



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1965</b>		DATE: <b>2/5/2026</b>	
COMMITTEE: <b>Health and Mental Health</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>2/5/2026 11:41 PM</b>

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

**I am in Support of this Bill to have Insurance Companies pay for Athletic Trainers Services.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>BONNIE RAULS MS, LAT, ATC</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/5/2026 12:13 AM</b>	

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Dear House Members, I am writing in support of HB1965.

I have worked in the State of Missouri as a Certified, Licensed Athletic Trainer for nearly 40 years. During my career I have organized, provided care, trained and rehabilitated athletes of all ages and competition levels. Athletic Trainers are passionate and dedicated to injury prevention, cutting edge treatment and rehabilitation. And like athletes always striving to be better, our professionals are constantly learning and promoting "best practice" treatments to assist athletes not just back to competition but better and stronger than pre-injury. Outcome studies have demonstrated that "best practice" care reduces complications later in life.

For the last 24 years I have worked in private practice caring for athletes from direct Orthopedic Surgeon referrals. Most with complications that required advanced care and problems solving, some unable to attend traditional PT settings due to work or school conflicts and many because of trust and their past positive experiences working with Athletic Trainers. My referrals are the result of Physicians having confidence and trust in my expertise. Yet, my athletes are unable to receive reimbursement for services through their health insurance benefits that they pay for! Often this reality and hardship is absorbed by me, because I strive for "best practice". And "best practice" returns athletes to activity and reduces repeat injury or long term complications. Not being recognized for insurance benefit reimbursement has also limited the growth of my business practice. I have been challenged to hire additional employees to meet demand without reimbursement confidence.

I feel strongly that Licensed Athletic Trainers are exceedingly qualified and provide invaluable treatment and rehabilitation services that benefit the patient/athletes with "best practice" outcomes, reduce cost and should be recognized by insurance benefits.

Thank you for your consideration.

Bonnie Rauls MS, LAT, ATC



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DR. MICHAEL HUDSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/5/2026 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GARY W. FITE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/3/2026 10:41 AM</b>
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Chair and Members of the Committee,

My name is Gary Fite, and I am a Physical Therapist and the Director of Rehabilitation at Pershing Memorial Hospital in Brookfield. I appreciate the opportunity to speak in strong support of HB 1965. As a rural hospital serving a large rural area, our mission is to provide timely, high-quality care close to home. One of the greatest challenges we face is ensuring access to musculoskeletal and rehabilitative services for patients who otherwise must travel long distances to receive appropriate care. Our area is a skilled labor deprived location as are many rural facilities. Staffing shortages and long wait time to initiate services are common. Recognizing athletic trainers as reimbursable providers would directly enhance access to care in our region.

Athletic trainers are highly trained healthcare professionals with expertise in injury evaluation, rehabilitation, and prevention. Allowing their services to be reimbursed would enable hospitals like ours to integrate athletic trainers more fully into our rehabilitation and outpatient care teams. This would help reduce wait times for rehabilitation and physician appointments by allowing patients with appropriate conditions to be evaluated and managed sooner. In rural communities, where healthcare workforce shortages are common, this flexibility is essential to meeting patient needs efficiently and safely.

In addition, HB 1965 would significantly strengthen our ability to extend outreach services into local school systems. Our hospital already values partnerships with area schools, but limited reimbursement options make it difficult to sustain or expand those services. If athletic trainer services were reimbursable, we could better support secondary schools with consistent medical coverage, injury prevention programs, and coordinated care for student-athletes.

This would mean earlier identification of injuries, safer return-to-play decisions, and improved communication between schools, families, and medical providers. Athletic trainers in school settings also play a vital role in injury prevention through conditioning programs, heat illness protocols, and concussion education. These services not only protect students but also reduce the long-term healthcare burden by preventing minor injuries from becoming major medical problems.

From a hospital perspective, this bill allows us to move upstream in care delivery, focusing not only on treatment, but on prevention and early intervention. That leads to better outcomes for patients, stronger partnerships with schools, and a healthier community overall.

HB 1965 does not create new services, it simply allows trained and licensed athletic trainers to be recognized and reimbursed for the care they are already qualified to provide. For rural hospitals like Pershing Memorial, this change would be a practical and meaningful tool to expand access, improve continuity of care, and strengthen the healthcare safety net for our region.

For these reasons, I strongly urge you to support HB 1965. It is a commonsense solution that benefits hospitals, schools, families, and most importantly, the patients and student-athletes we serve.

**Thank you for your time and consideration.**  
**Sincerely,**  
**Gary Fite, PT**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JAY HOFFMAN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/5/2026 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KAREN D. FENNEL</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/4/2026 2:35 PM</b>
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I have been a licensed Athletic Trainer (AT) in Missouri since 1994. ATs have had regulation in the state longer than Physician Assistants / Associates and Nurse Practitioners, yet we have been essentially prohibited from consistently billing and receiving reimbursement for our AT services. This bill will correct that, create jobs, promote health care businesses, and correct a several decades old problem. AT billing for services started in the collegiate and hospital sports medicine departments in the early 1990's. We work in collaboration with MDs and DOs, they refer patients to us, and the patients should have their choice of provider.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATIE SNIFFEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/3/2026 8:12 PM</b>
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I am writing in support of House Bill 1965, bipartisan legislation that updates Missouri insurance law to formally recognize licensed athletic trainers as healthcare providers.

Athletic trainers are health care professionals who, upon the direction of a consulting physician, promote health and wellness, provides injury and illness prevention, clinical evaluation and assessment, emergency care, first aid, treatment, or physical rehabilitation of injuries incurred by athletes. Athletic trainers provide critical services to athletic populations including middle school, high school, and collegiate student-athletes; armed service members, industrial labor employees; and weekend warriors.

These bills address a critical gap in our healthcare system. While Missouri already licenses and regulates athletic trainers under Chapter 334, current insurance law creates administrative barriers that prevent Missourians from using their health insurance for athletic training services. HB 1965 simply modernizes insurance policy to align with existing state licensure law.

Importantly, these bills will not expand scope of practice, mandate new benefits, increase utilization requirements, reduce insurer oversight, or change state licensure standards.

By allowing athletic trainers to be recognized by health carriers and receive direct payment for covered services, this bill will expand access to care across Missouri.

I respectfully urge support for House Bill 1965 and Senate Bill 1490.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MELISSA COBB</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/4/2026 8:25 PM</b>	
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**Athletic trainers are highly qualified medical professionals who provide exceptional care to our athletes, whether an elite athlete or a weekend warrior. It is way past time that they are reimbursed for the exceptional care they provide. Please removed the obstacle that has kept them from being reimbursed by 3rd parties.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MORGAN W. SIMPSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/4/2026 6:55 PM</b>	
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Thank you to the members of the Health and Mental Health Committee for having this hearing on HB 1965. I am testifying in support of this bill as the updates to these definitions in the Missouri health insurance laws are needed.

I have been practicing as a licensed athletic trainer in Southwest Missouri for more than 32 years. During this time, I've been employed by a private physical therapy company, a university, and for the last 26 years as the director of sports medicine and athletic training for a rural hospital where I provide outpatient physical rehabilitation and health care to rural athletes.

In my job of providing physical rehabilitation, I collaborate with physicians, physician assistants, nurse practitioners, physical therapists, occupational therapists, and other health care providers. We are a team of medical professionals that delivers the highest quality and the safest care to our patients. What's missing is the inconsistencies of health insurers from recognizing me as a provider for the physical rehabilitation services I provide my patients. It's not about the procedures or treatment I provide, which are similar to and reimbursed to physical therapists and occupational therapists, it's because I'm an athletic trainer. In recent years I've asked to go through the credentialing provider process only to be rejected because they do not credential athletic trainers as providers.

That is why I ask for your support of HB 1965. This bill does not expand our scope of practice nor mandate new health benefits or increase utilization, but it will provide the opportunity for athletic trainers to go through health insurance credentialing process to become recognized as providers.

Thank you

Morgan Simpson, LAT, ATC



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SAM RIGGS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/4/2026 6:12 PM</b>	
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Chair and members of the committee,

My name is Sam Riggs and I am the athletic trainer at Grandview high school in Grandview, Missouri. In support of this bill I wanted to submit testimony advocating for athletic trainers and my profession. Athletic trainers have the skills necessary to give communities early access to a healthcare professional that can aid them and educate them in caring for ailments and injuries.

It would be really nice if more athletic trainers were available to reach to rural communities to support those communities that don't typically have access to someone with the knowledge to optimize recovery and healing, especially in muscular skeletal conditions. This bill could additionally help extend healthcare access to school districts so that their student athletes have a train professional to lean on regarding their health and wellness. If an athletic trainers services are reimbursable in the scenarios it could help aid the sustainability of keeping athletic trainers in those communities. This could also attract more individuals into the athletic training profession to help support the needs of those communities.

Specifically to rural school districts, athletic trainers can aid in risk mitigation of heat illnesses and concussion care for our youth. Also, I see opportunity here for athletic trainers to enhance mitigation of injury or risk by being able to expand services into general wellness of movement and overall health.

Please support this bill.

Thank you,  
 Sam Riggs, MS, LAT, ATC



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>W. DAVID CARR</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/5/2026 8:18 AM</b>	
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Thank you to the members of the Health and Mental Health Committee for having this hearing on HB 1965. I am testifying in support of this bill as the updates to these definitions in the Missouri health insurance laws are needed.

I have been practicing as a licensed athletic trainer in Missouri for more than 15 years. During this time, I've been employed by two universities (Saint Louis University and Missouri State University). In my job of teaching future athletic trainers, I work with a wide variety of medical providers. We collaborate to deliver the highest quality and the safest care to patients. What's missing is the inconsistencies of health insurers from recognizing my students as a provider for the physical rehabilitation services. It's not about the procedures or treatment we provide, which are similar to and reimbursed to a wide variety of clinicians, it's because we are athletic trainers. In recent years my colleagues have asked to go through the credentialing provider process only to be rejected because they do not consider athletic trainers as providers.

This bill does not expand our scope of practice nor mandate new health benefits, but it will provide the opportunity for future athletic trainers to go through health insurance credentialing process to become recognized as providers.

Thank you  
W. David Carr



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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>2/5/2026 9:04 AM</b>	

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HB 1965 does not merely address athletic trainers; it substantively rewrites insurance payment obligations and credentialing authority in a manner that conflicts with Chapter 334 supervision standards, impairs private contracts, and raises equal-protection and single-subject constitutional concerns.

**HB 1965 — EXACT CONFLICT & OVERREACH FLAGS**

**FLAG 1: Back-Door Scope Expansion via Insurance Statute**

Location: §376.1575(4)(a)

“Practitioner: ... physician assistant, or athletic trainer eligible to provide treatment services under chapter 334”

**Why this is a problem:**

Chapter 334 governs medical practice and supervision, not Chapter 376.

Athletic trainers are pulled into a credentialing + payment framework without:

Explicit scope limits

Supervision requirements

Liability alignment

This redefines functional provider status through insurance law, not medical licensure law.

**Conflict Created:**

Chapter 334 (medical supervision & scope)

Chapter 376 (insurance payment & credentialing)

Chapter 383 (payment timing & disputes)

**This is a scope expansion disguised as credentialing.**

**FLAG 2: Forced Assignment of Benefits = Contract Impairment**

**Location: §376.427.2**

**“Upon receipt of an assignment of benefits... the insurer shall issue the instrument of payment... in the name of the provider.”**

**Why this is a problem:**

**Overrides existing insurance contracts between insurers and insureds.**

**Forces payment to providers without a negotiated contractual relationship.**

**Eliminates insurer discretion in claims routing.**

**Constitutional Exposure:**

**MO Const. Art. I §13**

**U.S. Const. Art. I §10**

**This is compelled contract modification by statute.**

**FLAG 3: Unequal Treatment of Providers (Equal Protection Issue)**

**Location: §376.427.4–5**

**What happens:**

**In-network vs out-of-network providers are treated inconsistently.**

**Some non-contracted providers are elevated only when the insurer authorizes care, others are excluded.**

**Why this matters:**

**No rational basis articulated.**

**Same services, same patient class, different payment rights.**

**Constitutional Exposure:**

**MO Const. Art. I §2 (Equal Protection)**

**Selective elevation without justification = litigation bait.**

**FLAG 4: Credentialing Authority Drift**

**Location: §376.1575(1)–(3)**

**What’s missing:**

**No requirement that credentialing standards align with:**

**Licensing board rules**

**Supervision statutes**

**Existing provider-specific limits**

**Result:**

**Health carriers become de facto scope arbiters**

**Medical boards are bypassed**

**Credentialing ? licensure, but this bill blurs that line.**

**FLAG 5: Payment Mandates Without Fiscal Note Transparency**

**Location: §376.427.6**

**I**

**Issue:**

**Delayed applicability for some entities (Jan 1, 2026)**

**No quantified fiscal impact for:**

**Insurers**

**Premiums**

**Administrative costs**

**Why it matters:**

**Violates the spirit (if not the letter) of §23.140 RSMo (fiscal note integrity)**

**Mandates without cost disclosure = legislative blind spot.**

**FLAG 6: Subject-in-Title / Single-Subject Risk**

**Bill Title: "relating to athletic trainers"**

**Reality:**

**Alters:**

**Insurance payment mechanics**

**Assignment-of-benefits rules**

**Credentialing authority**

**Network parity effects**

**Constitutional Exposure:**

**MO Const. Art. III §23 (single subject / clear title)**

**Title understates substance.**

**Future legislative credibility is built in present votes. Members who intend to return should begin by rejecting bad bills today.**

**-Rev. Sarah M. Berry**



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<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARAH BERRY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
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**HB 1965 is presented as a technical insurance and credentialing adjustment, but in operation it functions as a scope-of-practice expansion plus a payment mandate, imposed without adequate guardrails, fiscal analysis, or constitutional restraint.**

**The bill compels insurers to directly pay and credential athletic trainers as “providers” alongside physicians and other licensed medical professionals, while bypassing the supervisory, competency, and liability frameworks traditionally required for patient-facing medical services.**

**1. Unfunded Mandate and Cost Shifting**

**HB 1965 forces health carriers to expand direct payment and credentialing obligations without any corresponding appropriation or actuarial justification. This is a classic cost-shift mandate: insurers absorb compliance costs, which are then passed directly to Missouri families through increased premiums and reduced coverage options. Missouri law does not permit the General Assembly to disguise fiscal impacts through regulatory delegation rather than direct appropriation.<sup>1</sup>**

**2. Scope-of-Practice Expansion by Indirection**

**Rather than openly debating whether athletic trainers should function as independently reimbursable medical providers, HB 1965 accomplishes that result indirectly through insurance statutes. This is a legislative end-run around established medical licensing and supervision standards, increasing patient risk while diluting accountability. Expanding clinical authority through insurance law is not transparency—it is regulatory misdirection.**

**3. Interference with Private Contracts**

**The bill overrides negotiated network agreements by compelling direct payment and credentialing outside existing contractual frameworks. Missouri courts have consistently held that the legislature may not substantially impair private contracts absent a narrowly tailored and compelling public purpose.<sup>2</sup>**

**HB 1965 fails that test.**

**4. Equal Protection and Arbitrary Classification**

**HB 1965 elevates one professional class for preferential treatment without demonstrating why similarly situated licensed professionals are excluded or differently regulated. This selective elevation creates arbitrary classifications lacking a rational basis tied to public health outcomes, exposing the statute to constitutional challenge.<sup>3</sup>**

#### **5. Cross-Bill Pattern and Legislative Abuse**

**HB 1965 is not isolated. It fits a broader cross-bill pattern this session in which substantively similar bills incrementally expand provider categories, compel insurer behavior, and dilute oversight while avoiding direct debate on scope-of-practice and fiscal impact.**

**This repetition strategy does not cure constitutional defects; it compounds them. Missouri courts have warned that statutory schemes must be evaluated by their practical operation, not their labels.<sup>4</sup>**

#### **Conclusion**

**HB 1965 expands medical reimbursement authority, disrupts private insurance markets, and shifts costs onto Missouri families—without transparency, funding, or constitutional discipline.**

**If athletic trainer scope, reimbursement, or independence is to be expanded, it must be debated openly, regulated directly, and funded honestly.**

**For these reasons, HB 1965 should be rejected.**

#### **Constitutional & Legal Footnotes:**

**Mo. Const. art. III, § 36 (appropriations and fiscal accountability).**

**Mo. Const. art. I, § 13 (impairment of contracts).**

**Mo. Const. art. I, § 2 (equal protection and due process).**

**See Missouri precedent holding that courts examine the effect and operation of statutes, not legislative characterization.**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>SHANNON COOPER</b>		PHONE NUMBER: <b>660-890-1432</b>	
REPRESENTING: <b>BLUE CROSS BLUE SHIELD OF KC</b>		TITLE:	
ADDRESS: <b>208 MADISON</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/5/2026 12:00 AM</b>	
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