



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1222</b>		DATE: <b>3/24/2021</b>	
COMMITTEE: <b>Downsizing State Government</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>JAMES HARRIS</b>		PHONE NUMBER: <b>573-761-7875</b>	
REPRESENTING: <b>OPPORTUNITY SOLUTIONS PROJECT</b>		TITLE:	
ADDRESS: <b>122 EAST HIGH STREET, SUITE 200</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/24/2021 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>INDIVIDUAL:</b>			
WITNESS NAME: <b>WESLEY POWELL</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>wes@dpcareclinics.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/24/2021 7:05 AM</b>
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<b>Certificate of need keeps competing businesses at bay and stands in the way of free markets</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: <b>arniedienoff@yahoo.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/24/2021 12:08 PM</b>

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**I am Opposed to this Bill. This Process has worked well for Missouri**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>BRENT HEMPHILL</b>		PHONE NUMBER: <b>573-634-0050</b>	
REPRESENTING: <b>BJC, MOSAIC, COX HEALTH</b>		TITLE:	
ADDRESS: <b>PO BOX 156</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/24/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>DAVID MCCracken</b>		PHONE NUMBER: <b>573-635-7570</b>	
REPRESENTING: <b>LEADING AGE MISSOURI</b>		TITLE:	
ADDRESS: <b>612 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/24/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JORGEN SCHLEMEIER</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>MISSOURI HEALTHCARE ASSOCIATION/MISSOURI ASSISTED LIVING ASSOCIATION</b>		TITLE:	
ADDRESS: <b>213 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/24/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>KATHRYN HARNESS</b>		PHONE NUMBER: <b>573-634-5200</b>	
REPRESENTING: <b>SAINT LUKE's HEALTH CENTER; NHS MANAGEMENT, L.L.C.</b>		TITLE:	
ADDRESS: <b>P. O. BOX 2302</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL: <b>kathi@kathiharness.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/24/2021 9:59 AM</b>

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Oppose the elimination of the certificate of need process on behalf of Saint Luke's Health System and NHS Management, L.L.C. - owns and operates 5 long-term care facilities in Missouri. This process keeps cost of health care down especially for hospitals and nursing homes that have a significant Medicaid population. The process serves as a deterrent for new entries that cherry pick the higher paying procedures in hospitals and long-term care facilities.



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>OLIVIA WILSON</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>CENTER FOR DIAGNOSTIC IMAGING</b>		TITLE:	
ADDRESS: <b>213 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RANDY SCHERR</b>		PHONE NUMBER: <b>573-619-7711</b>	
REPRESENTING: <b>HOSPITAL CORPORATION OF AMERICA</b>		TITLE:	
ADDRESS: <b>101 E HIGH ST</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL: <b>rjscherr@swllc.us.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/24/2021 11:53 AM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RAY MCCARTY</b>		PHONE NUMBER: <b>573-634-2246</b>	
REPRESENTING: <b>ASSOCIATED INDUSTRIES OF MISSOURI</b>		TITLE: <b>PRESIDENT/CEO</b>	
ADDRESS: <b>3234 W. TRUMAN BLVD.</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65109</b>
EMAIL: <b>rmccarty@aimo.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/23/2021 8:47 AM</b>

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**Associated Industries of Missouri supports the certificate of need process to ensure healthcare facilities are constructed in a way that allows quality healthcare to be accessible in all areas of the state.**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>ROB MONSEES</b>		PHONE NUMBER: <b>573-999-9652</b>	
REPRESENTING: <b>MISSOURI HOSPITAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>PO BOX 60</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
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