

BILL NUMBER: HB 542			DATE: 2/10/2021
COMMITTEE: Professional Registration and Licensing		ł	
TESTIFYING: VIN SUPPORT OF		OR INFORMAT	IONAL PURPOSES
	WITNESS NAME		
BUSINESS/ORGANIZATION:			
WITNESS NAME: DR. MICHELLE JACKSON		PHONE NUMBER 417-619-659	
BUSINESS/ORGANIZATION NAME: MISSOURI OCCUPATIONAL THERAPY AS	SOCIATION	CHAIR OF G	GOVERNMENTAL
ADDRESS: 2123 E. WOODHAVEN PLACE			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65804
EMAIL: MOTAGovaffairs@gmail.com	ATTENDANCE: In-Person	SUBMIT DAT 2/7/2021	E: 11:56 AM
THE INFORMATION ON THIS FORM			TER 610, RSMo.
	sentative Brenda Shields.Mu physicians, psychologists, a y for occupational therapists egulatory boards, to better p b. Existing interstate compact sh to provide services in oth interstate practice, whereby C member states. This approxi- pational Therapists and Occ- utilize the Compact, an occu- a license in good standing i a member of the OT compact commission, the interstate mpact upon its enacted by ter- tional therapy in the remoter the profession in Missouri k therapy assistants;• Incre- cilitating continuity of care w owing military personnel and eng;• Creating an altern pational adverse actions and dis- tigatory information;• Requ g the current system of state authority to regulate the prof- ules of the state in which the Sincerely,Michelle Jackson,	ch like the exis and EMS perso and occupation rotect consum- er states. The C compact memb ach is made po- upational There pational therap in their home si- t. When a licer body compose in states. A corr member state. by: • Enhan chen clients or d spouses to m ative path to li- between two full participation ciplinary sanc licensure. Impression. Practite by are practicin	sting licensure nnel, the OT onal therapy ers through successful in OT Compact er states agree to ossible by the fact apy Assistants are oist or tate (primary state nsee obtains a ed of member state mpact privilege is The OT Compact nore easily compact member on in a licensing tions are reported background oortantly, the OT ioners utilizing the ng, including



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		WITNESS NAME		
	OBBYIST:			
WITNESS NAME: JACQUELINE BAF	RDGETT		PHONE NUM 573-634-8	
REPRESENTING: AMERICAN PHYS	ICAL THERAPY ASSO	CIATION OF MISSOURI	TITLE:	
ADDRESS: 205 EAST CAPITOL AVENUE, SUITE 100				
CITY: JEFFERSON CITY	,		STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT I 2/10/20	DATE: D21 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: JESSICA PETRIE			PHONE NUME 573-635-6	
REPRESENTING: RANKEN JORDAN	PEDIATRIC BRIDGE	HOSPITAL	TITLE:	
ADDRESS: PO BOX 1805				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/10/2021 12:00 AM	
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		WITNESS NAME		
	OBBYIST:			
WITNESS NAME: KYNA IMAN			PHONE NUME 314-651-1	
REPRESENTING: MISSOURI OCCUF	PATIONAL THERAPY A	SSOCIATION	TITLE:	
ADDRESS: PO BOX 1483				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/10/2021 12:00 AM	
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	WITNESS NAME			
REGISTERED LOBBYIST:				
WITNESS NAME: NANCY GIDDENS		PHONE NUM 573-230-6		
REPRESENTING: UNITED WE		TITLE:		
ADDRESS: 208 MADISON STREET				
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101	
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/10/2021 12:00 AM	
THE INFORMATION ON TH	IS FORM IS PUBLIC REC	ORD UNDER CHA	PTER 610, RSMo.	



WITNESS NAME: WILLIAM ANDERSON REPRESENTING:	R INFORMA PHONE NUMBI 573-893-37	
WITNESS NAME WITNESS NAME: WILLIAM ANDERSON REPRESENTING:	PHONE NUMB	ER:
REGISTERED LOBBYIST: WITNESS NAME: WILLIAM ANDERSON REPRESENTING:		
WITNESS NAME: WILLIAM ANDERSON REPRESENTING:		
WILLIAM ANDERSON REPRESENTING:		
	VICE PRES	SIDENT OF STATE
ADDRESS: 4712 COUNTRY CLUB DR		
	STATE: MO	ZIP: 65109
EMAIL: ATTENDANCE: Written	SUBMIT DATE: 2/10/2021 7:09 AM	



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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO	FOR	INFORMATIO	ONAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: WILLIAM E. JANE	S		PH	IONE NUMBER:	
BUSINESS/ORGANIZATIO	DN NAME:		TI	TLE:	
ADDRESS:					
CITY:			ST	ATE:	ZIP:
EMAIL:		ATTENDANCE:		SUBMIT DATE: 2/10/2021 1	
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	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: ARNIE "HONEST-ABE" DIENOFF-STA	TE PUBLIC ADVOCATE	PHONE NUM	IBER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ArnieDienoff@Yahoo.Com	ATTENDANCE: Written	SUBMIT 2/10/2	DATE: 021 12:38 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I am Opposed to this BillWe need our own State Regulations to Protect MissouriansThis Compact will allow for abuse and "Bad-Actors" to avoid disciplinary actions, flying under the radar to States in the			

"Compact."