

BILL NUMBER: HB 1022				DAT 3/2	'E: / 2021
COMMITTEE: Insurance					
TESTIFYING:	✓ IN SUPPORT OF		FOR INF	ORMATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: AMY MATTOX			PHONE	NUMBER:	
BUSINESS/ORGANIZATIC	DN NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL:		ATTENDANCE:	su 3/2	BMIT DATE: 2/2021 12	:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					



BILL NUMBER: HB 1022				DATE: 3/2/2021
COMMITTEE: Insurance				
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C. AC "HOI	NEST-ABE" DIENOFF-	STATE PUBLIC ADVO	PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT D 3/1/202	ATE: 1 10:57 PM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.
I am in Support of	this Bill on it face.			



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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
	OBBYIST:			
WITNESS NAME: HEIDI GEISBUHLE	ER SUTHERLAND		PHONE NUME 573-636-5	
REPRESENTING: MISSOURI STATE	MEDICAL ASSOCIATI	ON	TITLE:	
ADDRESS: 113 MADISON STR	REET			
CITY: JEFFERSON CITY	,		STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT [3/2/202	DATE: 21 12:00 AM
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: HEIDI LUCAS			PHONE NUME 814-883-6	
REPRESENTING: MISSOURI NURSE	S ASSOCIATION		TITLE:	
ADDRESS: 3340 AMERICAN A	VENUE, SUITE F			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT I 3/2/202	DATE: 21 12:00 AM
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: JESSICA PETRIE			PHONE NUME 573-635-6	
REPRESENTING: BJC HEALTHCARE	E		TITLE:	
ADDRESS: PO BOX 1805				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT [3/2/202	DATE: 21 12:00 AM
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: MARK HABBAS			PHONE NUME 314-393-9	
REPRESENTING: ST. CHARLES CO	UNTY AMBULANCE DI	STRICT	TITLE:	
ADDRESS: 205 E CAPITAL AV	/E UNIT 100			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 63017
EMAIL: habbas2665@yaho	oo.com	ATTENDANCE: Written	SUBMIT E 3/2/202	DATE: 1112:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				
The St. Charles County Ambulance District would like to thank Rep. Hill for this specific bill and his				

support for healthcare workers.



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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: MICHAEL GROTE			PHONE NUME 573-424-5		
REPRESENTING: COX HEALTH			TITLE:		
ADDRESS: PO BOX 638			·		
CITY: COLUMBIA			STATE: MO	ZIP: 65203	
EMAIL: mike@ga2.us		ATTENDANCE: In-Person	SUBMIT E 3/2/202	DATE: 21 10:24 AM	
		M IS PUBLIC RECOR			
		looking for ways to add s and members of the pu			
makes a strong st	ep to protecting the sa	fety of medical staff and	protecting the sat	fety and security of	
	our facilities.Even without its limits. limits. Conce	out the current pandemic erns regarding sa	our healthcare sy fety while perforn		
services should n	ot be	on the minds	of our medical p	rofessionals.As I	
		ys to address this issue 513 That language woul			
Representative Hill Language filed in SB 513. That language would allow special victims as currently defined in 565.002 to allege assault using identifying initials and would allow their address to be					
		ould be to provide prote ees. A number of these i			
not to file a compl	aint out of fear of furth	er actions by the attacke	r. This concept co	ombined with the	
		ides strong legislation to s your support of this le			
Hill.	in respectivity request	s your support of this leg	gisiation propose	u by Representative	



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REGISTERED LO	OBBYIST:			
WITNESS NAME: ROB MONSEES			PHONE NUME 573-999-9	
REPRESENTING: MISSOURI HOSPIT	AL ASSOCIATION		TITLE:	
ADDRESS: PO BOX 60				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT [3/2/202	DATE: 21 12:00 AM
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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: TREVOR WOLFE			PH	IONE NUMBER:	
BUSINESS/ORGANIZATIC	NNAME:		TI.	TLE:	
ADDRESS:					
CITY:			ST	ATE:	ZIP:
EMAIL:		ATTENDANCE:		SUBMIT DATE: 3/2/2021 12	2:00 AM
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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: BRIAN WESTBRO	ок		PHONE NUME 314-827-4	
BUSINESS/ORGANIZATIO			TITLE: EXECUTIN	/E DIRECTOR
ADDRESS: 11780 BORMAN D	R., SUITE 128			
CITY: ST. LOUIS			STATE: MO	ZIP: 63146
EMAIL: brian@coalitionfo	rlifestl.com	ATTENDANCE: In-Person	SUBMIT E 3/1/202	DATE: 1 4:44 PM
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HB 1022 as stated would include abortion facilities and other Planned Parenthood locations in this				

legislation as written. By passing this bill it would likely be used to stifle the first amendment rights of sidewalk counselors, prayer volunteers, or even union workers upset about their working agreements. This also is already covered in the FACE act of 1994 and would be duplicated at the State Level.https://www.justice.gov/crt-12



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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: BONNIE LEE			PHC	ONE NUMBER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITL	.E:	
ADDRESS:			·		
CITY:			STA	TE:	ZIP:
EMAIL:		ATTENDANCE:		SUBMIT DATE: 3/2/2021 12	:00 AM
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