

COMMITTEE:				ATE: <b>/9/2021</b>
Public Safety				
TESTIFYING:	▼ IN SUPPORT OF	IN OPPOSITION TO	FOR INFORMATI	ONAL PURPOSES
USINESS/ORG	ANIZATION:			
WITNESS NAME: CORY HOGAN		PHONE NUMBER: 6363681704		
BUSINESS/ORGANIZATION NAME: MISSOURI STATE COUNCIL OF FIREFIGHTERS		LEGISLATIVE AFFAIRS		
ADDRESS: 7 NORMANDY				
	6		STATE: <b>MO</b>	ZIP: 63367
EMAIL: cory.hogan@iaff26	65.org	ATTENDANCE: Written	SUBMIT DATE 2/9/2021 8	:45 AM
many suffer negati anxiety, post-traum	ve psychological cons atic stress, and suicid among firefighters: De	refighters are remarkably re equences from their experie e2. Here are some of the be	ences including d havioral health is	



BILL NUMBER: HB 484				DATE: <b>2/9/2021</b>	
COMMITTEE: Public Safety					
TESTIFYING:	✓ IN SUPPORT OF		FOR INFORMA	TIONAL PURPOSES	
	WITNESS NAME				
	REGISTERED LOBBYIST:				
WITNESS NAME: D. SCOTT PENMA	N		PHONE NUMBE 573-690-67		
REPRESENTING: MISSOURI 911 DIRECTORS ASSOCIATION; MISSOURI CHAPTER OF THE NATIONAL EMERGENCY NUMBER ASSOCIATION; MISSOURI CHAPTER OF THE ASSOCIATION OF PUBLIC SAFETY COMMUNICATIONS OFFICIALS					
ADDRESS: PO BOX 684					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101	
EMAIL: scott@penman.gr	oup	ATTENDANCE: Written	SUBMIT DA 2/8/2021	ATE:   <b>5:13 PM</b>	
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORD	UNDER CHAP	PTER 610, RSMo.	



BILL NUMBER: HB 484				DATE: <b>2/9/2021</b>
COMMITTEE: Public Safety				
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: J TRENT FORD			PHONE NUME 314409681	
REPRESENTING: AMBULANCE DIS	TRICT ASSOCIATION	OF MISSOURI	TITLE: PRINCIPA	L
ADDRESS: PO BOX 384				
CITY: COLUMBIA			STATE: MO	ZIP: 65205
EMAIL: jtrent4d@gmail.co	om	ATTENDANCE: SUBMIT DATE: 2/8/2021 5:23 PM		
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



BILL NUMBER: HB 484			DATE: <b>2/9/2021</b>
COMMITTEE: Public Safety			
TESTIFYING: IN SUPPORT OF	▼ IN OPPOSITION TO F	OR INFORM	ATIONAL PURPOSES
	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: MIKE WINTER		PHONE NUMB 573 230-66	
REPRESENTING: MO SELF INSURERS ASSN—REPRESENT OF EMPLOYERS WHO SELF INSURE THE COMPENSATION.		TITLE:	
ADDRESS: 109 A EAST HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: mwinter@swllc.us.com	ATTENDANCE: Written	SUBMIT DATE: 2/8/2021 9:14 PM	
THE INFORMATION ON THIS FORM	I IS PUBLIC RECORD UN	IDER CHA	PTER 610, RSMo.
We have concerns about the broadening of covered by the legislation. The bill also es compares the claimant's exposure to stres person standard in determining if the stres	sentially reverses the holdin ss to others in his/her occup	g in Mantia Nation and no ation we also	/. MODot that t to a reasonable o have concerns

with a person getting a rebuttable presumption that the PTSD is work related. Some of those defined in the bill will get a rebuttable assumption the PTSD was work related without having been a party to seeing the the events. Due to these reasons we respectfully oppose the bill.