



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 197		DATE: 2/6/2023
COMMITTEE: Health and Mental Health Policy		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 10:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in Support of this Bill and on Its Face thus far. This is a true Missouri Consumer Protection Bill that guards and fights for the lowest price of prescriptions of Missourians. The Drug Companies, Third-Party Prescription Fillers and Drug Affiliated Lobbyists are crying for more profits of the Missouri Residents, while robbing our Citizens. We do NOT NEED Paid Lobbyists from Madison, Wisconsin telling and Dictating what we can do in Missouri. This is a true and real Transparency Bill!



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ERICA CRANE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JERRY CALLAHAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/6/2023 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA PABST		PHONE NUMBER: 573-690-4553	
REPRESENTING: UNIVERSITY OF MISSOURI HEALTH CARE SYSTEM		TITLE: PRINCIPAL	
ADDRESS: 217 E CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: jpabst@hbstrategies.us	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 10:25 AM	
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: JOAN TWITON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: FORDLAND CLINIC		TITLE: CEO
ADDRESS:		
CITY:	STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: MISSOURI PHARMACY ASSOCIATION		TITLE:	
ADDRESS: 213 E. CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM	
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: KAREN WHITE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: MO HIGHLANDS HEALTH		TITLE: CEO
ADDRESS:		
CITY:		STATE: MO
		ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LISA UMFLEET		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/6/2023 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROB MONSEES		PHONE NUMBER: 573-999-9652	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: P.O. BOX 60			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRIAN GRACE		PHONE NUMBER: 573-230-9549	
REPRESENTING: CIGNA		TITLE:	
ADDRESS: 117 MADISON ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: CHRIS LONG		PHONE NUMBER: 573-680-9175
REPRESENTING: ST. LOUIS AREA BUSINESS HEALTH COALITION		TITLE:
ADDRESS: 1319 FRIENDSHIP RD.		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: DAVID SMITH		PHONE NUMBER: 573-424-2122
REPRESENTING: ELEVANCE HEALTH		TITLE:
ADDRESS: 104 CLAY ST.		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: HEIDI GEISBUHLER SUTHERLAND		PHONE NUMBER: 573-634-3511
REPRESENTING: MISSOURI CHAMBER OF COMMERCE AND INDUSTRY		TITLE:
ADDRESS: 428 EAST CAPITOL AVENUE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JUSTIN ALFERMAN		PHONE NUMBER: 636-667-1093	
REPRESENTING: NAVITUS HEALTH SOLUTIONS		TITLE:	
ADDRESS: 361 INTEGRITY DR.			
CITY: MADISON		STATE: WI	ZIP: 53717
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MARK DALTON		PHONE NUMBER: 314-644-4800	
REPRESENTING: MID-AMERICA CARPENTERS REGIONAL COUNCIL		TITLE:	
ADDRESS: 1401 HAMPTON AVE			
CITY: ST LOUIS		STATE: MO	ZIP: 63139
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL HENDERSON		PHONE NUMBER: 573-893-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:	
ADDRESS: 220 EAST HIGH STREET, SUITE B			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM	
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: RAY MCCARTY		PHONE NUMBER: 573-634-2246
BUSINESS/ORGANIZATION NAME: ASSOCIATED INDUSTRIES OF MISSOURI		TITLE: PRESIDENT/CEO
ADDRESS: 3234 W TRUMAN BLVD.		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL: rmccarty@aimo.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/6/2023 10:21 AM

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Associated Industries of Missouri opposes the provision of HB 197 that require insurers to provide payment to any pharmacy willing to receive the same price for drugs as an "in-network" pharmacy. While this may work initially to lower prices at out-of-network pharmacies, it would not work in the long run because there would be no incentive for any pharmacy to accept a contracted price for drugs based on an anticipated volume of business generated as a result of being a contracted "in-network" provider. The incentive to become an "in-network" provider would be eliminated by this provision. This will result in an increase in healthcare costs and insurance rates for employers that are providing some or all of their employees' health insurance.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SEAN STEPHENSON		PHONE NUMBER: 240-909-1544	
REPRESENTING: PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION (PCMA)		TITLE:	
ADDRESS: 325 7TH STREET NW 9TH FLOOR			
CITY: WASHINGTON		STATE: DC	ZIP: 20004
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432
REPRESENTING: AMERICA's HEALTH INS PLANS, BLUE CROSS BLUE SHIELD		TITLE:
ADDRESS: 208 MADISON		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/6/2023 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/3/2023 11:26 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		