

BILL NUMBER: HJR 51				DATE: 3/29/2021		
COMMITTEE: Health and Mental	COMMITTEE: Health and Mental Health Policy					
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES		
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT						
BUSINESS/ORGANIZATION NAME:			TITLE:			
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL: ATTENDANCE: Written			SUBMIT 3/29/2	DATE: 021 11:45 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						
I am in Support of that State Constitutional Amendment						



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: BILL ANDERSON			PHONE NUME 573-893-3	
REPRESENTING: TITLE: TITLE:				
ADDRESS: 4712 COUNTRY CLUB DRIVE				
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/29/2021 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			
INDIVIDUAL:					
WITNESS NAME: DENNIS CONROW	WITNESS NAME: PHONE NUMBER: PHONE NUMBER:				
BUSINESS/ORGANIZATION NAME: TITLE:					
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: dennisconrow@gmail.com		ATTENDANCE: Written	SUBMIT E 3/29/20	SUBMIT DATE: 3/29/2021 10:13 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					
I support this bill. No one should be denied insurance because of pre-existing conditions.					



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		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: E. WAYNE LEE			PHONE NU	JMBER:		
BUSINESS/ORGANIZATION NAME: TITLE:						
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL:		ATTENDANCE:	SUBM 3/29/	IT DATE: 2021 12:00 AM		
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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: OTTO FAJEN			PHONE NUME 573-634-32		
REPRESENTING: MISSOURI NEA				IVE DIRECTOR	
ADDRESS: 1810 EAST ELM S	TREET				
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: 65101	
EMAIL: otto.fajen@mnea.c	org	ATTENDANCE: Written	SUBMIT D 3/29/20	DATE: 21 10:56 AM	
		I IS PUBLIC RECORD			
2021Otto Fajen, M written testimony is critical to ensur student should ha services. These se licensed professio would take an imp limiting or excludi conditions. If app plan coverage is a	NEA Legislative Director regarding HJR 51. The ing that all children com ve access to comprehe ervices should be provident onal personnel in both the ortant step in improving ng benefits or charging roved by voters, this ch vailable for students.Out	House Health and Menta orThe Association appreci- Association supports the ne to school ready to lear nsive health, social and p ded in a timely fashion by he education and commu- g student health by preve higher premiums or othe ange would help ensure to n behalf of the Association MNEA Legislative Directo	ates the opportu- e joint resolution n. Missouri NEA sychological pro- appropriately c nity settings. Th nting health ben r costs relating that comprehens n, I thank you fo	unity to present Description	



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		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: SARAH VAUGHN			PHONE NUM	BER:		
BUSINESS/ORGANIZATION NAME:			TITLE:			
ADDRESS:						
CITY:			STATE:	ZIP:		
EMAIL: sarahcantrell87@gmail.com		ATTENDANCE: Written	SUBMIT I 3/29/20	DATE: D21 9:23 AM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						
My son is 11 years old. Born with many heart defects he has undergone multiple open-heart surgeries						

My son is 11 years old. Born with many heart defects he has undergone multiple open-heart surgeries and a heart transplant this past summer. He and every child in Missouri deserves healthcare coverage, regardless of being born with broken hearts. It is disgraceful for an insurance company to deny coverage due to a pre-existing condition. No parent should lay awake at night in fear over their child's medication or treatment will be denied or not covered.



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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: SHANTEL DOOLING				PHONE NUMBER: 573-353-3828	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION			TITLE:		
ADDRESS: 113 MADISON STREET					
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: 65101	
EMAIL:		ATTENDANCE:	SUBMIT DATE: 3/29/2021 12:00 AM		
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