



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1894		DATE: 3/9/2026	
COMMITTEE: Insurance			
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: ADAM RAPERT		PHONE NUMBER: 636-577-7370	
REPRESENTING: MISSOURI PODIATRIC MEDICAL ASSOCIATION		TITLE:	
ADDRESS: 215 E. CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/9/2026 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: In-Person		SUBMIT DATE: 3/9/2026 11:59 PM
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I am in Support of this Bill.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CHRIS ROEPE		PHONE NUMBER:	
REPRESENTING: MO ASSOCIATION OF NURSE ANESTHETISTS		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/9/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DR PAUL DUPUIS		PHONE NUMBER: 573-636-6341	
BUSINESS/ORGANIZATION NAME: MISSOURI CHIROPRACTIC PHYSICIANS ASSOCIATION		TITLE: VICE PRESIDENT	
ADDRESS: 416 E HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/9/2026 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER:	
REPRESENTING: NATIONAL ASSOCIATION OF SOCIAL WORKERS - MO CHAPTER		TITLE:	
ADDRESS: PO BOX 1805			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: jessica@wintonpolicygroup.com	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 11:57 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KEVIN MCCLAIN, DC		PHONE NUMBER: 314-838-6083	
BUSINESS/ORGANIZATION NAME: KEVIN MCCLAIN, DC		TITLE:	
ADDRESS: 2640 N HWY 67			
CITY: FLORISSANT		STATE: MO	ZIP: 63033
EMAIL: klmdc@accessus.net	ATTENDANCE: Written	SUBMIT DATE: 3/6/2026 10:52 PM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KYNA IMAN		PHONE NUMBER: 314-651-1185	
REPRESENTING: MO NURSES ASSOCIATION, MO OCCUPATIONAL THERAPISTS ASSOCIATION		TITLE:	
ADDRESS: P.O. BOX 1483			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/9/2026 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LAWRENCE RUSSELL MATTHIAS DC		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 8:05 AM	
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This letter is in support of HB 1894 which will codify Section 2706 of the Public Health Services Act into Missouri law.

“SEC. 2706. §300gg-5¿ NON-DISCRIMINATION IN HEALTH CARE. (a) PROVIDERS.—A group health plan and a health insurance issuer offering group or individual health insurance coverage shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider’s license or certification under applicable State law.”

Despite Section 2706 being a federal law, it has, largely, not been honored or enforced with regards to insurance companies doing business in Missouri. 2706(a) prohibits discrimination based on provider licensure. Following are several examples of discrimination based on provider licensure:

- Covered plan services, which are within the Missouri DC scope of practice, are not covered for Doctor of Chiropractic.
- Reimbursement paid to a DC is less than another provider is paid for the same covered services; the payment differential is not based on a quality of care or performance measure.
- A plan or insurer refused to permit DCs, on their provider panel, to provider services within their DC scope of practice.
- Physical therapy modalities are frequently used as part of chiropractic care. Reimbursement differences understandably exist between inpatient and outpatient settings, but the same service being reimbursed differently based on provider type, in the same setting, is a violation of 2706(a).
- High deductibles and copays, which are only applicable to chiropractic care, may be in violation of 2706(a).
- Current payer policies are trending towards bundling of services. When chiropractic manipulation is bundled with manual therapy and reimbursement is eliminated for manual therapy, there is loss of keeping with the calculation of relative value of care for the chiropractic manipulation. This practice is a violation of 2706(a).



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LYNETTE R. MAYFIELD, D.C.		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/8/2026 9:14 PM	
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With 24 years of practice as a chiropractic physician in the great state of Missouri, I support HB 1894. Provider non-discrimination is important for physicians as well as health care participants. Patients commonly ask "how do we reform health care?" This is the way it begins.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MATTHEW R. BAKER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/6/2026 3:55 PM	
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Testimony in Support of HB 1894
 To: Chairman and Members of the House Insurance Committee
 From: Matthew R. Baker, DC
 Date: 3/6/26
 RE: Support for HB 1894 – The Patients First Act

Chairman Dane Diehl and members of the Committee:

My name is Dr. Matthew R. Baker, DC, and I am a licensed Chiropractic Physician practicing in Maryville, MO. I am writing today to urge your support for HB 1894, the Patients First Act.

As a healthcare provider on the front lines, I see firsthand how current insurance reimbursement structures create an unlevel playing field that ultimately hurts Missouri patients. Specifically, HB 1894 addresses a critical issue: reimbursement parity based on service, not licensure.

In my practice, I often perform the exact same physical medicine or diagnostic services that are performed by MDs or DOs. However, I frequently encounter situations where insurance companies reimburse these other provider types at rates significantly higher—sometimes double—what I am paid for the same CPT code.

This disparity is not based on the quality of care or the complexity of the service, but strictly on the "initials" behind the provider's name.

This practice:

- Undermines Patient Choice: When insurance companies undervalue certain providers, it limits the network availability of affordable care for Missourians.
- Increases Costs: Disincentivizing lower-cost, conservative care options like chiropractic often leads patients toward more expensive interventions or opioid-based treatments.
- Threatens Small Businesses: Many chiropractic clinics are small, local businesses. Being paid 50% less than a neighbor for the same work makes it increasingly difficult to keep doors open and serve the community.

HB 1894 ensures that if a service is within a provider's legal scope of practice, the reimbursement should be fair and non-discriminatory. It allows for "Patients First" by ensuring they have access to their preferred provider without the provider being financially penalized by the insurer.

I respectfully ask the committee to vote "Do Pass" on HB 1894 to ensure fairness in our healthcare system and better access for all Missouri patients.

Thank you for your time and for your service to our state.

Sincerely,

**Dr. Matthew R. Baker, DC
Baker Chiropractic & Rehab, LLC
2408 S. Main St.
Maryville, MO 64468**



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: QUINN J JAMES		PHONE NUMBER: 314-713-1458	
BUSINESS/ORGANIZATION NAME: JAMES CHIROPRACTIC, MISSOURI CHIROPRACTIC PHYSICIANS ASSOCIATION		TITLE:	
ADDRESS: 1220 TURTLE CREEK DR			
CITY: O FALLON		STATE: MO	ZIP: 63366
EMAIL: drquinnjames@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/8/2026 9:41 AM	
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I am writing in support of HB1894, which codifies Section 2706 of the Public Health Services Act (PHSA) into Missouri law.

Section 2706 is already federal law. However, it has largely gone unenforced, and insurance companies operating in Missouri continue to violate the intent of this provision. HB1894 would provide the Missouri Department of Insurance with the authority and tools necessary to enforce this important patient protection.

The purpose of Section 2706 was simple: if a healthcare provider is licensed and practicing within the scope of their training, insurers should not discriminate against that provider when reimbursing for the same covered service. In other words, when two qualified providers deliver the same service, reimbursement should be equal unless there are clear quality or performance measures justifying a difference.

This provision was included in federal law to protect small, independent, and rural healthcare providers. Without fair reimbursement, these providers cannot compete with large health systems that have significantly more negotiating power with insurers.

When this protection is not enforced, the consequences are clear. Many small and rural providers are forced to leave insurance networks, sell their practices to larger healthcare corporations, transition to concierge models, or close their doors entirely. Each of these outcomes reduces access to care for patients.

As consolidation increases, patients lose choice and healthcare costs continue to rise. Large systems are able to charge facility fees and hospital-based rates that significantly increase the overall cost of care, even when the same service could be provided safely and effectively in a community-based practice.

HB1894 would help restore balance to the healthcare marketplace by ensuring that existing federal protections are actually enforced at the state level. This would support independent providers, improve network access for patients, and help control rising healthcare costs.

For these reasons, I respectfully urge the committee to support HB1894.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TYLER WICKS		PHONE NUMBER: 573-424-5799	
BUSINESS/ORGANIZATION NAME: COLUMBIA FAMILY CHIROPRACTIC		TITLE: DR	
ADDRESS: 4301 RAINBOW TROUT DR 103			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL: wicks@columbiamfamilychiropractic.com	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 10:36 AM	
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Chairman and Members of the Committee,

My name is Dr. Tyler Wicks, and I am a chiropractor practicing in Columbia, Missouri. I have owned and operated Columbia Family Chiropractic since 2007 and have served thousands of Missouri patients during that time, including families, working adults, and commercial drivers undergoing federally required DOT physical examinations.

I appreciate the opportunity to express strong support for House Bill 1894, which would establish meaningful provider non-discrimination protections within Missouri’s health insurance framework.

The Principle at Stake

At its core, this legislation addresses a simple issue of fairness and patient access.

When a health insurance policy covers a particular service, it should not arbitrarily deny reimbursement solely because that service is provided by a different category of licensed healthcare professional operating within their legal scope of practice.

Missouri already licenses and regulates multiple healthcare professions, each with defined training, competencies, and statutory scope. When insurers selectively refuse reimbursement based on provider title rather than the nature of the service delivered, the result is artificial barriers to care, reduced competition, and higher costs for patients.

HB 1894 simply reinforces a principle already reflected in federal policy under Section 2706 of the Affordable Care Act: if a healthcare service is covered, insurers should not discriminate against a qualified provider acting within their lawful scope.

Economic and Market Considerations

Provider discrimination has significant economic consequences that are often overlooked.

Health care markets function best when patients are able to choose among multiple qualified providers delivering similar services. When insurers restrict reimbursement based on provider category rather than competency or outcome, the market becomes distorted.

This distortion produces several predictable effects:

Reduced competition in healthcare delivery, which tends to increase overall system costs.

Restricted patient choice, particularly in rural or underserved areas where provider availability may already be limited.

Inefficient utilization of the healthcare workforce, where licensed professionals are prevented from practicing to the full extent of their training.

Missouri has invested considerable resources in licensing and regulating a diverse healthcare workforce. Policies that artificially narrow the roles of those professionals undermine that investment.

HB 1894 helps ensure that Missouri's healthcare labor force can operate efficiently, which benefits patients, employers, and insurers alike.

Patient Access and Rural Healthcare

In many communities across Missouri, non-physician providers play a critical role in delivering accessible healthcare services.

Patients frequently seek care from providers who specialize in specific types of treatment, particularly for musculoskeletal conditions. Chiropractors, physical therapists, nurse practitioners, and other licensed professionals often serve as first-contact providers for these concerns.

When insurers impose discriminatory reimbursement practices, patients are sometimes forced into less efficient care pathways, including unnecessary referrals or additional appointments that increase cost and delay treatment.

For working Missourians, especially those in physically demanding occupations, timely access to appropriate care is not a theoretical concern. It affects their ability to return to work, support their families, and maintain long-term health.

HB 1894 helps protect the practical accessibility of care, particularly in communities where provider options are limited.

Evidence from Musculoskeletal Care

Musculoskeletal conditions represent one of the most common and costly categories of health complaints in the United States.

Research consistently demonstrates that conservative, non-pharmacologic approaches to musculoskeletal conditions can reduce downstream healthcare costs, including imaging, opioid prescriptions, and surgical interventions.

Policies that restrict reimbursement for providers who specialize in these conservative approaches may inadvertently increase system-wide expenditures by pushing patients toward more expensive care pathways.

Provider non-discrimination legislation supports a value-based healthcare model in which insurers reimburse effective services regardless of which qualified provider delivers them.

Regulatory Consistency

Missouri already recognizes chiropractors and other healthcare professionals as licensed physicians under Missouri law for the purposes of their defined scope of practice.

However, insurance policies sometimes fail to reflect that statutory recognition in their reimbursement practices.

HB 1894 helps align insurance regulation with existing state licensing law, reducing confusion and

promoting regulatory coherence.

A Balanced Policy

Importantly, HB 1894 does not require insurers to cover new services.

It does not expand scope of practice.

It simply ensures that when an insurer chooses to cover a service, it cannot arbitrarily deny reimbursement to a licensed provider who is legally authorized to deliver that service.

This is a modest but meaningful reform that strengthens fairness in Missouri's healthcare marketplace.

Conclusion

Missouri's healthcare system functions best when it allows patients to access care from qualified providers without unnecessary barriers imposed by insurance discrimination.

HB 1894 represents a practical step toward improving fairness, efficiency, and patient choice within the system.

For these reasons, I respectfully urge the committee to support House Bill 1894.

Thank you for your time and consideration.

Respectfully submitted,

Dr. Tyler Wicks, D.C.
Columbia Family Chiropractic
4301 Rainbow Trout Dr #103
Columbia, MO 65203
Phone: 573-442-2060



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: AMY R. BECK, PHD		PHONE NUMBER:
REPRESENTING: MISSOURI PSYCHOLOGICAL ASSOCIATION		TITLE: LEGISLATIVE CHAIR
ADDRESS:		
CITY: KANSAS CITY		STATE: MO
		ZIP: 64131
EMAIL: drbeckadvocates@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 8:20 PM
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Without a carveout specific to psychologists, there will be unintended negative consequences to our profession in the state. This will subsequently have a negative impact on mental health care available to the public in Missouri.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BIANCA BALALE		PHONE NUMBER: 972-430-6723	
BUSINESS/ORGANIZATION NAME: NATIONAL ASSOCIATION OF DENTAL PLANS		TITLE: DIRECTOR OF GOVERNMENT RELATIONS	
ADDRESS: 6125 LUTHER LANE			
CITY: DALLAS		STATE: TX	ZIP: 75225
EMAIL: bbalale@nadp.org	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 7:11 PM	
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On behalf of the National Association of Dental Plans (NADP), thank you for the opportunity to provide comments in opposition to House Bill 1894.

NADP is the largest non-profit trade association focused exclusively on the dental benefits industry. NADP's members provide dental HMO, dental PPO, dental indemnity and discount dental products to more than 200 million Americans with dental benefits. Our members include the entire spectrum of dental carriers: companies that provide both medical and dental coverage, companies that provide only dental coverage, major national carriers, regional, and single state companies, as well as companies organized as non-profit plans.

As introduced, this bill would undermine the structure and value of dental networks. Collectively, its provisions could increase out-of-pocket expenses for patients, weaken essential consumer protections, and ultimately threaten the accessibility and affordability of dental care in Missouri.

Dental networks are essential to delivering affordable, high-quality oral health care. Networks function through negotiated reimbursement rates that reflect the mutual benefit between plans and participating dentists: in-network providers accept discounted rates and agree to limit patient charges in exchange for patient volume and simplified administration.

HB 1894 would erode these incentives by allowing out-of-network dentists to receive the same rate as in-network dentists. Such a policy would destabilize the contracting framework between providers and plans and directly harm consumers, who could face additional charges of 40% or more above in-network rates, exposing them to financial hardship and discouraging routine care.

Providers join networks because they value the stability and streamlined administration that come with participation. If out-of-network providers can receive the same reimbursement as in-network dentists while retaining the ability to charge patients more, there is little incentive to enter or remain in the network. Over time, this would weaken network stability, leaving patients with fewer in-network options, higher costs, and reduced access to care. The resulting decline in participation would also undermine cost-control mechanisms that help keep premiums and patient expenses affordable.

Access to care through dental insurance is essential to maintaining oral health through routine preventive treatment. Dental patients are highly price sensitive, and when faced with higher costs or

fewer in-network options, they are more likely to postpone or skip routine care, increasing the risk of more complex and costly oral health problems over time. Even one missed biannual appointment can elevate the likelihood of developing dental caries and other preventable conditions, ultimately leading to poorer oral and overall health.

For these reasons, we oppose HB 1894 and urge that the bill not advance in its current form. We appreciate your consideration and welcome the opportunity to provide additional information or support your deliberations in any way.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BRIDGET HURT, PSY.D.		PHONE NUMBER: 573-776-6236	
BUSINESS/ORGANIZATION NAME: BRIDGET HURT, PSY.D. & ASSOCIATES		TITLE: LICENSED PSYCHOLOGIST	
ADDRESS: 907 N MAIN ST, POPLAR BLUFF			
CITY: POPLAR BLUFF		STATE: MO	ZIP: 63901
EMAIL: bridget02@ymail.com	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 12:20 PM	

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I am writing in opposition to the proposed bill as a psychologist in private practice in a rural area. The proposal fails to recognize differences in educational level and expertise, which could cause an even greater deficit of doctoral level providers, which is already of great concern in rural Missouri. Further, it is anticipated that insurance companies will lower rather than raise rates limiting the ability to remain in business and continue providing services in impoverished areas. I have a passion for our rural residents and have spent my career serving them, but I am gravely concerned about the viability of being able to continue with increasing costs and the lowered rates. Please reject the proposal or exempt psychologists/mental health practioners. Thank you for your consideration.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CAROLYN S PEPPER		PHONE NUMBER: 913-906-9559	
BUSINESS/ORGANIZATION NAME: BHS		TITLE: DR	
ADDRESS: BEHAVIORAL HEALTH SPECIALISTS			
CITY: OVERLAND PARK		STATE: KS	ZIP: 66212
EMAIL: cpepper@bhsk.com	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 12:46 PM	
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Psychologists have significantly more training and expertise than a masters level clinician. Psychologists provide a different level of care with a different knowledge base of clinical needs and of ethics. A psychologist and master's level clinician work in different settings and often perform different functions. The are not comparable. I am a psychologist and partner of a local Kansas city private practice. We currently take health insurance but struggle to do so. Any further reduction in payout would result in the disheartening choice to come off panels and be private pay only, thus reducing accessibility to our community.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CHUCK HOLLISTER, PHD		PHONE NUMBER: 417-227-0960	
BUSINESS/ORGANIZATION NAME: MISSOURI PSYCHOLOGICAL ASSOCIATION		TITLE: CEO AND DIRECTOR OF PROFESSIONAL AFFAIRS	
ADDRESS: 1051 S. FREMONT AVENUE			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65804
EMAIL: chuckatmopa@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 10:53 AM
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We had the opportunity to meet with Representative Hausman last week and very much appreciated her courtesy and willingness to listen to our concerns. The bill will not have its intended effect, particularly in behavioral health.

If passed, this bill will damage access to mental and behavioral health services provided by psychologists. Psychologists, along with psychiatrists, are among the leading experts in diagnosing mental illness and in providing non-pharmaceutical behavioral health care. We regularly advise clinicians—including psychiatrists—as well as judges and educators on how best to serve their clients and patients.

Why would the bill not have its intended effect in mental and behavioral health?

Insurance companies are unlikely to increase master’s-level reimbursement. They would simply reduce doctoral reimbursement. Already, a third of psychologists do not accept commercial insurance because of chronically low reimbursement and the administrative burdens that come with working with insurance companies. Many insurers have not raised their behavioral health reimbursement rates in more than ten years.

If passed, there would be little reason to pursue a doctoral degree in psychology. The expertise developed through advanced graduate education would be lost.

Students with often dramatically high student loans would be better served by leaving the state for locations where reimbursement is stronger—or by choosing not to come to Missouri at all.

Current providers may shift their services to patients in neighboring states or engage more heavily in interstate telehealth.

Many psychologists are small business owners. Chronic low reimbursement continues to place their practices at risk. Reduced reimbursement could force many to close their doors, particularly in rural areas where reimbursement is already low.

Psychologists should be protected from this bill.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DONALD BRADY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 2:04 PM	

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Reimbursement will drop, not increase. No incentive for insurance companies to increase reimbursement when they can lower it.
 Loss of access to expert care for Missouri patients as more psychologists stop accepting insurance. Psychologists with psychiatrists are our top experts in diagnosing mental illness and are top experts in non-pharmaceutical behavioral health.
 More psychologists will leave the state or practice across state lines using telehealth or placing their offices in bordering states.
 Recruitment of psychologists to Missouri will become more difficult.
 Students, if they remain in Missouri, will be trapped in debt with fewer viable career options.
 Reduced incentive to pursue doctoral training.
 Reduced incentive for students to locate and build careers in Missouri.
 Many psychologists operate small business that could be driven out of business by lower reimbursement.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1894		DATE: 3/9/2026	
COMMITTEE: Insurance			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DR. ANN BECKER-SCHUTTE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written		SUBMIT DATE: 3/9/2026 12:13 PM

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I have been a licensed psychologist in Missouri since 2006, and I have concerns about wording in this bill that would classify master's level clinicians in the same category as psychologists for mental health services.

Psychologists (doctoral level clinicians) have training requirements that are equal to or greater than medical doctors. These training requirements are substantively higher than the requirements to earn a Master's level degree or license. This additional training contributes to higher levels of expertise. It also costs more for clinicians to complete this training and earn doctoral degrees and licenses.

I am concerned that, if master's level clinicians are reimbursed at the same rate as psychologists, that this will ultimately lead to a decrease in reimbursement for care provided by psychologists. Insurance companies already require psychologists to accept substantial discounts in reimbursement. If they are allowed to further lower reimbursement rates, I have concerns that psychologists will reconsider practicing in Missouri. That would be a significant loss at a time when we are already facing a shortage of mental health providers.

I know that there is language to exempt physicians from this rate change, as most individuals can agree that a medical doctor has had to complete more training and stringent licensure requirements than a nurse practitioner. It is my hope that the wording in the bill can be changed to provide psychologists (the highest level of credentialing for mental health therapy) with the same protection as physicians.

I appreciate your consideration of this change to the wording of the bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1894		DATE: 3/9/2026
COMMITTEE: Insurance		
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: FRADI SPILBERG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 10:52 AM
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Here are some of the reasons I oppose HB 1894'

There will be a loss of access to expert care for Missouri patients as more psychologists stop accepting insurance. Psychologists with psychiatrists are our top experts in diagnosing mental illness and are top experts in non-pharmaceutical behavioral health. I think that psychologists will leave the state or practice across state lines using telehealth or placing their offices in bordering states.

Also very likely that recruitment of psychologists to Missouri will become more difficult.

Reduced incentive to pursue doctoral training that would hurt local programs.

Reduced incentive for students to locate and build careers in Missouri.

Many psychologists operate small business that could be driven out of business by lower reimbursement.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1894		DATE: 3/9/2026	
COMMITTEE: Insurance			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
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: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/9/2026 12:00 AM	
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MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 1894		DATE: 3/9/2026
COMMITTEE: Insurance		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: HELEN WEISER		PHONE NUMBER: 816-853-7890
BUSINESS/ORGANIZATION NAME: MISSOURI PSYCHOLOGICAL ASSOCIATION		TITLE: DOCTOR
ADDRESS: 12611 OAKMONT DRIVE		
CITY: KANSAS CITY		STATE: MO
		ZIP: 64145
EMAIL: helenweiser2@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 10:43 AM

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Bill 1894. I am President of the Missouri Psychological Association and object to this bill, as it does not recognize different levels of licensure and will strongly affect the reimbursement rate for doctoral level psychologists whose rates will be lowered when lumped together with masters level providers. This bill was not intended for psychologists but we are lumped together into it. My concern is this will create an untenable situation for psychologists and they will no longer be able to afford to provide these essential services to patients our patients. Doctoral level psychologists receive 4 years additional education beyond Master's level providers and are used for specialized services which are more expensive than Master's Level services. Please remove the negative effects this bill will have on the provision of psychological services. Thank you



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JASMINE PETR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 7:13 PM
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As a clinical psychologist, I support efforts to improve patient access to care and appreciate the goal of expanding provider participation in health insurance networks. Many patients struggle to find available in-network clinicians, particularly in behavioral health.

My concern is that expanding network participation alone may not meaningfully improve access if reimbursement and contracting practices remain unchanged. In behavioral health, many clinicians limit insurance participation because reimbursement rates and administrative requirements make sustained participation difficult. I often make almost half of my out of pocket fee when I take insurance.

Policies focused primarily on increasing network size may increase participation on paper without addressing the underlying factors that determine whether providers can realistically remain in networks and provide care to patients.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JASON MALOUSEK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 12:14 PM	
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Opposition Testimony for HB 1894 – “Patients First Act”

Missouri General Assembly

To the Honorable Chair and Members of the Committee:

My name is Jason R. Malousek, PsyD, and I am an Assistant Professor and Assistant Director of Clinical Psychology Training. Although I do not currently practice in Missouri, I routinely collaborate with Missouri-based clinicians, train future psychologists who practice in the state, and consult on behavioral health systems that directly impact Missouri residents. For these reasons, I respectfully submit my strong opposition to HB 1894.

HB 1894 would require equal reimbursement across providers solely on the basis of licensure, mandating that “all health care providers shall be reimbursed at the same rate for the same service as long as such service is within the provider’s scope of practice.” While parity in access is essential, reimbursement parity across distinct professional disciplines is not clinically or economically appropriate.

Across health care, reimbursement structures reflect differences in education, training, liability, and the complexity of services provided. Psychologists, physicians, and other advanced health professionals undergo highly specialized doctoral or medical-level training that is not interchangeable with briefer or less intensive training pathways. Mandating identical reimbursement—regardless of the depth of training, level of responsibility, or clinical risk—introduces several harms:

It undermines workforce integrity and devalues advanced training.

Equating reimbursement across markedly different educational and clinical backgrounds disincentivizes individuals from pursuing the rigorous training required for complex assessment, diagnosis, and treatment.

It creates confusion around professional roles and may compromise patient care.

When reimbursement drives substitution of one provider type for another, rather than matching patients with clinicians best qualified for their needs, patients face unnecessary risk—particularly in mental health, neuropsychological assessment, and high-acuity medical conditions.

It disrupts insurance networks and increases costs.

Insurers use tiered reimbursement to incentivize quality, experience, and demonstrated outcomes. Removing that flexibility will likely raise overall system costs and reduce network participation, ultimately limiting patient access rather than expanding it.

It contradicts the stated goal of nondiscrimination under Section 2706 of the Public Health Service Act. Section 2706 prohibits exclusionary discrimination, not clinically inappropriate mandates for uniform reimbursement. HB 1894 goes significantly beyond federal intent by imposing reimbursement equivalence where the law does not require it.

While I fully support fair access and nondiscrimination, this bill conflates equity with uniformity, and in

doing so, risks meaningful harm to Missouri patients, health systems, and the professional standards that safeguard clinical quality.

For these reasons, I urge the committee to vote NO on HB 1894.

Thank you for the opportunity to provide testimony.

Respectfully,

Jason R. Malousek, PsyD, LP

Assistant Director of Clinical Psychology Training & Assistant Professor



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1894		DATE: 3/9/2026	
COMMITTEE: Insurance			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JENNIFER ALLEN LISCHWE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 10:41 AM	

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

Hello - my name is Jennifer Allen, PhD and I have been a licensed psychologist for 10 years. I work with the pediatric oncology population in the healthcare setting. In addition to direct patient care, I also serve as the Training Director at St. Louis Children's Hospital in the Department of Psychology and play a large role in the training of future pediatric psychologists; I am also fully integrated into our medical teams and provide training to medical students, residents, and fellows (and sometimes attendings!) about psychosocial functioning, impact of chronic illness on development and well-being, and direct support to the medical providers who serve this patient population and inevitably cope with the grief and loss that is inherent with an oncology population. Psychologists in academic medical centers are highly valuable, integral to patient care and staff well-being, and contribute to improved patient outcomes; however, recruitment and retention of psychologists and psychological trainees in this setting has been difficult due to higher acuity patients, lower pay, and issues related to burnout. Should HB1894 pass and allow mental health providers with less experience and training be reimbursed at the same rate as doctoral providers, I fear the following will happen.

1. Reimbursement will drop, not increase. No incentive for insurance companies to increase reimbursement when they can lower it.
2. Loss of access to expert care for Missouri patients as more psychologists stop accepting insurance. Psychologists with psychiatrists are our top experts in diagnosing mental illness and are top experts in non-pharmaceutical behavioral health.
3. More psychologists will leave the state or practice across state lines using telehealth or placing their offices in bordering states.
4. Recruitment of psychologists to Missouri will become more difficult.
5. Students, if they remain in Missouri, will be trapped in debt with fewer viable career options.
6. Reduced incentive to pursue doctoral training.
7. Reduced incentive for students to locate and build careers in Missouri.
8. Many psychologists operate small business that could be driven out of business by lower reimbursement.

I am so grateful for your careful consideration of the large, negative impact this bill would have should it pass. It is my understanding an exemption has been made for physicians and believe the same exemption is the most appropriate course of action here, in order to protect the different levels of training, education, and expertise that doctoral level psychologists have compared to master's level clinicians.

Thank you for your time and effort to do what is in the best interest of the residents of Missouri, and

oppose HB 1894.

Jenn



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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WITNESS NAME: JENNIFER BLACKSMITH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
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CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 12:12 PM
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**This would be detrimental to MO doctoral level psychologists. Our expertise deserves doctoral level pay, not the same as master's level. We will lose psychologists in MO if this passes. Please consider exempting psychologists from this bill. Thank you,
Dr. Blacksmith**



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 1894		DATE: 3/9/2026	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JENNIFER RITCHIE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 1:05 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

DATE: March 9, 2026

RE: Opposition to House Bill 1984

To Whom It May Concern:

As a licensed psychologist practicing in Missouri, I am writing to formally express my strong opposition to HB 1984. While the bill may be intended to streamline healthcare costs, its practical application will destabilize the mental health workforce, drive doctoral-level experts out of the state, and ultimately leave Missouri’s most vulnerable citizens without access to life-saving behavioral health care.

Key Concerns and Impact Analysis

1. Market Destabilization and Lower Reimbursement Rates

HB 1984 creates a "race to the bottom" for reimbursement. By removing current protections, there is no longer a market incentive for insurance companies to maintain, let alone increase, reimbursement rates.

The Reality: Psychologists operate as small businesses. When reimbursement drops below the cost of overhead and specialized testing materials, these businesses become unsustainable.

Result: We will see a wave of practice closures across the state, particularly in rural and underserved areas.

2. Erosion of the "Gold Standard" of Care

Psychologists, alongside psychiatrists, are the state's premier experts in diagnosing complex mental illnesses and providing non-pharmaceutical behavioral interventions.

Access Crisis: As rates drop, experts will be forced to stop accepting insurance altogether to remain viable. This effectively turns expert mental healthcare into a "luxury good," accessible only to those who can pay out-of-pocket, while those relying on insurance are left with a depleted network.

3. The "Brain Drain": Workforce Migration

Missouri already faces a shortage of mental health professionals. HB 1984 acts as a catalyst for a mass exodus:

Telehealth & Border States: Licensed psychologists have high mobility. If the economic climate in Missouri becomes hostile, providers will shift their practices to bordering states or move exclusively to telehealth platforms serving regions with fair reimbursement.

Recruitment: Missouri will become a "flyover state" for new talent. We cannot recruit the next generation of experts if the state's legislative environment devalues their specialized doctoral training.

4. The Student Debt Trap and Education Disincentive

Becoming a psychologist requires 5–7 years of post-graduate education, thousands of hours of supervised residency, and significant financial investment.

Debt-to-Income Ratio: If HB 1984 passes, the projected return on investment for a doctorate in psychology in Missouri will plummet.

Career Viability: Students currently in Missouri programs will find themselves "trapped" in debt with no viable path to a sustainable career within state lines. This will lead to a sharp decline in doctoral enrollment, further hollowing out our healthcare system.

Conclusion

HB 1984 is not merely a "billing change"; it is a direct threat to the mental health of Missourians. By driving down reimbursement, we are driving out the very experts who keep our communities stable, our workforce productive, and our crisis centers functioning.

I urge this committee to vote NO on HB 1984 to protect the integrity of our healthcare system and the well-being of our citizens.

Respectfully submitted,

Jennifer Ritchie, PsyD
Licensed Psychologist



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1894		DATE: 3/9/2026
COMMITTEE: Insurance		
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JESSICA GERFEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 4:05 PM

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This bill does not recognize education or training differences in licensure levels. I anticipate that reimbursement to all licensure levels will drop if this bill passes (i.e., why would insurance companies pay to increase reimbursement when this bill would essentially reduce it?) This will mean LESS providers in Missouri to provide behavioral health treatment. Please consider exempting Psychologists from this bill, as physicians are also exempted. As a Missouri Psychologist, I am in opposition of this bill as it stands today.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Insurance			
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOHANNA COLLIER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 12:52 PM	

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

I oppose HB1894 because, while it is framed as promoting reimbursement parity, it fails to account for significant differences in education and training among behavioral health providers. By effectively codifying a “same code, same pay” standard under commercial insurance, the bill ignores the extensive doctoral-level training required of psychologists. In practice, insurers are far more likely to reduce reimbursement for doctoral-level providers than increase reimbursement for master’s-level providers. Given that reimbursement rates for behavioral health services are already a serious concern in Missouri, this bill risks further lowering rates across the board.

If passed, HB1894 would likely reduce access to high-quality behavioral health care for Missouri patients. Psychologists—who, along with psychiatrists, are among the most highly trained professionals in diagnosing mental illness and providing evidence-based psychological treatment—may increasingly stop accepting insurance, relocate their practices to neighboring states, or provide services across state lines through telehealth. The bill could also discourage students from pursuing doctoral training or building their careers in Missouri, further exacerbating workforce shortages. Many psychologists operate small practices that function as small businesses, and lower reimbursement could make those practices financially unsustainable, ultimately harming both providers and the patients who rely on their expertise.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KYLE WILLIAM WILSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 1:28 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a psychologist, difficulties obtaining adequate reimbursement from insurance are a significant barrier to being able to accept insurance for services for individual providers and organizations. This bill is likely to further strain reimbursement rates for doctoral level psychologists, leading to poorer overall services for Missourians relying on their coverage to access mental healthcare.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LISA DABERKOW STALP		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 12:40 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Paying master's-level mental health providers the same rate as doctoral-level psychologists minimizes the additional academic training, supervised clinical hours, and specialized competencies required for a doctoral degree. Equalizing reimbursement would likely depress compensation for psychologists over time, making insurance participation less sustainable. As more psychologists opt out of insurance networks, Missourians could face reduced access to psychological assessment and evidence-based treatment, particularly for complex conditions that require doctoral-level expertise.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARY JANE HARMLESS PHD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written		SUBMIT DATE: 3/9/2026 2:11 PM

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

As a Licensed Psychologist in MO I am compelled to state my opposition to HB1894 for the following, and many other, reasons:

1. There is a significant gap in educational requirements and credentialing between Master's level and Doctoral level mental health clinicians. To equate the two would be to limit client access to expert care for Missourians without their understanding the difference in care received or why, as more psychologists stop accepting insurance.
2. Psychologists along with psychiatrists are our top experts in diagnosing mental illness and are top experts in non-pharmaceutical behavioral health.
3. It is likely that more psychologists will practice across state lines using telehealth, further confusing clients who may not understand what level of education, training, and experience is best suited for which presenting problems and mental health issues.
4. There will be a significant reduction in incentive for individuals to pursue doctoral training, or to practice in MO, where a medical 'code' descriptive of a cluster of symptoms determines reimbursement rather than determining the best 'fit' for a client based on training, credentialing and experience.
5. To reduce a psychologist's reimbursement (which would likely happen) would lead to increasing numbers of psychologists leaving insurance provider panels, to the detriment of clients' overall access to services, just to be able to keep their doors open.

Not a good, or sufficiently thought-out Bill, with potentially catastrophic short- and long-term negative implications.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MAYA ALEXANDER GORUP		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 5:11 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MEAGAN L. DWYER, PH.D.		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 11:12 AM	

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I want to share my concerns about this bill moving forward. As a doctoral clinical psychologist I have worked alongside mental health professionals with a varied level of training and experience. I am highly concerned that this bill will 1) Confuse the public about the level of training/skills that may vary between different professionals, and 2) Allow insurance companies to use the language of the bill to lower the reimbursement rates for doctoral level providers instead of raising the rates for those with Master's degrees, etc. Psychologists and Psychiatrists are the most highly trained providers specializing in diagnosing and treating mental health issues, and their expertise should be reflected in their reimbursement. I also worry that if this bill is to pass, it would deter these highly competent and well-trained professionals from wanting to practice in Missouri or to take commercial insurance, which many Missourians need to use to receive these types of services.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MELISSA WEBB		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 11:08 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As written, this bill would award doctoral level reimbursement to masters level providers via commercial insurance. This would result in eroded pay for doctoral level mental health providers, leading to difficulty attracting and retaining top talent in the state and subsequent harm to the quality of patient care.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RENEE MAPES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 10:42 AM	

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Given the predatory practices of insurance companies, I am a licensed psychologist who **STRONGLY OPPOSES** HB1894. If this bill were to go into place, the expected outcome is that insurance would reduce my rate to match Master's level providers; they are always looking for a way to increase profits vs improve healthcare access and/or ensure that providers are paid fairly. Last year, I made the difficult choice to drop out of an insurance network due to refusal to increase my reimbursement rate over a 12 year period. We need legislation that protects providers' current rates and aims to improve them. Skill providers like myself shouldn't go over a decade without a pay increase or be at risk for a pay decrease. Insurance companies **CANNOT** be trusted to do the right thing and raise rates of Master's level providers. They will do the profitable thing **EVERY TIME** and small businesses like mine will suffer, people will have fewer care options.



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 1894		DATE: 3/9/2026	
COMMITTEE: Insurance			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RICHARD C. MULLIGAN, PH.D.		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 10:51 AM	

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

I oppose this bill. Psychologist and psychiatrists are our top experts in diagnosing mental illness and are top experts in behavioral health. This bill would make reimbursement of these service providers the same as master's level clinicians, who do not have equivalent training. This disincentives psychologists and psychiatrists from accepting insurance, reducing patient access to care. Please note the following concerns.

- Reimbursement will drop, not increase. No incentive for insurance companies to increase reimbursement when they can lower it.
- Loss of access to expert care for Missouri patients as more psychologists stop accepting insurance.
- More psychologists will leave the state or practice across state lines using telehealth or placing their offices in bordering states.
- Recruitment of psychologists to Missouri will become more difficult.
- Students, if they remain in Missouri, will be trapped in debt with fewer viable career options.
- Reduced incentive to pursue doctoral training.
- Reduced incentive for students to locate and build careers in Missouri.
- Many psychologists operate small business that could be driven out of business by lower reimbursement.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1894		DATE: 3/9/2026	
COMMITTEE: Insurance			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SARAH BERRY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 9:57 AM	
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This notice is submitted to preserve the legislative record regarding structural and legal concerns arising from House Bill 1894.

HB 1894, styled as the "Patients First Act," seeks to implement nondiscrimination protections contained in Section 2706 of the federal Public Health Service Act by prohibiting health plans from discriminating against health care providers acting within the scope of their licensure.

While the stated objective of provider nondiscrimination may appear straightforward, the statutory structure of the bill contains several internal inconsistencies and potential legal complications.

First, the legislation prohibits discrimination against health care providers based on licensure while simultaneously excluding physicians licensed under chapter 334 from the protections of the statute. Because physicians constitute the primary provider class within most health plans, this exemption substantially undercuts the stated nondiscrimination framework and creates a licensing-based classification that appears inconsistent with the bill's stated purpose.

Second, the bill requires that providers be reimbursed at the same rate for the same service so long as the service is within the provider's scope of practice. However, the statute provides no definition of what constitutes the "same service" across multiple provider types. In practice, different provider categories may perform similar procedures under different training, credentialing, and clinical frameworks. Without clear statutory definitions, the provision may create substantial regulatory ambiguity and litigation risk.

Third, the legislation attempts to operationalize a federal nondiscrimination provision while leaving open the possibility of federal preemption under the Employee Retirement Income Security Act (ERISA) for employer-sponsored health plans. Courts have frequently held that state statutes affecting plan participation and reimbursement structures may be preempted when applied to ERISA-governed plans.

For these reasons, HB 1894 raises significant structural concerns regarding statutory coherence, regulatory enforceability, and potential federal preemption issues.

This notice is submitted to preserve the legislative record regarding those concerns.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1894		DATE: 3/9/2026	
COMMITTEE: Insurance			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SAVANNAH GESKE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 2:32 PM	
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Reimbursement will drop, not increase. No incentive for insurance companies to increase reimbursement when they can lower it.
Loss of access to expert care for Missouri patients as more psychologists stop accepting insurance. Psychologists with psychiatrists are our top experts in diagnosing mental illness and are top experts in non-pharmaceutical behavioral health.
More psychologists will leave the state or practice across state lines using telehealth or placing their offices in bordering states.
Recruitment of psychologists to Missouri will become more difficult.
Students, if they remain in Missouri, will be trapped in debt with fewer viable career options.
Reduced incentive to pursue doctoral training.
Reduced incentive for students to locate and build careers in Missouri.
Many psychologists operate small business that could be driven out of business by lower reimbursement.



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WITNESS APPEARANCE FORM

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COMMITTEE: Insurance			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
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: 3/9/2026 12:00 AM	
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1894		DATE: 3/9/2026	
COMMITTEE: Insurance			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHEILA HUTSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 12:15 PM	
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Dear Chair and Members of the Committee,

My name is Dr. Sheila Hutson and I am a licensed psychologist who has practiced for 26 years, including more than two decades in private practice. I appreciate the opportunity to submit written testimony regarding Missouri House Bill 1894-Hausman-Health Care Provider Participation In Health Insurance Plans.

I respectfully submit this testimony in opposition to this bill.

Psychologists complete extensive doctoral-level education and clinical training prior to licensure. This typically includes a doctoral degree (Ph.D. or Psy.D.), five to seven years of graduate education, supervised clinical practicum, a full-time clinical internship (2000+ hours), and a supervised postdoctoral residency. In addition, psychologists must pass national and state licensing examinations and maintain ongoing continuing education requirements. By contrast, most master-level counseling programs are two to three years in length and require only 700 hours supervised clinical internship during training.

This level of preparation reflects a significant investment in advanced education, specialized clinical training in psychological and neuropsychological assessment, differential diagnosis of complex mental health conditions, evidence-based treatment of severe and persistent mental illness, and research methodology and outcome evaluation, as well as, years of supervised experience. The reimbursement structure for psychological services has historically recognized these differences in training and scope of practice.

House Bill 1894 proposes policies that would allow health insurance plans to reimburse master's-level clinicians at the same rate as doctoral-level psychologists. While master's-level counselors, social workers and therapists provide valuable services and play an important role in the behavioral health workforce, their education and training requirements are not equivalent to those of doctoral-level psychologists.

Equating reimbursement across these distinct levels of training does not accurately reflect the differences in clinical preparation, diagnostic expertise, and scope of services. Reimbursement structures should appropriately recognize these distinctions.

In addition, payment parity between different levels of licensure may unintentionally discourage

advanced doctoral training and could undermine the sustainability of psychological practice. Over time, this could reduce the availability of highly trained psychologists who provide specialized services such as psychological testing, complex diagnostic evaluations and treatment of high-acuity patients.

I strongly support efforts to expand access to behavioral health service and recognize the critical contributions of clinicians at all levels of training. However, policies addressing provider participation and reimbursement should preserve distinctions that reflect differences in education, training and professional scope.

For these reasons, I respectfully urge the committee to oppose House Bill 1894.

Thank you for your time and consideration.

Sincerely,

**Sheila Hutson, Psy.D.
Licensed Psychologist
Springfield, MO**



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Insurance		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: STEVEN O. KIDD, PHD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 11:10 AM
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This bill would ultimately reduce rates for psychologists, who have years more training than their Masters trained colleagues. This is not equitable.



MISSOURI HOUSE OF REPRESENTATIVES
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TRICIA HAGER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 10:49 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Dear Committee Members,

I am writing to you today as a Licensed Psychologist in the state of Missouri to respectfully urge your opposition to HB1894 in its current form.

While the intent of the bill may be to streamline reimbursement, the "same code, same pay" provision creates a significant risk to the infrastructure of mental healthcare in Missouri. By failing to recognize the distinct differences in education, clinical training, and expertise between doctoral-level psychologists and master's-level providers, this bill threatens the quality of care available to our citizens.

My primary concerns regarding HB1894 include:

Impact on Specialized Care: Psychologists are experts in complex diagnosis and non-pharmaceutical behavioral health. Forcing a "one size fits all" reimbursement model ignores the extensive 5–7 years of doctoral training required for these specialized roles.

Reduced Patient Access: If reimbursement rates are flattened, history suggests insurance companies will lower doctoral pay rather than raise master's pay. This will inevitably lead to more psychologists opting out of insurance networks, making expert care inaccessible to the average Missourian. This may also increase the number of us who choose to practice in other states where reimbursements are higher, leaving Missouri with a significant shortage of psychologists and the services only provided by a terminal degree.

The "Brain Drain" Risk: Lowering the viability of psychological practice in Missouri will discourage doctoral students from building careers here and may drive current practitioners to bordering states or telehealth-only models.

Parity with Physicians: I understand that physicians have already been exempted from this bill. I strongly believe that psychologists—who provide a similarly high level of specialized doctoral care—should be granted the same exemption to ensure the stability of our state's mental health system.

I appreciate the cordial and sympathetic approach the Sponsor and the Committee have taken thus far in discussing these nuances. I trust you will consider the long-term impact on Missouri's small

businesses and the health of our communities.

Please vote "No" on HB1894 unless psychologists are provided an exemption similar to our physician colleagues.

Thank you for your time and for your service to our state.

Sincerely,

**Tricia Hager
Licensed Psychologist - Health Service Provider (MO)**



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Insurance			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: VICTORIA ROBERTSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 3/9/2026 10:42 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am submitting testimony in opposition to HB 1894. I am concerned that this bill will ultimately lead to a decrease in reimbursement for mental health providers.