



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2034		DATE: 2/26/2026
COMMITTEE: Health and Mental Health		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AFTON HARPER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/26/2026 10:28 AM

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My name is Afton Harper, and I am submitting this testimony in strong support of HB 2304.

HB 2304 would help ensure that insurance companies provide fair coverage for prosthetic devices. For Missourians who rely on prosthetics, these devices are not optional or cosmetic. They are medically necessary tools that allow people to work, care for their families, drive, participate in their communities, and live independently.

When insurance coverage is limited, outdated, or denied, the impact is immediate and serious. Individuals may be forced to use ill-fitting or outdated devices, delay needed replacements, or pay overwhelming out-of-pocket costs. That can lead to additional medical complications, reduced mobility, lost income, and preventable long-term expenses for both families and the healthcare system.

Modern prosthetic technology continues to improve, but coverage standards often lag behind. Missourians should not be penalized for needing updated, functional devices that allow them to live full and productive lives. Fair coverage is not a luxury. It is a matter of dignity, independence, and basic access to healthcare.

HB 2304 strengthens protections for individuals who depend on prosthetic devices and helps ensure that insurance coverage reflects medical necessity and current standards of care.

I respectfully urge the committee to vote "Do Pass" on HB 2304.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ALLISON GORDON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: In-Person	SUBMIT DATE: 2/24/2026 3:59 PM	
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HB 2034 – An act relating to health insurance coverage for prosthetic and orthotic devices

February 26, 2026

Good morning, Madam Chair Stinnett, Vice Chairman Haden, and Members of the Committee,

My name is Allison Gordon, and I am a certified prosthetist-orthotist practicing in Kansas City, Missouri. I am here today to express my strong support for House Bill 2034.

I was born and raised in Missouri and am proud to continue serving families in our state. I work primarily with pediatric patients and their families at my office inside of Children’s Mercy Hospital, where we provide orthotic and prosthetic care for children with a wide range of mobility needs. Many of the children I treat also rely on wheelchairs to support their daily function and independence. Currently in Missouri, insurance will pay for a device for daily use, but they often deny anything additional that they deem not “medically necessary”. In practice, that definition of medical necessity often equates to the most basic level of ambulation. It does not account for the full scope of daily life. Many daily use devices do not adequately support outdoor mobility, physical activity, participation with peers, or the ability to work and support one’s family and community. Yet we all understand that access to these activities is critical, not only to physical health, but to mental health, social development, and long-term self-sufficiency. Even insurance finds these activities critical for able-bodied individuals. Insurance companies often approve rehabilitative care for people without limb loss or limb difference. ACL repair surgeries and physical therapy are typically covered to get an individual back to their activities and sports, yet they routinely deny the same access to individuals with limb loss or limb difference.

The human body is truly amazing and despite incredible technological advances in our field, there is not one daily use device that can replace the missing function of a limb that is lost or has limited use. However, we can get closer to meeting patients’ full functional needs by providing them with additional clinically appropriate devices that accomplish different tasks. I can provide a walking orthosis that protects joint health and allows for a smooth walking pattern, but I also need to be able to provide a device that holds up during sports and can be used to safely shower. These are all different devices, not one device that can be modified to do everything.

As I have worked on House Bill 2034, one family continues to be on my mind. They live in rural Missouri, and each time they come to my clinic, their child’s wheelchair is in a state of disrepair. Insurance consistently limits their access to necessary repairs, especially when wear and tear is deemed to exceed “normal” use. This young patient lives on rural land, participates in outdoor activities, and helps his family with daily tasks outdoors. He’s a rough and tumble kid that doesn’t let

his wheelchair slow him down. Because of that lifestyle, his daily use wheelchair experiences more strain than what insurance carriers consider typical. As a result, repairs are denied or are limited to a dollar amount. Their choices are then to pay out of pocket—often at significant financial hardship—or to go without these essential repairs. No family should have to choose between financial stability and their child’s mobility and safety.

House Bill 2034 addresses this problem by properly defining medical necessity. It ensures that devices and their repairs can support all aspects of daily living, including outdoor mobility, exercise, showering, and work-related activities. This legislation does not mandate excess or luxury. It demands that insurance treat people with limb loss or limb difference, the same as they do able-bodied individuals. I believe it to be discriminatory to pay for rehabilitation for able-bodied individuals yet deny the same access to those living with disabilities. It requires insurance providers to support individuals in performing the normal activities of daily life that most of us take for granted.

After hearing the testimony presented today, I urge you to support House Bill 2034. The initial cost of this bill is modest when weighed against its long-term impact. This is preventive medicine. By ensuring access to the right devices and repairs, we reduce the risk of secondary health complications, hospitalizations, and long-term disability. Most importantly, we uphold the dignity, independence, and well-being of Missourians who rely on this care.

Thank you for your time and consideration,

Allison Gordon, CPO, MSPO

So Every BODY Can Move – Missouri Core Member



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: AMARIS VAZQUEZ COLLAZO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/26/2026 12:00 AM
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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: 2/26/2026 11:59 PM	
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I am in Full-Support of this Bill. Patients should not be bullied nor harassed by greedy Insurance Companies who do not want to pay for Devices and Medical Equipment. Shame on the Insurance Companies and the Insurance Lobby!



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DEBORAH GRAHAM		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:	ATTENDANCE: In-Person	SUBMIT DATE: 2/24/2026 1:09 PM
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House Health and Mental Health Committee
 Rep. Melanie Stinnett, Chair
 Rep. Kent Haden, Vice Chair
 Missouri State House of Representatives
 201 West Capitol Avenue
 Jefferson City, MO 65101
 Tel: (573) 751-0136

HB 2034 – An act relating to health insurance coverage for prosthetic and orthotic devices

February 26, 2026

Good morning, Madam Chair Stinnett, Vice Chairman Haden, and Members of the Committee,

Thank you for the opportunity to testify today. My name is Deborah Graham, and I’m here to strongly support HB 2034, an act relating to health insurance coverage for prosthetic and orthotic devices, as well as wheelchairs designed for physical activity. This legislation matters deeply to me.

I am the Director of Pediatrics at Hanger Clinic, the nation’s largest provider of orthotic and prosthetic clinical care, with 19 facilities in Missouri. I also serve on the Missouri Association of Orthotics and Prosthetics board. I have practiced clinically in pediatrics for over 30 years. I have watched my patients take first steps, learn to ride bikes, try out for teams, and dream big.

And I have also had to look parents in the eye and tell them their child’s prosthesis for running or sports would not be covered by insurance. That moment never gets easier.

It is heartbreaking.

Today, I am here as a volunteer and State Lead for the So Every BODY Can Move initiative, which aims to pass laws in all states ensuring coverage of orthoses and prostheses designed for physical activity. I will give you a brief overview of the bill before you hear lived-experience testimony from Elijah, Amaris, Denise, Sam, Matt, and Tom. This bill is about dignity. It’s about health.... And it’s about making sure children with limb loss or limb difference are never told that movement, play, and participation are not possible.

So Every BODY Can Move is a national effort led by four founding partners: the Amputee Coalition, the American Orthotic & Prosthetic Association (AOPA), the National Association for the Advancement of Orthotics and Prosthetics (NAAOP), and the American Academy of Orthotists and Prosthetists (AAOP). It was created to address a clear public health and disability-rights gap: that insurance coverage routinely excludes prosthetic and orthotic devices and wheelchairs designed for physical activity, even when those devices are essential to health, safety, and independence.

While orthotic and prosthetic care and durable medical equipment are recognized as Essential Health Benefits under the Affordable Care Act as rehabilitative and habilitative benefits, in practice most insurance plans only cover one primary device for basic daily use. What many do not realize is that individuals with limb loss and limb difference often need more than one device to safely participate in daily life, whether that is showering, working, or engaging in physical activities like running, biking, or swimming.

Life is not restricted to only walking from room to room.

Children need to run.

They need to jump.

They need to participate in PE.

They need to play soccer, dance, hike, swim — or simply chase their siblings in the backyard.

Adults need to work safely. They need to exercise to prevent diabetes and heart disease. They need to shower safely without risking a fall.

Yet time and again, devices designed for physical activity or bathing are denied as “not medically necessary.” When that happens, families are forced into impossible choices:

- **Pay thousands of dollars out of pocket**
- **Risk injury using a device not designed for that activity**
- **Or tell their child, “You can’t.”**

The downstream effects are real: reduced activity leads to obesity, cardiovascular disease, diabetes, joint deterioration, depression. and higher long-term healthcare costs. We are spending dollars later because we refuse to invest pennies now.

HB 2034 would fix that gap and enable Missouri to join twelve other states that have passed similar laws since 2023. Twenty-one state bills have been introduced so far this year, with eight more planned in 2026, demonstrating widespread national support. Our goal is to enable individuals with limb loss and limb difference to participate in physical activities to support their health and fitness and restore them to full function.

Currently, over 120,000 Missourians live with limb loss or limb difference. Missouri took an important step in 2009 with the “Insurance Fairness” or “Parity” law to ensure adequate coverage of daily-use prostheses in state-regulated commercial insurance plans. HB 2034 simply builds on that legacy by ensuring coverage includes both prostheses and orthoses designed for physical activity.

The cost of such coverage is minimal, but the human impact is life-changing.

A recent fiscal impact report estimates that HB 2034 would increase premiums by only \$0.12 to \$0.50 PMPM (Per Member Per Month) while generating millions in annual savings through reduced secondary health conditions such as heart disease, diabetes, and obesity, which collectively cost the U.S. healthcare system \$626 billion each year. Knee and hip problems caused by lack of appropriate prosthetic care can cost \$80,000 to \$150,000 over a lifetime. And data from New Mexico, where the law took effect January 1, 2024, shows no premium increase for three out of four payers, and only a 0.001% increase for the fourth.

We respectfully request that you report favorably on HB 2034 to ensure that adults and children in Missouri with disabilities have equal access to physical activity as their able-bodied peers.

This bill is about fairness.

It is about prevention.

It is about dignity.

Every child deserves the chance to run, as you will hear from Elijah, Amaris, and Matt. Every Missourian deserves the opportunity to stay healthy and active. HB 2034 ensures that individuals with limb loss are restored not just to basic function, but to full participation in life.

Thank you for your time and consideration.

Kind regards,

**Deborah V. Graham, MHCM, LCPO
Director of Pediatrics, MidNorth
So Every BODY Can Move – Missouri State Lead
Missouri Association of Orthotics and Prosthetics**



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DENISE HOFFMANN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/26/2026 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: EARL SIMMS		PHONE NUMBER: 636-875-9550	
BUSINESS/ORGANIZATION NAME: PARAQUAD		TITLE:	
ADDRESS: 5240 OAKLAND AVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63110
EMAIL: esimms@paraquad.org	ATTENDANCE: Written	SUBMIT DATE: 2/24/2026 3:01 PM	

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

Madam Chair and members of the committee thank you for hearing my testimony today. I am Earl Simms, Communications and Public Policy Manager for Paraquad, the center for independent living serving St. Louis City and County. Paraquad champions equity and independence for people with disabilities through services, partnerships, education, and advocacy which is why I am here today.

This bipartisan legislation is about more than just medical equipment; it is about dignity, independence, and the fundamental right of every Missourian to move, work, and participate in their community. HB 2034 ensures that Missourians who rely on orthotic, prosthetic, and assistive devices have access to the technology they need without facing discriminatory insurance barriers.

Currently, many Missourians living with limb loss or mobility challenges face "one-size-fits-all" insurance policies that do not account for individual medical necessity. HB 2034 addresses several critical gaps:

- Ending "Useful Lifetime" Arbitrariness:** Under current rules, many patients are forced to wait years to replace a device even if their physiological condition has changed or the device is broken beyond repair. HB 2034 allows for replacement based on medical necessity and a provider's determination, rather than an arbitrary calendar date.
- Coverage for Physical Activity:** Movement is health. This bill clarifies that assistive devices should help Missourians not just perform "activities of daily living" inside the home, but also engage in physical activity and exercise, which are vital for long-term health and mental well-being.
- Prohibiting Disability Discrimination:** The bill ensures that no Missourian is denied a rehabilitative or habilitative benefit solely based on a disability.
- Ensuring Network Access:** By requiring managed care plans to provide access to at least two distinct providers, this bill protects patients from being trapped in "network deserts" where they cannot find a specialist to fit or repair their devices.

When we deny a person a functional prosthetic or a customized wheelchair, we aren't just saving the insurance company money—we are shifting the cost to the taxpayer. A Missourian who cannot move is a Missourian who may struggle to work, may require more intensive in-home care, and is at a higher risk for secondary health complications like obesity, heart disease, and depression.

This bill is also an investment in Missouri's workforce. By providing the tools for mobility, we reduce the long-term reliance on MO HealthNet for secondary complications and increase the number of Missourians who are able to maintain gainful employment and participate in the state's economy.

By passing HB 2034, we empower people to return to the workforce, stay active in their schools, and remain independent members of their communities. HB 2034 is a common-sense, compassionate, and fiscally responsible update to our statutes. I respectfully ask this committee pass HB 2034. Thank you.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ELIJAH SCHULTZ		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/26/2026 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: GARRETT WEBB		PHONE NUMBER:
REPRESENTING: MISSOURI CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS; PHOENIX HOME & HOSPICE CARE		TITLE: REGISTERED LOBBYIST
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CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL: webb@coestrategies.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/26/2026 8:53 AM
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The Missouri Chapter of the American Academy of Pediatrics, representing 1,100 physicians, trainees, and pediatric-provider members throughout the state strongly supports efforts that improve a child's whole-body health. This legislation improves access, promotes health and development, and supports a child's ability to participate in athletic and daily activities with fewer limitations.

Phoenix Home & Hospice Care, the largest provider of pediatric in-home care for children with complex medical needs, strongly supports this legislation to help provide our clients and their families with the opportunity to access medically necessary orthotic assistive devices to help complete daily activities in an independent and safe way.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOHN THOMAS KNAUS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/25/2026 8:15 PM	

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My name is John Knaus, I was born in Sedalia, MO, got my Bachelors and Masters degree from the University of Missouri in Columbia, and now live in Kansas City, MO. I am a person with a disability, an occupational therapist and an adaptive athlete. I am also a husband to a doctor and father to 4 y/o twin boys (that's where I am now taking care of them). When I was 18 years old, I had a fall and broke my neck. I am now paralyzed from my chest down and use a wheelchair. I am 38, have lived an amazing life and adaptive sports are a big part of that. I was lucky that I started playing adaptive sports at the University of Missouri. It was the first year they had a collegiate wheelchair basketball team because late Missouri congressman, Chuck Graham, somehow got a wheelchair basketball team at Mizzou in the budget. Because of this, my first and second adaptive sports chairs were paid for by the state of Missouri or Mizzou . I started playing wheelchair basketball at Mizzou and about 2 weeks in, I realized there was only 5 people and I would be forced to start on the team. I was less than a year post injury and the collegiate division was, at that time, the best wheelchair basketball conference in America. I was thrown into the fire, it was very challenging, but I learned so much about the sport and even more about what I was actually capable of. Everything I have accomplished since my injury in the last 22 years, I credit to playing adaptive sports. Before I played adaptive sports, all I thought about was everything I could not do. Since I started playing adaptive sports, I know what I am capable of and it is so much more than what I thought after my injury. The sad thing is that many don't have the chance to even try adaptive sports and get the same benefits (there are so many benefits, even more than able body sports). Much goes into this but the biggest barrier is the cost of the equipment, specifically sports wheelchairs. Insurance only pays for an "everyday" wheelchair every 5 years. These are much different than sports chairs. If I played wheelchair basketball in my "everyday" chair I would be in quite a bit of danger. Sports chairs have cambered wheels and caster wheels in the back of the chair to prevent tipping (like heavy duty wheelie bars) to the side and backwards. If I played in my "everyday" chair, I would fall over every time I lean back to take a shot or turn my chair sharply which happens a lot. In my opinion, insurance needs to pay for at least one of these chairs every so often. It's ridiculous they won't pay for equipment to help us play sports to stay healthy and do things outdoors. I am an extremely healthy person because I started playing adaptive sports early on in my injury. What's going to happen to all those people that see an adaptive sports chair costs thousands of dollars and insurance won't pay a dime, so they never even try to play sports and stay healthy.



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: JULIE PIRIANO	PHONE NUMBER: 630-800-8424	
BUSINESS/ORGANIZATION NAME: NCART	TITLE: SR. DIR. PAYOR RELATIONS & REGULATOR AFFAIRS	
ADDRESS: PO BOX 23320		
CITY: ROCHESTER	STATE: NY	ZIP: 14692
EMAIL: julie.piriano@ncart.us	ATTENDANCE: Written	SUBMIT DATE: 2/26/2026 6:54 PM

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The National Coalition for Assistive and Rehabilitative Technology (NCART) is writing in support of HB 2034. Complex rehab technology (CRT) wheelchairs are individually configured manual and power wheelchairs and the options, accessories, seating & positioning components used in conjunction with them. They MUST be provided by an accredited CRT supplier who employs a RESNA certified Assistive Technology Professional (ATP) in a W-2 capacity who is directly involved in the evaluation and recommendation of the CRT wheelchair, and in accordance with RESNA's Standards of Practice and Code of Ethics. The beneficiary must also be evaluated by a licensed medical professional, such as a physical or occupational therapist, who has no financial relationship with the manufacturer or supplier of the equipment. These 2 requirements help protect beneficiary access while simultaneously protecting the state's financial resources.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KATE SIEKER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MATTHEW STONE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/26/2026 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MITCHELL DOBSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: In-Person		SUBMIT DATE: 2/24/2026 4:23 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SAM SCHAEFER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SHELBY		PHONE NUMBER: 417-886-1188	
BUSINESS/ORGANIZATION NAME: EMPOWER: ABILITIES		TITLE: DIRECTOR OF ADVOCACY AND PUBLIC POLICY	
ADDRESS: 1450 W CAMBRIDGE			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65807
EMAIL: sbutler@empowerabilities.org	ATTENDANCE: Written		SUBMIT DATE: 2/26/2026 9:20 AM
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**2-26-2026
 HB2304**

Chair and Members of the Committee,

Thank you for the opportunity to provide testimony in support of ensuring insurance coverage for prosthetic devices. My name is Shelby Butler, Director of Advocacy and Public Policy at empower: abilities, a Center for Independent Living serving individuals with disabilities, seniors, veterans, and families across our region.

Access to prosthetic devices is not a luxury — it is essential healthcare. Prosthetics allow individuals with limb loss to work, care for their families, participate in their communities, and live independently. Without adequate insurance coverage, many Missourians face significant financial barriers that limit mobility, employment opportunities, and overall health outcomes.

We regularly work with individuals who are motivated and ready to remain active members of their communities but encounter coverage limitations, denials, or outdated policies that do not reflect modern prosthetic technology or medical necessity. When prosthetic devices are not covered appropriately, individuals may experience decreased independence, increased secondary health conditions, and greater reliance on publicly funded services.

Ensuring comprehensive prosthetic coverage benefits not only individuals but also our communities and healthcare systems. When people have access to appropriate prosthetic care, they are more likely to remain employed, avoid preventable medical complications, and reduce long-term healthcare costs. Prosthetic parity helps ensure that individuals who rely on prosthetic devices receive coverage comparable to other medically necessary treatments. This policy supports independence, workforce participation, and equitable access to healthcare.

We respectfully urge you to support legislation that guarantees fair and adequate insurance coverage for prosthetic devices so Missourians with limb loss can live full, productive, and independent lives. Thank you for your time and consideration.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2034		DATE: 2/26/2026
COMMITTEE: Health and Mental Health		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TOBIN SCHULTZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/26/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2034		DATE: 2/26/2026
COMMITTEE: Health and Mental Health		
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: 65616
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/26/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2034		DATE: 2/26/2026
COMMITTEE: Health and Mental Health		
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: 2/26/2026 7:04 AM
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HB 2034 should be rejected because it is drafted in a way that is procedurally vulnerable, legally destabilizing, and operationally coercive—setting Missouri up for avoidable litigation, inconsistent administration, and unpredictable costs.

1) The bill is procedurally contaminated by logrolling.

HB 2034 presents itself as a coverage bill for orthotic, prosthetic, and assistive devices, yet it inserts an unrelated categorical Medicaid payment prohibition for “gender transition” medical services in §208.152. That is not a technical detail of orthotic/prosthetic coverage; it is a separate ideological policy rider. Combining unrelated subjects in one act invites challenge under Missouri constitutional constraints on legislative process (single-subject/clear-title). The General Assembly should not pass bills that are predictably litigated on procedural grounds the moment they become law.

2) The bill creates vague, subjective coverage mandates that cannot be administered consistently.

HB 2034 repeatedly uses open-ended standards such as “most appropriate model,” “maximize whole-body health and function,” and activity-based performance demands, while elevating provider preference language in a way that predictably collides with utilization review. These phrases are not neutral—they are litigation fuel. When statutes are drafted around subjective and elastic terms, the result is arbitrary application, inconsistent approvals/denials, and inevitable disputes that shift costs from care delivery into legal and administrative overhead.

3) The bill compels coverage expansion without adequate guardrails, guaranteeing fiscal volatility.

HB 2034 expands replacement and repair entitlements and rejects “useful lifetime” limitations under broad conditions, while also requiring specialized devices for physical activities and ancillary devices (including shower/bathing needs and backup equipment).

This structure is not calibrated. It is an open-ended coverage mandate with predictable cost expansion and weak statutory limits. The legislature should not enact a spending-direction framework that is written to expand obligations while outsourcing cost containment to after-the-fact agency interpretation and insurer conflict.

4) The bill manufactures network compliance problems and forces instability in rural Missouri.

By requiring access to multiple in-state providers within networks (and then forcing out-of-network reimbursement when in-network access is not available), HB 2034 sets up inevitable disputes over availability, medical necessity, and reimbursement rates—especially for specialized devices and rural regions. This design does not improve access in a reliable way; it increases friction, appeals, and administrative delays while shifting the state toward more contested out-of-network billing.

5) The bill embeds implementation instability through self-destructive rulemaking language.

HB 2034 includes a “nonseverable” rulemaking mechanism tied to chapter 536 that increases uncertainty and litigation leverage. Regardless of one’s view on legislative oversight of rules, inserting legal tripwires into implementation invites paralysis and court fights rather than stable administration of benefits.

6) The bill overpromises impact while leaving major coverage gaps untouched.

State insurance mandates do not reliably reach self-funded employer plans due to federal ERISA constraints. That means the bill’s real-world effects will be uneven—creating a patchwork where some Missourians gain new mandated benefits while others do not, based purely on plan structure rather than medical need. This is not coherent policy; it is fragmented regulation paired with broad liability exposure.

Conclusion:

HB 2034 is not a clean disability-access bill. It is a bundled, procedurally vulnerable act that combines unrelated policy, compels expansive mandates with vague standards, and predictably drives disputes, fiscal instability, and litigation.

For those reasons, I urge the committee to vote NO on HB 2034.

Legislative Notice:

If HB 2034 advances in its current form, it is foreseeable that Missouri will face litigation and administrative instability arising from (1) the inclusion of unrelated subject matter within a single act, (2) vague and subjective coverage mandates, and (3) compelled reimbursement disputes and access conflicts. The resulting costs will predictably be borne by the state, regulated entities, and ultimately Missouri taxpayers and patients.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Health and Mental Health			
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: 2/26/2026 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			