



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | | |
|--|-------------|---|----------------------|
| BILL NUMBER: HB 1342 | | DATE: 3/24/2021 | |
| COMMITTEE: Downsizing State Government | | | |
| TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES | | | |
| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: JAMES HARRIS | | PHONE NUMBER: 573-761-7875 | |
| REPRESENTING: OPPORTUNITY SOLUTIONS PROJECT | | TITLE: | |
| ADDRESS: 122 EAST HIGH STREET, SUITE 200 | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/24/2021 12:00 AM | |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | |



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| WITNESS NAME | | |
| INDIVIDUAL: | | |
| WITNESS NAME: WESLEY POWELL | | PHONE NUMBER: |
| BUSINESS/ORGANIZATION NAME: | | TITLE: |
| ADDRESS: | | |
| CITY: | | STATE: ZIP: |
| EMAIL: wes@dpcareclinics.com | ATTENDANCE: Written | SUBMIT DATE: 3/24/2021 7:29 AM |
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Certificate of need stands in the way of free markets. Government shall not pick winners.



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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: arniedienoff@yahoo.com | ATTENDANCE: Written | SUBMIT DATE: 3/24/2021 12:08 PM |
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I am Opposed to this Bill. This Process has worked well for Missouri.



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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: BRENT HEMPHILL | | PHONE NUMBER: 573-634-0050 | |
| REPRESENTING: BJC, MOSAIC, COX HEALTH | | TITLE: | |
| ADDRESS: PO BOX 156 | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65102 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/24/2021 12:00 AM | |
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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: DAVID MCCRACKEN | | PHONE NUMBER: 573-751-7570 | |
| REPRESENTING: LEADING AGE MISSOURI | | TITLE: | |
| ADDRESS: 612 EAST CAPITOL AVENUE | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: JORGEN SCHLEMEIER | | PHONE NUMBER: 573-634-4876 | |
| REPRESENTING: MISSOURI HEALTHCARE ASSOCIATION/MISSOURI ASSISTED LIVING ASSOCIATION | | TITLE: | |
| ADDRESS: 213 EAST CAPITOL AVENUE | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: KATHRYN HARNESS | | PHONE NUMBER: 573-634-5200 |
| REPRESENTING: SAINT LUKE'S HEALTH CENTER; NHS MANAGEMENT, L.L.C. | | TITLE: |
| ADDRESS: P. O. BOX 2302 | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65102 |
| EMAIL: kathi@kathiharness.com | ATTENDANCE: Written | SUBMIT DATE: 3/24/2021 9:59 AM |

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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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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: OLIVIA WILSON | | PHONE NUMBER: 573-634-4876 | |
| REPRESENTING: CENTER FOR DIAGNOSTIC IMAGING | | TITLE: | |
| ADDRESS: 213 EAST CAPITOL AVENUE | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/24/2021 12:00 AM | |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: RANDY SCHERR | | PHONE NUMBER: 573-619-7711 |
| REPRESENTING: HOSPITAL CORPORATION OF AMERICA | | TITLE: |
| ADDRESS: 101 E HIGH ST | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65102 |
| EMAIL: rjscherr@swllc.us.com | ATTENDANCE: Written | SUBMIT DATE: 3/24/2021 11:53 AM |
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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: RAY MCCARTY | | PHONE NUMBER: 573-634-2246 | |
| REPRESENTING: ASSOCIATED INDUSTRIES OF MISSOURI | | TITLE: PRESIDENT/CEO | |
| ADDRESS: 3234 W. TRUMAN BLVD. | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65109 |
| EMAIL: rmccarty@aimo.com | ATTENDANCE: Written | SUBMIT DATE: 3/23/2021 8:47 AM | |

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