



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2557		DATE: 2/11/2026	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: ☒ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: In-Person		SUBMIT DATE: 2/11/2026 11:34 PM

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I am in Support of this Bill and Requiring that a Doctor be at the Hospital Emergency Room at all times.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JACOB SCOTT		PHONE NUMBER: 816-262-1663	
REPRESENTING: MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS, MISSOURI STATE MEDICAL ASSOCIATION		TITLE: DIRECTOR OF LEGISLATIVE AFFAIRS	
ADDRESS: 113 MADISON ST., 65102			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: jscott@msma.org	ATTENDANCE: Written	SUBMIT DATE: 2/11/2026 7:51 AM	
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In support of the bill



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JOANNE LOETHEN, MD		PHONE NUMBER: 573-691-5707	
BUSINESS/ORGANIZATION NAME: MISSOURI STATE MEDICAL ASSOCIATION		TITLE: COUNCIL CHAIR	
ADDRESS: 113 MADISON			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MELISSA KROLL		PHONE NUMBER: 712-449-5710	
BUSINESS/ORGANIZATION NAME: MOCEP		TITLE: MD	
ADDRESS: 213 E. CAPITOL			
CITY:		STATE: MO	ZIP: 63131
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2026 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ALEX TUTTLE		PHONE NUMBER: 636-751-5022	
REPRESENTING: GOLDEN VALLEY MEMORIAL HOSPITAL		TITLE: PRINCIPAL	
ADDRESS: 62069 ALLEE RD.			
CITY: CALIFORNIA		STATE: MO	ZIP: 65018
EMAIL: aletutt@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/11/2026 7:57 AM
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Golden Valley Memorial Hospital Opposes this legislation			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CRAIG FOSTER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written		SUBMIT DATE: 2/11/2026 11:59 AM
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My name is Craig Foster. I am an Emergency Department nurse in a Critical Access Hospital in Bethany, MO. I am triple board certified in emergency nursing with a career in Emergency Medicine that spans greater than 30 years. I am wholeheartedly opposed to this legislation. I personally know of two hospitals in northern Missouri that staff Nurse Practitioners as the primary care provider in their emergency department. These hospitals can not afford the increase in funds that would be required by this legislation. I have personally spoken to the Chief Nursing Officer of one of these hospitals that recently looked at the cost of making this change. The hospital would have to spend their entire Capital Improvement funds to make it through the first year. With no reserve to cover subsequent years. It is my educated opinion that this legislation, if passed, would force the closure of emergency departments in Missouri. This is not an acceptable result.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JAMEY MURPHY		PHONE NUMBER:	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: 4712 COUNTRY CLUB DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2026 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LAURIE SPARR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written		SUBMIT DATE: 2/10/2026 8:05 PM
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HB 2557 will severely limit Missourians access to healthcare, resulting in worse outcomes for Missourians in rural areas. Advanced practice nurse practitioners (APRNs) provide quality, evidence based to increase access to healthcare for all Missourians not only in emergency care but all areas of healthcare. This bill will also drive up healthcare costs for all Missourians.
Laurie Sparr DNP, APRN, FNP-C, PMHNP-BC



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARCY DAWN MARKES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written		SUBMIT DATE: 2/10/2026 1:38 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

My entire family relies on rural hospital for any type of urgent/emergent care as that is all they have. It is mostly staffed with APRN's at most times. This bill will shut down the ER as there is not enough physicians in the area to cover physically on site at all times. This would be so detrimental to the area. Please do not do this!!



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARGARET R BENZ		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written		SUBMIT DATE: 2/11/2026 8:49 AM
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There is already a shortage of accessible health care in many parts of rural Missouri. Requiring a physician be present to maintain open Emergency services, would further increase the shortage of accessible care in some of the areas most in need of care. At least 3 hospitals in rural Missouri settings have stated that should this legislation pass they would have to close, furthering the deficit of available health care. With The Rural Health Transformation plan the state has submitted we are required to increase access to care especially in rural settings. This legislation could further loss of accessible care and create a financial loss to our state from resulting RHT claw back money for not only increasing access to care in rural settings but making it worse, and not achieving the health care goals that were set by the state. Ideally it would be nice to have physicians in ERs, unfortunately that is not always possible. You do have capable qualified providers already staffing these Emergency services at this time. Passing this legislation and requiring a physician in the ER would be detrimental to access to care in our state, especially for our rural population. Please oppose HB 2557 and do not pass it out of committee.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARJORIE COLE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written		SUBMIT DATE: 2/10/2026 5:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am writing to respectfully ask that you oppose HB 2557.

While St. Louis County (my official residence) benefits multiple urgent care centers and emergency departments; this level of access does not exist in many parts of Missouri. In rural counties, hospitals already struggle to maintain emergency services. The requirements proposed in HB 2557 would further strain these facilities and could result in emergency departments closing, leaving patients without timely access to care. All children and families deserve adequate access to care. Thank you for letting me share my concerns. Marjorie Cole



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MATTHEW P. DOELLMAN		PHONE NUMBER: 217-440-5752	
REPRESENTING: HANNIBAL REGIONAL HEALTHCARE SYSTEM		TITLE: DIRECTOR OF GOVERNMENT RELATIONS AND COMPLIANCE OF	
ADDRESS: 6000 HOSPITAL DRIVE			
CITY: HANNIBAL		STATE: MO	ZIP: 63401
EMAIL: matthew.doellman@hannibalregional.org	ATTENDANCE: Written		SUBMIT DATE: 2/10/2026 4:21 PM
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- Mandating 24-hour physician coverage of the emergency department does not provide the flexibility needed for hospitals to properly optimize their staff and can be problematic for hospitals in rural settings where staffing resources are scarce.
- Emergency departments need to be flexible in how they allocate resources based on patient volume and severity of cases. Having a rigid mandate for a physician's presence may limit the hospital's ability to adapt and effectively use its existing healthcare team.
- Rural hospitals in Missouri often face unique challenges, including difficulty recruiting and retaining physicians. Mandating a physician in every ED could result in rural hospitals being forced to close or reduce services, further reducing access to care for underserved populations.
- Safe, high quality patient care is always the goal, especially in emergency care. This proposed staffing mandate, however, is not the solution.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MEAGAN HOWERTON		PHONE NUMBER: 573-418-7616	
REPRESENTING: MOSAIC LIFE CARE		TITLE:	
ADDRESS: PO BOX 156			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: meagan@brenthemphill.com	ATTENDANCE: Written		SUBMIT DATE: 2/11/2026 10:08 AM
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Mosaic Life Care is opposed to this bill.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SARAH BERRY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/6/2026 2:15 PM	
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HB 2557 is a blunt, performative mandate that ignores how emergency medicine actually functions and exposes the state, hospitals, and patients to immediate legal and operational harm.

Requiring a physician to be physically on site in every emergency department at all times sounds reassuring in a soundbite. In practice, it conflicts with established emergency care models, federal law, and basic workforce realities—particularly in rural Missouri.

Emergency departments already operate under federally mandated standards through EMTALA, which requires hospitals to provide emergency screening and stabilization using qualified medical personnel. Federal law does not require continuous on-site physician presence, because emergency care is often delivered through physician-led teams using advanced practice providers, telemedicine, and on-call coverage.

Missouri cannot quietly override that framework without triggering preemption conflicts and litigation.

This bill also creates an unfunded mandate that many hospitals cannot meet. Rural hospitals already struggle to staff emergency departments due to nationwide physician shortages. Mandating 24/7 on-site physician coverage will not “improve care”—it will force service reductions, emergency department closures, or full hospital shutdowns. When access disappears, outcomes worsen. That liability flows directly back to the state.

From a due process standpoint, HB 2557 introduces arbitrary enforcement risk. The bill provides no definition of “responsible for the emergency department,” no guidance on delegation, and no acknowledgment of modern emergency staffing structures. Hospitals would be exposed to penalties or licensure actions based on vague standards that cannot be consistently applied or defended. That is classic regulatory overreach.

Most critically, the bill creates a false sense of safety. Emergency care quality depends on systems, staffing depth, response times, and protocols—not the physical presence of a single physician. Legislating optics instead of evidence puts patients at risk and invites wrongful death, access-to-care, and equal protection claims when emergency services disappear in underserved areas.

If enacted, HB 2557 will not raise the standard of care. It will reduce access, increase liability, and punish hospitals already operating on the edge of collapse.

This bill should not advance without a full fiscal note, workforce impact analysis, and federal compliance review. Anything less is reckless.

Footnotes / Legal Authorities

Emergency Medical Treatment and Labor Act (EMTALA), 42 U.S.C. § 1395dd

Federal law requires hospitals with emergency departments to provide an appropriate medical screening and stabilizing treatment using qualified medical personnel. EMTALA does not require continuous on-site physician presence and expressly allows hospitals to designate non-physician practitioners consistent with hospital bylaws and federal regulations.

Centers for Medicare & Medicaid Services (CMS), State Operations Manual, Appendix V (Interpretive Guidelines—Responsibilities of Medicare Participating Hospitals in Emergency Cases)

CMS guidance confirms that emergency services may be provided by physician-led teams, including advanced practice providers and on-call physicians, and that compliance is based on capability and response—not physical presence at all times.

Supremacy Clause, U.S. Constitution, Article VI, Clause 2

State statutes that conflict with or obstruct federal law—including EMTALA—are subject to federal preemption. Any Missouri statute imposing stricter, incompatible operational mandates on emergency departments risks preemption and invalidation.

Mathews v. Eldridge, 424 U.S. 319 (1976)

Establishes the due process standard requiring clear, fair, and non-arbitrary regulatory frameworks when government action affects protected interests. Vague statutory mandates that expose regulated entities to penalties without clear standards violate procedural due process.

FCC v. Fox Television Stations, Inc., 567 U.S. 239 (2012)

The Supreme Court held that laws and regulations must give fair notice of what conduct is required or prohibited. Ambiguous enforcement standards are constitutionally defective.

Missouri Constitution, Article I, Section 10

Guarantees that no person or entity shall be deprived of life, liberty, or property without due process of law. Hospitals facing licensure sanctions or closure under vague statutory mandates implicate protected property and liberty interests.

Missouri Hospital Association, Rural Health Data & Workforce Reports

Consistently document critical physician shortages in rural emergency departments and warn that unfunded staffing mandates accelerate emergency department closures and reduce access to care.

American College of Emergency Physicians (ACEP), Emergency Department Staffing Models

National clinical standards recognize physician-supervised team-based emergency care, including tele-emergency medicine and advanced practice providers, as safe and effective when properly implemented.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUZANNE OPPERMAN, PMHNP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written		SUBMIT DATE: 2/10/2026 6:40 PM
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If this bill is approved, the availability of Emergency Rooms will significantly decline. Physicians are insufficient in number to cover all ER's 24 hours per day. The use of additional professionals continues to have ER availability to continue. The number of ER's have already dropped over the past 5 years with the closures of 50% of hospitals.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TERRY SHANNON THOMAS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written		SUBMIT DATE: 2/10/2026 6:38 PM
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Missouri House Committee on Professional Registration
HR 2557

This is a statement against HR 2557, placing restrictions on staffing requirements for Emergency Departments in hospitals. This Bill requires at least one Physician to be onsite, on duty and responsible for the department at all times.

Nurse Practitioners (NPs) have become an integral part of rural Emergency Departments as the shortage of Physicians becomes more intense. Many rural hospitals and clinics have closed due to financial and staffing issues, worsening, even eliminating access to primary care and emergency services. There is a nationwide increase in Emergency Department use for primary and non-urgent care due to lack of availability of these services. Rural Emergency Departments rely on NPs to make up for the lack of Physicians. Consultation with an ED Physician occurs via telephone or telehealth for more emergent cases. Many rural EDs would close altogether if NPs did not work in these settings. The reality of this hits rural communities particularly hard.

Again, I'm asking for you to oppose HR 2557 as it will have such a negative impact on rural communities.

Sincerely,

Terry Shannon Thomas MA, MSN, APRN, FNP-BC
Family Nurse Practitioner
225 N. Maple Avenue
Hannibal, MO 63401
575-921-1371



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TRAVIS HAWKS, MD		PHONE NUMBER: 417-678-7888	
BUSINESS/ORGANIZATION NAME: MERCY AURORA		TITLE: ED MEDICAL DIRECTOR	
ADDRESS: 500 PORTER AVE			
CITY: AURORA		STATE: MO	ZIP: 65605
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: VALERIE DAVIS		PHONE NUMBER: 417-678-7830	
BUSINESS/ORGANIZATION NAME: MERCY AURORA		TITLE: HOSPITAL ADMINISTRATOR	
ADDRESS: 500 PORTER AVE			
CITY: AURORA		STATE: MO	ZIP: 65605
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: WILLIAM S. HELLEBUSCH		PHONE NUMBER: 573-486-2191	
BUSINESS/ORGANIZATION NAME: HERMANN AREA HOSPITAL DISTRICT		TITLE: CEO	
ADDRESS: 509 W. 18TH STREET			
CITY: HERMANN		STATE: MO	ZIP: 65041
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DAVID BARNES		PHONE NUMBER: 573-808-5544	
BUSINESS/ORGANIZATION NAME: MISSOURI EMERGENCY NURSES ASSOCIATION		TITLE:	
ADDRESS: 5870 N HAWK RD			
CITY: COLUMBIA		STATE: MO	ZIP: 65202
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SAMUEL SHAEFER		PHONE NUMBER: 314-329-1185	
BUSINESS/ORGANIZATION NAME: EMERGENCY NURSES ASSOCIATION		TITLE: CHAIRPERSON	
ADDRESS:			
CITY: BALLWIN		STATE: MO	ZIP: 63021
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/11/2026 12:00 AM	
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