



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>1/21/2026</b>	
COMMITTEE: <b>Professional Registration and Licensing</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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>ADAM RAPERT</b>		PHONE NUMBER: <b>636-577-7370</b>	
REPRESENTING: <b>MEHLVILLE FIRE PROTECTION DISTRICT</b>		TITLE:	
ADDRESS: <b>215 E. CAPITOL AVE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/21/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>1/21/2026</b>	
COMMITTEE: <b>Professional Registration and Licensing</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 C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>1/21/2026 11:47 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>1/21/2026</b>	
COMMITTEE: <b>Professional Registration and Licensing</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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>BRENT HEMPHILL</b>		PHONE NUMBER: <b>573-893-4241</b>	
REPRESENTING: <b>MO AMB ASSN</b>		TITLE:	
ADDRESS: <b>POB 156</b>			
CITY: <b>JEFF CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/21/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>1/21/2026</b>	
COMMITTEE: <b>Professional Registration and Licensing</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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>ELIZABETH GRACE RILEY</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE</b>		TITLE: <b>REGISTERED LOBBYIST</b>	
ADDRESS: <b>213 E CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>grace@molobby.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/21/2026 1:37 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>1/21/2026</b>	
COMMITTEE: <b>Professional Registration and Licensing</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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JACOB SCOTT</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI STATE MEDICAL, MO ASSOC OF OSTEOPATHIC PHYSICIANS</b>		TITLE:	
ADDRESS: <b>113 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/21/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>1/21/2026</b>	
COMMITTEE: <b>Professional Registration and Licensing</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>JEFFREY COUGHENOUR</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>1/21/2026 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>1/21/2026</b>	
COMMITTEE: <b>Professional Registration and Licensing</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MARK ALEXANDER</b>		PHONE NUMBER: <b>417-844-3669</b>	
BUSINESS/ORGANIZATION NAME: <b>COX HEALTH EMS</b>		TITLE: <b>DIRECTOR</b>	
ADDRESS: <b>1199 CHIPSHOT LN</b>			
CITY: <b>MARSHFIELD</b>		STATE: <b>MO</b>	ZIP: <b>65706</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/21/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>1/21/2026</b>	
COMMITTEE: <b>Professional Registration and Licensing</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MATT BOWEN</b>		PHONE NUMBER: <b>660-734-8032</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI AMBULANCE ASSOCIATION</b>		TITLE: <b>BOARD PRESIDENT</b>	
ADDRESS: <b>28600 MO HWY 11</b>			
CITY: <b>BROOKFIELD</b>		STATE: <b>MO</b>	ZIP: <b>64628</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/21/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>1/21/2026</b>	
COMMITTEE: <b>Professional Registration and Licensing</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>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>TRENT FORD</b>		PHONE NUMBER: <b>314-409-6812</b>	
REPRESENTING: <b>AMBULANCE DISTRICT ASSOC. OF MO (ADAM)</b>		TITLE:	
ADDRESS: <b>P.O. BOX 284</b>			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>63205</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/21/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>1/21/2026</b>	
COMMITTEE: <b>Professional Registration and Licensing</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>CRAIG M. ORTWERTH</b>		PHONE NUMBER: <b>314-518-6743</b>	
BUSINESS/ORGANIZATION NAME: <b>MO. ASSN. OF TRIAL ATTORNEYS</b>		TITLE:	
ADDRESS: <b>3118 WATSON RD</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63139</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>1/21/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1980</b>		DATE: <b>1/21/2026</b>
COMMITTEE: <b>Professional Registration and Licensing</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SARAH BERRY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL:	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>1/19/2026 9:44 AM</b>

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

I respectfully oppose HB 1980 because it expands peer-review protections in a way that risks shielding misconduct from accountability rather than improving patient safety.

While peer review serves an important role when narrowly tailored, extending automatic peer-review status to all quality improvement activities under Chapter 190 creates a broad evidentiary shield that may impede transparency, due process, and the public's constitutional right to seek redress for harm.

Missouri's courts have long recognized that privileges limiting access to evidence must be construed narrowly, not expanded by default.

Compassion for first responders and healthcare professionals must be matched with equal care for patients and families who depend on honest review, lawful oversight, and access to the truth.

Accountability and care are not opposites—they are partners—and this bill tips that balance too far away from the people it is meant to protect.