



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2749</b>		DATE: <b>3/9/2026</b>	
COMMITTEE: <b>General Laws</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>JAMEY MURPHY</b>		PHONE NUMBER: <b>573-893-3700</b>	
REPRESENTING: <b>MISSOURI HOSPITAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>4712 COUNTRY CLUB DRIVE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65109</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/9/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>PAUL WINTER</b>		PHONE NUMBER: <b>314-374-8033</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI ACADEMY OF PHYSICIAN ASSISTANTS</b>		TITLE: <b>PHYSICIANS ASSISTANT</b>	
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CITY: <b>BALLWIN</b>		STATE: <b>MO</b>	ZIP: <b>63021</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/9/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>3/9/2026 11:52 PM</b>	
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**I am Opposed to this Bill. This Bill needs some help and much needed thought and debate.**



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JOANNE LOETHEN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE: <b>EXECUTIVE COUNCIL MEMBER</b>	
ADDRESS: <b>2605 NE 101ST STREET</b>			
CITY: <b>KANSAS CITY</b>		STATE: <b>MO</b>	ZIP: <b>64155</b>
EMAIL: <b>joanneloethen@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/9/2026 12:49 PM</b>	
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**Chair and Members of the Committee,**

I am writing on behalf of the Missouri State Medical Association in opposition to HB 2749. On behalf of physicians committed to maintaining safe, patient-centered care in Missouri, I appreciate the opportunity to submit written testimony regarding the proposed language allowing hospitals to perform the administrative duties associated with collaborative practice arrangements (CPA) between physicians and physician assistants.

We recognize and appreciate the apparent intent of this proposal. The administrative burden associated with collaborative practice agreements (CPAs) can be significant, particularly in large health systems where staffing changes frequently require agreements to be revised or re-executed. Reducing unnecessary paperwork and improving administrative efficiency are worthwhile goals that physicians share.

However, the language as written raises significant concerns because it fundamentally alters the structure of the collaborative practice relationship.

Under current practice, collaborative agreements are generally structured around a defined physician-to-physician assistant relationship, which supports clear expectations regarding supervision, consultation, and accountability. The proposed language would permit a hospital to administer a single collaborative practice arrangement covering multiple physicians and multiple physician assistants, with the hospital establishing the practice parameters.

While this may appear to be an administrative adjustment, in practice it shifts the collaborative structure from a physician-directed relationship to an institutionally managed arrangement. This change risks eroding the traditional one-to-one or small-team collaboration model that has helped maintain clear lines of responsibility for patient care.

More importantly, allowing hospitals to manage these arrangements and define practice parameters raises broader concerns about the gradual expansion of corporate control over the practice of medicine. Missouri has long recognized the importance of protecting clinical decision-making from institutional or corporate pressures. When hospitals control the structure and parameters of collaborative practice agreements, there is a real risk that clinical relationships could become

administrative constructs rather than physician-directed partnerships.

To illustrate how this could create unintended consequences, consider the following example:

A hospital system establishes a single collaborative practice arrangement covering twenty physicians in a hospitalist group and ten physician assistants working across multiple inpatient units. The agreement is centrally administered by the hospital and lists all physicians as collaborating. Practice parameters are set by hospital policy.

A physician working a hospitalist shift may be listed as a collaborating physician for physician assistants they have never met, have not reviewed charts for, and are not directly supervising that day. If a complex clinical situation arises or an adverse event occurs, it may be unclear who was responsible for the supervision of the physician assistant's care. The physician may be nominally listed as a collaborator, yet have had no meaningful opportunity to provide oversight.

This type of arrangement could blur lines of accountability, create confusion about supervisory responsibilities, and expose physicians to professional or legal risk without corresponding authority over the practice parameters established by the hospital. At a time when team-based care is paramount to care for an ever-challenging healthcare environment, we should be working to strengthen the CPA, not weakening it, which this proposal would do.

We believe there are ways to address administrative burden without creating these risks. For example, legislation could allow hospitals to assist with documentation or credentialing functions while preserving the requirement that collaborative practice agreements clearly identify the specific collaborating physician responsible for supervision at a given time. Such an approach would modernize administrative processes while preserving physician-led collaboration and clear accountability.

Missouri's collaborative practice framework has worked because it preserves a balance between team-based care and physician responsibility for medical decision-making. Any changes to that structure should be made carefully to avoid unintended erosion of physician oversight or expansion of corporate influence over clinical practice.

For these reasons, we respectfully urge the committee to reconsider the current language and work with physician organizations, hospitals, and physician assistants to develop a solution that reduces administrative burden while preserving clear physician-directed collaboration.

Thank you for your consideration.  
Joanne Loethen, MD  
Missouri State Medical Association



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<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RACHEL BAUER</b>		PHONE NUMBER: <b>573-691-5707</b>	
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ADDRESS: <b>113 MADISON ST.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/9/2026 12:00 AM</b>	
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<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>3/9/2026 9:27 AM</b>	

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HB 2749 authorizes hospitals to perform the administrative functions associated with collaborative practice arrangements between physicians and physician assistants and permits a single arrangement to cover multiple physicians and physician assistants within a hospital system.

While framed as an administrative change, the practical effect is to shift elements of professional oversight from individual physicians to institutional systems.

Collaborative practice arrangements exist to ensure that delegated medical authority remains tied to the supervision and professional judgment of a licensed physician. Allowing hospital administrative structures to manage those arrangements risks diluting that direct supervisory relationship.

If the General Assembly intends to restructure the physician-physician assistant supervisory framework, that policy decision should be addressed explicitly rather than through administrative delegation language embedded in statute.

HB 2749 therefore warrants careful reconsideration to ensure that physician accountability and patient protections remain clearly defined in law.