs of St. Louis, the second oldest of seven children, in a great family. I'm now married, living in St. Peters, the proud father of three amazing kids. They are why I'm here.

I am here because after years of fighting battles I could not see and I almost broke, then, an organization called Veterans Exploring Treatment Solutions stepped in, and offered me a rope.

Because of that rope I have decided I can no longer sit back and do or say nothing. So I am here in support of HB 1643, HB 1717, HB 2817, and HB 2961 because Traditional treatments often fail many of us. Medications that don't work, years of talk therapy with no progress, or forward movement.

I am here because I served in Psychological Operations, part of Army Special Operations, for nearly ten years. I joined after 9/11, like many of us did, believing I was strong enough to do my part.

If you are looking for the highlight reel, I deployed multiple times to Iraq, and then to Afghanistan in 2010.

I left behind the normal life of someone in their 20's for ideas like loyalty, duty, respect, courage. Honor.

I left parts of myself in places most people will never see.

I left scenes behind that no human being should ever have to process — and I won't relive them here. Those memories belong to real people. It's not my place to use them for effect.

I left friends behind.

And I believed I left it all over there.

Before I deployed, my grandfather — a World War II artillery gunner — told me, “Get on the plane. Do the job. Get back on the plane and come home.”

Leave it over there.

That became my mantra.

I thought it had.

I left the military and thought I was fine.

I left the doctor’s office when they told me the chronic pain had no explanation.

I left conversations when other veterans talked about PTSD, because I told myself I didn’t have it.

I compared.

I measured.

I used a yardstick and said, “I did more. I’m okay.”

I carried the weight.

I was wrong.

The shift for me came when I heard something so simple: the worst thing that has ever happened to someone is the worst thing that has ever happened to them. There is no universal scale. Trauma is not a competition.

When I stopped comparing, I started recognizing what I had been carrying.

The worst thing that ever happened to me wasn’t just combat.

It was watching my father die.

It was not being able to be there for my mom when she went through cancer treatment because of covid protocol.

It was getting a call from my wife telling me she found a lump on her breast.

It was watching my children watch their mother go through two years of chemo, surgery, radiation, and reconstruction.

It was being told it was over — taking her out to celebrate — and learning the next day they were wrong and it had spread.

It was learning that after all of that, I had prostate cancer.

I was broken. It had become too heavy.

I had been stacking bricks my whole life — war, loss, identity, cancer. I just kept marching.

Until I couldn’t.

My brother and I joke that the most traumatic thing we ever saw was the horse sinking in The NeverEnding Story. If you’ve seen it, you know the scene.

What makes it hard isn’t just that the horse sinks. It’s that it stops fighting. It doesn’t know how to keep going forward.

When you’re sinking, it can feel easier to just go down.

Luckily for me, that was the moment I was thrown a rope.

I heard a former SEAL tell his story. I recognized myself in it. He mentioned Ibogaine — something I had never heard of.

Then I heard others I respect speak about it and psychedelic therapy helping vets. That was enough for me to look deeper.

I felt like I had nothing left to lose.

Thank God I took the chance.

For years my mind felt like a radio slightly off frequency — almost clear, but not quite. A constant low static underneath everything. I could function. But the signal was never clean.

Ibogaine didn't erase the things that made me who I am.

But it cleared the signal enough for me to see what I was carrying.

And that is why I am here today.

We do not have enough research. We do not have enough access. We do not have enough clinical guidance to understand how this works — or why.

There was a time when anesthesia was considered immoral. Now we'd consider surgery without it immoral. Medicine, often in history, has a phase where it sounds radical before it sounds routine.

If something is helping veterans that have been through the worst of what you can imagine, regain clarity and move forward, why wouldn't we study it? Why wouldn't we want protocols, safeguards, follow-up care, and data?

Why wouldn't we at least try?

You may want to see me as a broken soldier because that makes it easier to put me in a box.

But I'm not just a soldier.

I'm a husband.

A father.

A son.

A neighbor.

A coworker.

A friend.

I'm you.

Do it for the off chance your life ends up with just one thing that you don't know how to carry. And you hope and pray you have something to hold onto.

Sometimes it's not just war that brings someone to this edge. Sometimes it's the weight that comes at us in everyday life. It can happen fast.

It can happen to those you love, and let me tell you there is nothing harder than watching someone you love lose hope and wondering if you're going to be strong enough to pull them out this time.

Throw away the yardstick. Stop measuring how distant your life is from mine.

The worst thing that has ever happened to me is not the worst thing that has happened to you, and it doesn't matter.

It's time to have the strength to have the conversation. Let's move forward instead of standing still.

I've been able to start moving forward again because of VETS.

**I'm here for my brothers and sisters still stacking bricks and pretending they're fine. The ones who just need a rope before it's too much.**

**The World War II generation came home and helped build America into the strongest nation on earth.**

**After two decades of war, our generation of veterans has the desire, will, and ability to do the same.**

**But we can't do it if we're stuck.**

**And we can't do it if we stay silent.**

**We took the first step.**

**We were willing to take the hard step.**

**Left.**

**Right is up to you.**

**Thank you for the opportunity to testify.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ELIZABETH SUITS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/15/2026 7:43 PM</b>	
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In my 60s, dragged along with low-grade depression and anxiety for years and years. An intentional, facilitated psilocybin experience with an experienced practitioner, including months of focus conversations beforehand and lots of follow-up checking in, has me happier than maybe I've ever been, with my life in general. When done with real foresight, intention, and follow-through, there is no question that psychedelic therapy can have positive outcomes for people it's appropriate for.



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<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ELIZABETH WELLS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/14/2026 12:32 PM</b>
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I am a Psychiatric Mental Health Nurse Practitioner with experience working in clinical and research settings involving psychedelic compounds. I submit this testimony in strong support of House Bill 1643.

House Bill 1643 establishes a regulated psilocybin access program that prioritizes patient safety, professional oversight, and harm reduction. From a clinical standpoint, regulation is essential. Without structured access, individuals seeking relief from mental health conditions may turn to unregulated or unsafe environments, increasing the risk of harm.

A regulated program allows for appropriate screening, education, supervision, and data collection, while ensuring that care is delivered responsibly. This framework supports individuals struggling with PTSD, depression, substance use disorders, and other serious mental health conditions — including veterans who often face limited effective treatment options.

Additionally, regulated access plays a critical role in destigmatizing psychedelic-assisted care by placing it within a controlled, professional, and ethical healthcare context. This approach aligns with harm-reduction principles and modern public health strategies.

As a mental health provider, I believe House Bill 1643 reflects compassionate, evidence-informed policy that prioritizes both safety and access. I respectfully urge the committee to support its passage.

Thank you for your leadership and consideration



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>GREGORY WILLIAMS</b>		PHONE NUMBER: <b>573-256-9084</b>	
BUSINESS/ORGANIZATION NAME: <b>MODERN HEALTH COALITION</b>		TITLE:	
ADDRESS: <b>1986 W OLD PLANK VILLAGE DR</b>			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65203</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>HALEY FOX</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/15/2026 10:17 AM</b>	
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Thank you for the privilege of providing testimony in support of HB 1643, 2817 and 2961, to improve the mental health and wellness of Missouri citizens, in particular those who suffer with trauma and opioid addiction.

I'm Dr. Haley Fox. I live in Forsyth, Missouri, where I have a solo practice as a psychotherapist, clinical supervisor and professor. My credentials include a Ph.D. in Clinical Psychology, a Missouri license in professional counseling, and board certifications in art therapy, music therapy and psychedelic assisted therapy. Recently I have been involved in developing curriculum for Midwest Psychedelics, whose first cohort just launched last month. Midwest Psychedelics is a new training program, endorsed by the American Psychological Association, designed for master's level clinicians seeking to improve their knowledge and skills in supporting and integrating the experiences of people engaged in psychedelic assisted therapy. We are readying ourselves for working effectively with cutting-edge medicines as they are approved in this state.

Evidence supporting the efficacy of plant medicines and synthesized psychedelic compounds in treating mental illness is growing – especially when combined with psychotherapy where set and setting are considered. The existing evidence includes studies regarding the efficacy of treating substance use disorders. While it may seem counterintuitive to some to treat a drug use problem with a drug, it is important to note how frequently other mental health challenges underly and are comorbid with substance use disorders. Many times, substance use functions as an attempt to soothe mental health distress, often secondary to traumatic experiences, and psychedelic medicines are well-equipped to address those underlying issues, thereby eliminating the desire or compulsion to use. The more we understand and respect plant medicines and synthesized psychedelic compounds, the better equipped we will be to apply them responsibly to this end.

My own personal reading and study of the literature and my direct experiences have led me to appreciate how Iboga and its synthesized version ibogaine show particular promise in treating opioid addiction. Ample anecdotal evidence already exists; I suspect you'll hear some compelling personal testimony in this regard today. Individuals who have benefitted from these medicines know how profound the impact has been on their sobriety and on their lives. They don't require any further proof. But we need carefully curated clinical studies to responsibly, safely (and legally) bring these medicines into wider use. I do not need to tell you the enormity of need in our state or the economic impact opioid addiction has had upon our communities. Let's get people healed, let's get their relationships repaired, let's get them back to good jobs and the fulfilling lives they deserve. Let's get this law passed. Thank you.

Cavarra M. et al. (2022, June 10). Psychedelic-assisted psychotherapy: A systematic review of associated psychological interventions. *Frontiers in Psychology* 13:887255.

**Davis, A. et al. (2017, Nov). Subjective effectiveness of ibogaine treatment for problematic opioid consumption: Short- and long-term outcomes and current psychological functioning. Journal of Psychedelic Studies 1(2):65-73.**

**Mash, D. (2023, April). Ibogaine: A legacy within the current renaissance of psychedelic therapy (IUPHAR – invited review). Pharmacological Research 190: 106620.**

**Mash D. et al. (2018, June 5). Ibogaine detoxification transitions opioid and cocaine abusers between dependence and abstinence: Clinical observations and treatment outcomes. Frontiers in Pharmacology 9:529.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>LAURA BURKHARDT</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/16/2026 9:29 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1643</b>		DATE: <b>2/16/2026</b>	
COMMITTEE: <b>Emerging Issues</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>LOGAN DAVIDSON</b>		PHONE NUMBER: <b>940-231-3833</b>	
BUSINESS/ORGANIZATION NAME: <b>VETERANS EXPLORING TREATMENT SOLUTIONS (VETS)</b>		TITLE: <b>LEGISLATIVE DIRECTOR</b>	
ADDRESS: <b>300 STATE STREET, UNIT 92040</b>			
CITY: <b>SOUTHLAKE</b>		STATE: <b>TX</b>	ZIP: <b>76092</b>
EMAIL: <b>logan@vetsolutions.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/16/2026 12:29 PM</b>	
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February 16, 2026

The Honorable Brad Chirst  
 Chair, House Committee on Emerging Issues  
 201 W Capitol Ave  
 Jefferson City, MO 65101

Dear Chair Christ,

We write to you to express our strong support for HB 1643 establishing a structured, medically supervised therapeutic access framework for psilocybin in Missouri, creating legal protections for eligible adults while maintaining professional oversight, laboratory testing, and defined dosage limits. This critical piece of legislation could be an important step toward addressing the alarming mental health crisis affecting our nation's veterans and ensuring they have access to innovative, evidence-based treatments. While VA access will require rigorous FDA-approved clinical research and drug approval, legal, regulated access can provide care now to populations in critical need.

Veterans are one of the most vulnerable populations when it comes to mental health. Since 2001, over 125,000 veterans have died by suicide, and 29% of Global War on Terrorism veterans are known to suffer from post-traumatic stress disorder (PTSD). The disproportionate incidence of PTSD among veterans is also a driver of the disproportionate incidence of suicide among them. We lose no less than 17 and by some estimates as many as 44 U.S. veterans to suicide every day, at nearly double the rate of non-veteran Americans lost to suicide each year.

Clearly, current mental health treatment options available to our veterans through VA healthcare facilities have been far from universally effective. Our veterans and their families need access to alternative therapies that address the complexity of the challenges they face following service to our nation. As demonstrated by ongoing medical and scientific research, psychedelic therapies are rapidly emerging as an effective tool in treating PTSD, traumatic brain injury (TBI), treatment-resistant depression, substance use disorder, anxiety, and other mental health indications that fuel disproportionate rates of suicide among the veteran population.

Founded in 2019, Veterans Exploring Treatment Solutions (VETS) is a 501(c)(3) non-profit organization working to end the veteran suicide epidemic by providing resources, research, and advocacy for U.S.

**military veterans seeking psychedelic-assisted therapies for TBI, PTSD, addiction, and other health conditions. VETS envisions a world where our veterans have access to the most advanced healthcare options to heal from the mental and physical wounds of war. VETS has supported over 1,000 U.S. Special Operations Forces (SOF) veterans and veteran spouses to access psychedelic-assisted therapy (PAT) treatment abroad, paired with preparation and integration coaching, through our “Foundational Healing Grants” Program.**

**HB 1643 does not legalize or decriminalize these substances; rather, it takes a responsible, regulated approach that many states are adopting by advancing access in controlled therapeutic settings. HB 1643 is an ambitious step forward in ensuring Missourians, including the state’s veteran community, have access to breakthrough mental health treatments as they become available. By establishing defined eligibility criteria, professional facilitation requirements, laboratory testing standards, and dosage limits, HB 1643 creates a structured therapeutic access pathway for psilocybin in Missouri, pairing legal protections with medical oversight while expanding investigational access to Schedule I substances under the state’s right-to-try framework.**

**This framework will expand access to carefully supervised therapeutic use for eligible patients today, support continued clinical engagement and data-informed care through its medical and documentation requirements, and position Missouri as a leader in developing a structured state-level model for responsibly expanding access to psilocybin while federal policy continues to evolve.**

**Legislators may wish to consider strengthening HB 1643 by adding a structured data collection component that allows outcomes and safety data to be gathered in a federally compliant manner and positioned for potential submission to the FDA as real-world evidence (RWE) under an observational model. Incorporating standardized baseline and follow-up measures, adverse event reporting, and de-identified aggregate reporting would enhance transparency, improve patient safety monitoring, and elevate the policy beyond simple access.**

**The General Assembly could take an even more ambitious approach by pairing this framework with state-supported clinical research on psilocybin, creating a dual pathway of responsible access and rigorous evidence generation, potentially establishing one of the most comprehensive state models in the country.**

**Thank you for your leadership and commitment to our nation’s heroes. VETS stands ready to assist in any way possible to support the successful implementation of this vital initiative.**

**Respectfully,  
Logan Davidson**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MARK E QUINN</b>		PHONE NUMBER: <b>314-422-8124</b>	
BUSINESS/ORGANIZATION NAME: <b>SPECIAL OPERATIONS CHARITY NETWORK</b>		TITLE: <b>CSM, US ARMY (RET); EVP-SOCN PROGRAMS</b>	
ADDRESS: <b>9532 YAFFBURY LANE</b>			
CITY: <b>SAINT LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63123</b>
EMAIL: <b>mark@specopscharity.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/13/2026 1:02 PM</b>	
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**As a Command Sgt Major, US Army (ret) and the Exec. Vice President of Special Operations Charity Network (SOCN) our team at SOCN fully support the passage of this legislation allowing the use of these break-through treatments for service-related Trauma, PTS/PTSD, and possible Opioid addiction. We have witnessed the success of these treatments during previous trials and fully support the ongoing use of these alternative therapies.**

**Best Regards,  
CSM Mark E Quinn  
US Army (ret)  
EVP- SOCN Programs**



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RON HICKS</b>		PHONE NUMBER: <b>636-328-7050</b>	
REPRESENTING: <b>AMERICAN SHAMAN</b>		TITLE: <b>LOBBYIST</b>	
ADDRESS: <b>125 BRIDGTON AVE</b>			
CITY: <b>WENTZVILLE</b>		STATE: <b>MO</b>	ZIP: <b>63385</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</b>	
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>WALTER D. DISNEY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/16/2026 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>WILLIAM "TREY" WARREN III, PHD</b>		PHONE NUMBER: <b>757-773-7200</b>	
BUSINESS/ORGANIZATION NAME: <b>VETERANS EXPLORING TREATMENT SOLUTIONS; AMERICANS FOR IBOGAINE, MODERN HEALTH COALITION</b>		TITLE:	
ADDRESS: <b>16446 HICKORY PINE LN APT. C</b>			
CITY: <b>WILDWOOD</b>		STATE: <b>MO</b>	ZIP: <b>63011</b>
EMAIL: <b>trey_warren4@hotmail.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/15/2026 10:51 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

My name is William "Trey" Warren and I represent Veterans Exploring Treatment Solutions (VETS) and the Modern Health Coalition. I am testifying in support of HB 1643. Every day we lose 17-44 veterans by suicide. Think about that, that is on average one veteran every hour. I feel strongly about this issue because I have fought not to join that statistic.

I served in the Navy for 13 years. I flew F-14 Tomcats and FA-18 Super Hornets. I have 460 take-offs and landings on aircraft carriers. I graduated from Topgun and I conducted 4 combat deployments to Iraq and Afghanistan, 3 flying off aircraft carriers and one on the ground with Special Forces. From these combat deployments, I have been diagnosed, by the VA, with severe PTS, anxiety, depression, and alcohol use disorder. I also suffered a TBI in 2002 and hundreds of concussive episodes that damaged my brain and impaired my cognitive functions.

I started treatment at the VA in 2019 for my above diagnosis. My treatment included multiple pills and talking to someone once a week in their office. This didn't work well for me. The first time I almost committed suicide was in Jan 2022. I decided to come off my long list of medications with the help of my VA psychiatrist, and it was done too fast, which led to the second time I almost committed suicide in August 2022. In fall of 2024, my drinking peaked at 3 bottles of wine a day and my symptoms were awful. I couldn't remember how to get to the grocery store without help. I yelled at my wife and kids all the time, my hands shook, I had nightmares, I slept in my closet and cried every night because of my state. I had my 3rd period of suicidality from Nov 2024 to Feb 2025. Not a day went by I didn't think about killing myself. I will spare you the details, but I was on the edge of the abyss and the love for my kids kept me from taking the plunge.

Psychedelics helped me get through all of this when western medicine failed. Psilocybin coupled with talk therapy, meditation, and some other natural and alternative therapies helped me understand my trauma and has provided me tools to cope with my PTS, anxiety and depression. Recently, I earned my PhD and I teach at Lindenwood University. I am also helping other veterans who are struggling with their combat trauma. I am putting my life back together and rebuilding my relationship with my kids, after subjecting them and their mom to years of trauma from living with me during my years of struggle.

Missouri has a chance to lead the nation in advancing natural and effective treatments that can prevent suicides and restore lives. I urge you to pass HB 1643 to help save the lives of veterans and others who are struggling with suicide like I have. Approximately 5400 of my brothers and sisters died by enemy fire in Iraq and Afghanistan. Over 125,000 veterans have died by their own hands since 2001. We served our nation and protected this country after 9/11, now I am asking you to help us by passing HB 1643 and giving people suffering from trauma, brain injuries, and substance use disorder a fighting

chance through access to therapies that work.

Thank you very much for the opportunity to share my story. I am happy to answer any questions about my treatment or my experiences.

VR,

William "Trey" Warren, PhD



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>WILLIAM WISNER</b>		PHONE NUMBER: <b>314-358-5088</b>	
BUSINESS/ORGANIZATION NAME: <b>GRUNT STYLE FOUNDATION</b>		TITLE:	
ADDRESS: <b>7003 SPAVALE DR</b>			
CITY: <b>HIGH RIDGE</b>		STATE: <b>MO</b>	ZIP: <b>63049</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 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: <b>DIRECTOR OF LEGISLATIVE AFFAIRS</b>	
ADDRESS: <b>113 MADISON ST., 65102</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL: <b>jscott@msma.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/16/2026 3:36 PM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RACHEL BAUER</b>		PHONE NUMBER: <b>573-691-5707</b>	
REPRESENTING: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON ST.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/16/2026 12:00 AM</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>2/12/2026 9:39 PM</b>	
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**Chair and Members:**

**I rise in strong structural opposition to HB 1643.**

**This bill does not merely expand access to psilocybin.**

**It constructs a state-level shield around a federally scheduled Schedule I substance and attempts to insulate participants from federal consequence.**

**That is not reform.**

**That is confrontation.**

**And confrontation without constitutional armor does not end well.**

**I. You Cannot Nullify Federal Law With Polite Language**

**Psilocybin remains a Schedule I substance under the federal Controlled Substances Act.**

**This bill says:**

**The state will not penalize possession, production, transfer, or administration.**

**The state will protect licenses.**

**The state will prohibit disclosure to federal authorities.**

**States may decline to criminalize conduct.**

**They may not obstruct federal enforcement.**

**The Supremacy Clause is not optional.**

**When a state attempts to create a protected regulatory zone around conduct federally prohibited, courts do not ask whether the intent was compassionate.**

**They ask whether it conflicts.**

**Subsection 8 — prohibiting disclosure to federal authorities — is the fault line.**

**That language invites immediate preemption litigation under Arizona v. United States.**

**If this passes as written, litigation is not hypothetical.**

**It is predictable.**

## **II. This Is Broader Than You Think**

**Earlier proposals tied access to registered FDA trials.**

**This version expands eligibility to:**

**“any other condition for which psilocybin has shown efficacy in clinical trials registered with the FDA.”**

**“Shown efficacy” is undefined.**

**No FDA approval required.**

**No IND requirement required.**

**No federal clearance required.**

**That is not medical exception. That is parallel authorization.**

**And parallel authorization of Schedule I substances is exactly where conflict preemption lives.**

## **III. You Are Delegating Medical Gatekeeping to Private Bodies**

**Facilitator training must be approved by the American Psychological Association.**

**Private entities are not constitutional actors.**

**When statutory compliance hinges on approval from a private association without state oversight, you are delegating power you do not constitutionally possess.**

**Missouri courts take separation of powers seriously.**

**This will be noticed.**

## **IV. Licensing Boards Cannot Be Constitutionally Disarmed**

**The bill attempts to prohibit licensing boards from disciplining professionals “based solely” on participation.**

**Boards exist under the police power of the state.**

**If that language is interpreted broadly, it constrains constitutional regulatory authority.**

**When you restrict boards from acting in areas touching federally prohibited substances, you create a separation-of-powers collision inside your own government.**

**That is internal structural risk.**

## **V. The Confidentiality Wall Is the Weakest Link**

**“No state agency shall disclose to the federal government...”**

**That sentence alone could anchor an injunction.**

**States may refuse to assist federal enforcement.**

**They may not prohibit cooperation where federal supremacy applies.**

**This is not a symbolic clause.**

**This is a litigation trigger.**

## **VI. Compassion Does Not Immunize Structural Defects**

**No one disputes the severity of PTSD, end-of-life suffering, or treatment-resistant depression.**

**But good policy does not excuse unconstitutional architecture.**

**If you want to build durable reform, you build it to survive contact with federal court.**

**This version does not survive contact.**

### **Fiscal Exposure**

**If enjoined:**

**Attorney General defense costs**

**Administrative rollout expenses lost**

**Possible federal funding friction**

**Implementation uncertainty for licensing boards**

**Regulatory confusion during litigation stay**

**You are authorizing a system that may be frozen before it operates.**

**That is not stability.**

### **Legislative Notice:**

**The General Assembly is hereby placed on notice that:**

**The non-disclosure provision implicates Supremacy Clause vulnerability.**

**The expansion beyond clinical trial structure increases conflict preemption risk.**

**Incorporation of private standards without oversight raises nondelegation concerns.**

**Restricting board authority may invite internal constitutional challenge.**

**These risks are foreseeable.**

**And when constitutional risks are foreseeable, ignoring them becomes part of the record.**

**You can reform.**

**You can innovate.**

**But you cannot pretend federal law does not exist.**

**The future does not forgive structural naivety.**

**And once this machine starts, it will not negotiate.**

**It will litigate.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DR. DANIELLE ADAMS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/16/2026 12:00 AM</b>
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