

BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n		·	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ALLAN SCHWART	TZ, DDS CRNA		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: ddscrna@hotmail.	.com	ATTENDANCE: Written	SUBMIT D 2/6/202	OATE: 3 8:37 PM
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Please consider that we are trained to professionally care for Missouri's citizens.



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TESTIFYING : ☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: ALLISON SHAW		PHONE NUME	BER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: alli7shaw@gmail.com	ATTENDANCE: Written	SUBMIT (2/7/202	DATE: 2 3 10:32 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am an advanced nurse practitioner in a rural area in Northeast Missouri. I currently have my own practice and two locations and I pay a physician to collaborate with me. In the last three years I have known over four primary care physicians in our area that have retired, leaving a large gap of patients without primary care in a reasonable mileage. I know four doesn't sound like a lot to you but in our area, it is. Nurse practitioners are filling the rural community health care needs. There are no primary care physicians in our area coming back to fill these voids and the ones that are still here are aging and won't be in a few years. Primary care providers are the gate keepers to healthcare and nurse practitioners are able to do that wonderfully. I have grown a large practice and consistently hear that I spend more time with my patients and am able to offer a more affordable option without compromising quality of care. Thank you for this consideration.



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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: AMBER LITTLETO	DN		PHONE NUM	IBER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: amber_drew@hot	mail.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 23 7:34 AM
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MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	S
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: AMY M. LINSS			PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL: amy.linssrn@gma	il.com	ATTENDANCE: Written	SUBMIT 0 2/6/202	DATE: 23 10:36 AM	
THE INFORMA	TION ON THIS FOR	MIS BURLIC PECOP	D LINDED CHY	DTED 610 PSMo	

Please understand that by supporting House Bill 271 it will increase access and improve health outcomes at no cost to patients or the state of Missouri. I am a practicing nurse practitioner and resident of the state of Missouri. We need change in our healthcare system. Supporting this HB 271 is

a step in the right direction.



MISSOURI HOUSE OF REPRESENTATIVES

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TESTIFYING:	☑ IN SUPPORT OF	☐IN OPPOSITION TO ☐F	OR INFORMA	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: AMY WARREN			PHONE NUMBE	ER:
BUSINESS/ORGANIZATION	I NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: amy.warren@medig	gencehealth.com	ATTENDANCE: Written	SUBMIT DA 2/6/2023	ATE: 3 5:20 PM

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According to research by, Gina M. Oliver, PhD, APRN, FNP-BC, CNEaLila Pennington, DNP, APRN, FNP-BC, GNP-BCa, Sara Revelle, MSN, APRN, FNP-BCb, Marilyn Rantz, PhD, RN, FAANa,* a University of Missouri, Sinclair School of Nursing, Columbia, MO b Boone Internal Medicine Associates, Columbia, MOStrengthening health care overall is essential to the health of our nation andpromoting access to health care as well as controlling health care costs in aquality cost-effective manner. Nurse practitioners have demonstrated to beeffective and cost-effective providers in prior research; however, many statesrestrict their practice. States with full practice of nurse practitioners have lowerhospitalization rates and improved health outcomes intheir communities. Multiple objective research studies indicate obstacles to full scope of APRN practicehave the potential to negatively impact our nation's health. Action should betaken to remove barriers to APRN practice.Respectfully, Amy Warren FNP



BILL NUMBER: HB 271				DAT 2/7	TE: 7 /2023
COMMITTEE: Healthcare Reform	1			•	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	RMATIC	NAL PURPOSES
		WITNESS NAME			
NDIVIDUAL:					
WITNESS NAME: ANDREA ROSE			PHONE NU	JMBER:	
BUSINESS/ORGANIZATIO	N NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: aejones1409@gma	ail.com	ATTENDANCE: Written	SUBM 2/6/2	IT DATE: 2 023 7: 4	16 PM

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I'm an a family nurse practitioner. I am trained and capable to provide safe, quality, evidence-based medical care to individuals across the lifespan. There is a shortage of primary care providers. Even in a large metropolitan area, patients can wait months to get a new patient appointment. The work of nurse practitioners addresses this gap. Access to primary care, routine cancer screenings, immunizations, well child checks keeps Missouri families healthier longer. Thank you for your vote to support nurse practitioners.



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TESTIFYING : ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: ANITA WEST, FNP		PHONE NUM	MBER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: anitawest32@gmail.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 123 3:39 PM

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As an Advanced Practice Nurse, I am hindered every day by laws which keep me from taking care of my patients. I can't give a medication for diabetic neuropathy because Lyrica is controlled. When I have patients who have fractures, I can't give them anything but Tylenol. Ortho defers to the PCP, and the PCP is a Nurse Practitioner who can't prescribe even tramadol. My collaborator had a seizure and was in the hospital. I see long term care patients. I literally couldn't see anyone until we had a signed collaboration with another doc who didn't want to be called. They collect the money for collaboration while we see and care for the patients. At a minimum, we should be allowed to advance our practice after 3 years of supervision. I've been an NP for >10 years and I'm still treated like a resident. Have some respect for the profession. I have 9 years of college, a Master's Degree and a license from AANP. Please allow me to work to the highest level of my licensure, in the state of Missouri!! Let's lead rather than always following behind. Anita WestFamily Nurse Practitioner since 2012RN since 1996



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOS	SES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ANJA ISMERT			PHONE NUM	IBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL: fnpanja6@yahoo.	com	ATTENDANCE: Written	SUBMIT 2/6/20	DATE: 123 5:29 PM	
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THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					
EMAIL: abr3355@gmail.co	om	ATTENDANCE: Written	SUBMIT 0 2/7/202	OATE: 2 3 11:27 AM	
CITY:			STATE:	ZIP:	
ADDRESS:			<u> </u>		
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
WITNESS NAME: ANTHONY			PHONE NUME	BER:	
INDIVIDUAL:					
		WITNESS NAME			
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	3
COMMITTEE: Healthcare Reform	n				
BILL NUMBER: HB 271				DATE: 2/7/2023	

I support this initiative.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform			•	
TESTIFYING: ✓IN SUPP	ORT OF IN OPP	OSITION TO	FOR INFORMA	ATIONAL PURPOSES
	WITNES	SNAME		
INDIVIDUAL:				
WITNESS NAME: ANTHONY ALEXANDER			PHONE NUMBI	ER:
BUSINESS/ORGANIZATION NAME:			TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: anthonyjamesalexander@gmai	I.com ATTENDAN Written	CE:	SUBMIT D. 2/6/202 3	ATE: 3 7:41 PM
THE INFORMATION ON T	HIS FORM IS PUBI	IC RECORD I	INDER CHAI	PTFR 610, RSMo.

I am a family and Psychiatric Nurse Practitioner and testify to be in full support of HB 271. This is an opportunity to open access to more affordable Healthcare to a vast number of Missourians.



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COMMITTEE: Healthcare Reform					
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	ATIONAL PURPOS	ES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARIKA CROTTY			PHONE NUMB	ER:	
BUSINESS/ORGANIZATION	N NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL: arikawilga1@gmail	.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 8:11 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOS	ES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ASHLEY MAKOWS	SKI, DNP, APRN, FNP-C	:	PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			<u> </u>		
CITY:			STATE:	ZIP:	
EMAIL: ashley.makowski(@outlook.com	ATTENDANCE: Written	SUBMIT 0 2/6/202	OATE: 23 7:35 PM	
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HB 271 would increase access to healthcare over the entire state which in turn improves healthcare. This bill is certainly reform at its best as it has no cost to patients or Missouri. Several surrounding states and the Veterans Health Administration openly support free practice authority and have shown it to be beneficial for the patient populations. It is time that Missouri take care of its own constituents and provide better access to health care and advance with the changing times.



waitlists for psychiatrists are 3-6 Months.

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

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COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ASHLEY OSBORN	IE		PHONE NUME	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: aozborne8@gmail	.com	ATTENDANCE: Written	SUBMIT 0 2/6/202	OATE: 3 8:25 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo

Advanced practice registered nurses should be able to practice to the full extent of their licensure. This will also increase access to healthcare. Psychiatric nurse practitioners are in such great need as



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COMMITTEE: Healthcare Reform				•	
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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: PHONE NUMBER: BARBARA GREMAUD					
BUSINESS/ORGANIZATION	NAME:		TIT	ΓLE:	
ADDRESS:			•		
CITY:			ST	ATE:	ZIP:
EMAIL: barbaragremaud@g	ımail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 1:	23 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Advanced Practice Registered Nurses/APRNs, including Nurse-Midwives, provide cost effective care to people living in underserved areas. We must removed the barrier of collaborative practice agreements so that APRNs can provide this care. APRNs always collaborate with physicians when the complexity of the patients require it. To make it a law for doctors to approve of and agree to sign a collaborative agreement with an APRN prevents APRNs who don't work in the hospital setting from being able to provide necessary care. Nurse midwives have almost no ability to practice outside of the hospital due to this restrictive law. Nurse midwives have been shown to reduce birth injuries and increase satisfaction for patients. Please vote to legalize full practice authority for APRNs in Missouri. Thank you!



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: BEN TRAVLOS			PHONE NUI 573-893 -	
REPRESENTING: MISSOURI FARM I	BUREAU			OR OF STATE & LEGISLATIVE AFFAIRS
ADDRESS: 701 S. COUNTRY CLUB DR.				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL: bentravlos@gmail	.com	ATTENDANCE: Written		T DATE: 023 5:36 PM

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Missouri Farm Bureau has the following member-adopted policies in support of these measures; -We oppose more restrictive supervision rules for physician assistants and/or nurse practitioners. We favor expansion of nurse practitioners' and physician assistants' authority based on their qualifications.-We support greater use of non-physician providers to help relieve personnel shortages in underserved rural areas.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSI	ES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: BEVERLY L MILLE	ER RN, FNP		PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			<u> </u>		
CITY:			STATE:	ZIP:	
EMAIL: aprildawn385@ms	sn.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:34 AM		
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Nurse practitioners did fine working through COVID without a doctor being in a certain mileage range. Most of us know are capabilities and when to ask for help. That doesn't change with or without a physician. Please give patients better access to care. Even as a patient it can take me two to three months to get into my provider. Usually a nurse practitioner can get you in within a day or so.



MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DAT 2/7	E: / 2023	
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	□FOR	INFORMATIO	NAL PURPOSES	
		WITNESS NAME				
REGISTERED LO	BBYIST:					
WITNESS NAME: BRENT				ONE NUMBER: 73-418-9075		
REPRESENTING: MISSOURI BEHAVI	ORAL HEALTH COUNC	CIL		TLE: EO/PRESIDE	NT	
ADDRESS: 221 METRO DR						
CITY: JEFFERSON CITY				ATE:	ZIP: 65109	
EMAIL: bmcginty@mobhc.	org	ATTENDANCE: Written	Ÿ	SUBMIT DATE: 2/7/2023 1:0	08 PM	

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The Missouri Behavioral Health Council, representing the state's behavioral health safety net funded through the Department of Mental Health, strongly supports HB 271. We have several psychiatrists in collaborative practice arrangements in their 80s. We have one rural provider who is a physician retirement away from losing 7 prescribers (1 retiring psychiatrist, 6 Psych APRNs) who serve approximately 2,500 adults and youth in rural parts of SW Missouri. Recruiting psychiatrists to rural Missouri is virtually impossible. At a minimum, we would ask that geographic proximity be removed completely, the 30 day in-person requirement at the start of a collaborative arrangement be removed. and that perhaps a pilot program be developed within the Department of Mental Health to allow APRNs with 2,000 hours of collaborative supervision to be able to independently work within their scope of practice as long as they remain employed at a DMH contracted agency that also must maintain a Medicaid Director.



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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: BRIAN HINKEBEIN	N		PHONE NUMB	ER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: Brianhinkebein@g	gmail.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 6:09 PM
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MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

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COMMITTEE: Healthcare Reform	1		•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO ☐	FOR INFORMATION	ONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: BRITTANY KAY R	OSE		PHONE NUMBER:	
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: brose623@icloud.	com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2023 6:	38 AM

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I am in support of HB 271 and HB 330 both allowing for less restriction for APRNs in the State of Missouri. I am preparing to take my certification boards to be a Psychiatric Mental Health Nurse Practitioner. The entire reason I returned to school was after my experience working for the Missouri Medicaid MCO. Home State Health. I became aware and saddened quickly with my work as an RN Care Manager that helped with the development of the foster care program, now known as Show Me Healthy Kids. I realized that there are a limited amount of QUALITY behavioral health care providers for our youth in foster care in the State of Missouri. It was put on my heart suddenly that this was where I was to focus my attention, to become a provider that can provide quality and consistent care for our youth in care. Allowing APRNs to practice to their full extent is a benefit to the most fragile of our population, while I will likely be able to secure a position at a local community mental health center without difficulty, with that though comes the limitations of not being allowed to spend the time that I would otherwise spend with this unique population due to requirements of FQHCs or CMHCs, you are limited to the time you can meet with a patient due to the scheduling practices (at least from what I have experienced thus far). I have been offered an amazing opportunity with a counseling center in St. Louis to create my own practice expectations. So, that would mean I could spend 90 min with a new patient in foster care and their foster family, instead of the typical 45 to 60 minutes (depending on the facility) allowed for a new patient appointment and I could spend 45 minutes for a follow up appointment instead of the 10min-30 min (again depending on the facility) with my patients. Or if they change placement, I can make the decision on my own how long I can spend with the patient and new placement. The current limitations for APRNs is requiring me to find a collaborating psychiatrist in order to be able to work in this capacity which ultimately means I will likely not be able to and will have to resort to working at a CMHC, which is still helping this vulnerable population but the way I could help if I did not have to be held to standards of another agency would be significantly different for me as a provider. Please consider the underserved when considering the passing of this bill, foster care in the entire State of Missouri is very underserved in my experience with the foster care population so I implore you to consider this bill.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPO	SES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: BRYAN DEAN WA	RNER MD		PHONE NUM	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL: warnerhome@hot	mail.com	ATTENDANCE: Written	SUBMIT I 2/4/202	OATE: 23 11:50 AM	
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Medical schools are producing fewer primary care physicians. Allowing nurse practitioners to work independently (as a large number of states have done) will allow the market to open up and better serve the primary care needs of Missouri citizens. As a physician who has collaborative agreements with nurse practitioners myself, I see this change as a benefit for all.



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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: CALLIE LABETH			PHONE NUMB 314-623-5 0	
BUSINESS/ORGANIZATION DREXEL FAMILY I			TITLE: FNP-C	
ADDRESS:				
CITY: DREXEL			STATE: MO	ZIP: 64742
EMAIL: calliefnp@gmail.co	om	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 5:16 PM

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I was born and raised in a small town in MO - about an hour drive to another healthcare facility. I have worked to start a Family Medicine clinic in my hometown for two years. I have invested tens of thousands of dollars. I cannot open because I can't find a physician who can take an entire month off of their "regular" job in order "supervise" me in my clinic for the initial 30 days. I am on the MO/KS state line. I currently work in KS with FULL PRACTICE AUTHORITY. I am less than 1/2 mile from the state line. I tried to buy land on the KS side to open my clinic, but there were no small buildings or small lots. The people in my town constantly reach out to me - baby with a fever, finger laceration that needs sutures, breast lump that needs imaging. However, I cannot provide care because of the outdated restrictions in place in MO. The people of my town need and deserve access to healthcare. Please, give me the ability to provide them the same care that I could provide if I were in KS. Thank you for your service. Sincerely, Callie LaBeth FNP-C of 9 years.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: CAROL HARRING	TON		PHONE NUM	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:	ADDRESS:				
CITY:			STATE:	ZIP:	
EMAIL: carolharrington65	@me.com	ATTENDANCE: Written	SUBMIT 2/6/2 (DATE: 023 3:58 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					



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COMMITTEE: Healthcare Reform	1			
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: CAROL MONROE			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: jcammo@hotmail.	com	ATTENDANCE: Written	SUBMIT 0 2/6/202	DATE: 23 7:25 PM
THE INFORMA	TION ON THIS FORM	MISPUBLIC RECOR	D LINDER CHA	PTER 610 RSMo

Please support full practice for advance practice nurses. Collaborative practice puts limits on rural health care. Rules state the physician can only be less then 75 miles away from the NP. In today society with internet and telehealth this is a unnecessary restriction.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO ☐	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: CATHERINE JONE	S		PHONE NUME	BER:
BUSINESS/ORGANIZATION	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: getalongddd@gma	nil.com	ATTENDANCE: Written	SUBMIT I 2/5/202	DATE: 23 7:14 AM
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Nurse practitioners should be allowed to open their own practice. They are the ones doing most of the work at the doctors office anyway.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			ATE: 17/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING:	☐ IN OPPOSITION TO	FOR INFORMATI	ONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: CHASSIDY SCHRODER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: chassidyschroder@gmail.com	ATTENDANCE: Written	SUBMIT DATE 2/6/2023 8	:16 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am an APRN in northeast Missouri. I see every day the effects of health disparities in my community. Patients in multiple counties are having to drive an hour or more to seek medical care when these areas could be fully staffed utilizing APRN's. Allowing full practice authority isn't for NP's in the state, it's for the people of the state to access and utilize health care resources to bridge the gap of our underserved populations. It is the right of all persons to access health care. Our communities deserve this and rely on you to make this happen and their lives depend on it. Imagine having to utilize an ambulance to get to and from the hospital when it could have been easily managed in a primary care setting but there isn't one, or there was but no Physician to staff it. We have hospitals and multiple facilities crumbling all around our rural populations further limiting access. APRN's with full practice authority are the solution.



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform			
TESTIFYING: VIN SUPPO	RT OF IN OPPOSITION	TO FOR INFORM	ATIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: CHI KIM		PHONE NUM	BER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: chisukha@hotmail.com	ATTENDANCE: Written	SUBMIT 2/6/20 2	DATE: 23 2:23 PM
THE INFORMATION ON THI	S FORM IS PUBLIC REC	CORD UNDER CHA	PTER 610. RSMo.

This bill would increase access to healthcare and improve health outcomes and at no cost to the patient.



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING : ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: CHRISTIAN DALE TANNER		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: christian.tanner@hotmail.com	ATTENDANCE: In-Person	SUBMIT DA 2/6/2023	ATE: 3 12:31 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I fully support Full Practice Authority for Missouri Nurse Practitioners as this increases access to healthcare to Missourians and encourages Nurse Practitioners to build and develop practices within our state, allowing our state to gain the revenue from these practices instead of Missouri Nurse Practitioners going across state lines to open these practices. Many of our bordering neighbor states have Full Practice Authority already in effect, including Illinois, Iowa, Nebraska, and Kansas. This is causing many Missouri Nurse Practitioners to either practice out of state or open practices out of state so that we can use our training and our licensing to the fullest extent, without being held back by a paid physician oversight agreement.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOS	ES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: CHRISTINA PETEI	RS		PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: christytice1981@y	/ahoo.com	ATTENDANCE: Written	SUBMIT 0 2/6/202	OATE: 23 5:54 PM	
THE INFORMA	TION ON THIS FOR	MIS PUBLIC PECOP	D LINDED CHY	DTED 610 DCM	0

Nurse practitioners have been proven to provide high quality, clinically competent care to all patient populations. Let's work together for our patients not against each other. I am a hospitalist NP and metrics and pt outcomes have improved since I started. We are robbing our patients of access to care by not allowing NP's to function independently.



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING : ☑IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: CHRISTINE C. HALL, FNP-C		PHONE NUMBE	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: crissy61374@gmail.com	ATTENDANCE: Written	SUBMIT DA 2/6/2023	TE: 8:59 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I currently work in a healthcare desert in western Missouri. My patient population is special, I work on a college campus and only see college aged individuals. Many of my patients do not have transportation to travel and walk to my clinic which is within walking distance from their dorms. If my clinic was not available thousands of students would be without healthcare. My clinic also does not require insurance, which if a student were to walk to another clinic in our small town they would be required to pay a much higher price or be required to provide insurance to see a provider.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1		·	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO ☐ F	OR INFORMAT	TIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: CHRISTINE MARIE	CORBETT		PHONE NUMBER	₹:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: ccorbettdnp@gma	il.com	ATTENDANCE: Written	SUBMIT DAT 2/7/2023	TE: 2:11 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Hello, I am a Family Nurse Practitioner and Board Certified Nephrology Nurse Practitioner, specializing in the care of patients with kidney disease. I practice in one of the state's safety net hospitals. I have worked in the field of nephrology for nearly 24 years. I recently joined our palliative care team to provide support for persons who choose to forego dialysis, assisting in goals of care discussion and completing advance directives, honoring patient wishes. My doctoral (DNP) focus was enhancing advance care planning and appropriate palliative care referral for persons with advanced kidney disease. I developed, implemented, and support a conservative kidney palliative care program. I also disseminate this program development and initiative across the country though national presentations and numerous publications. I support HB271 because Missourians need access to health care, appropriate screening and management of diseases such as chronic kidney disease and need their wishes heard and documented. HB271 has the ability to remove barriers to health care for Missourians, improving access to care. I have seen the unfortunate health effects of late access to care: advanced cancer, advanced kidney disease, amputations, blindness. APRNs have decade's long safety and quality data across the nation and within Missouri. APRNs love to practice preventative health care and provide education to patients and families, which ultimately influences the state's overall financial impact by improving health outcomes. Additionally, improved health outcomes reduces morbidity and mortality rates. Removing the Collab Practice Agreements will lift so many barriers to health care for our population, and will allow our APRNs to practice to our licensure and education. Our friends and family deserve the best care and APRNs (along with our physician colleagues) are able to provide this care, without the need for a piece of paper. Health care providers (physicians, pharmacists, Nurse Practitioners, etc.) collaborate with one another as we all want what is best for our patients and communities. I hope you will support HB271, improving access to care, health outcomes and our economic productivity in Missouri. Thank you for your time! Christine Corbett, DNP, APRN, FNP-BC, CNN-NP, FNKF



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: CINDY DULANEY			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: cindy_dulaney@ya	ahoo.com	ATTENDANCE: Written	SUBMIT [2/6/202	OATE: 13 1:41 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORD I	INDER CHA	PTER 610 RSMo

HB 271 would increase access to healthcare over the entire state which in turn improves healthcare. This bill is certainly reform at its best as it has no cost to patients or Missouri.



BILL NUMBER: **HB 271**

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

DATE: 2/7/2023

COMMITTEE: Healthcare Reform	·	
TESTIFYING: ✓ IN SUPPORT OF ☐ IN OPPOSITION TO ☐ F	OR INFORMATIO	ONAL PURPOSES
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CINDY HOLLIS-KEENE	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 10):51 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UN	IDER CHAPTE	ER 610, RSMo.
Good morningl am writing asking your support for HR 271 as this will		
care in our state and also reduce healthcare care costs. Please suppor		
Practice Nurses) to practice to the full extent of their education and tra in who practices in family practice and psychiatry. Additionally, I have		
education. The need for healthcare providers continues to be NEEDED	. Points to Cons	iderFPA (Full
Practice Authority) or TTP (Transition To Practice)1. increases healthc		
competition2. reduces healthcare costs, decreases ER visi		
improves healthcare outcomes and reduces healthcare d	isparities •	Critical
Missouri healthcare deserts exist statewide. for primary care, mental h		
Health care deserts increase when rural hospitals close,		
leave.• Economic issues of health care job losses have a disprop		
economy. 1. Closure of hospitals can cause death or unnecessary cor		
results.2. Increased travel time and money for patients to travel, time		
New condition refers a patient back to collaborator which pay. Who are APRNs (Advance Practice Registered Nurses)? Practice Registered Nurses)?	ticing in America	
one half to a century (certified nurse midwives/CMN certified registere		
	arch demonstra	
provide safe, high quality health care (over 50 yrs.).• APRNs in Missour		
	education model	
cost effective and saves the system money.• There is increased		
programs especially in family health a primary care specialty. Have		
degree in nursing building upon knowledge gained in undergraduate F		
	Ns 6 – 8 years of	
compares favorably with other professions such as optometrists, phare		
all of whom practice without being required to collaborate with anothe educated for this advanced level of nursing practice by other APRN factors.		APRNs are
physicians. Student's clinical hours are usually done with both APRNs		
available to explore and discuss healthcare items in our area and state		
improve healthcare access and reduce healthcare costs in our unders		
you taking the time to help improve the Missouri Healthcare Process a		
reducing costs. Cindy Hollis-Keene DNP, FNP-BC, PMHNP-BCChollis-		
keene@perimeterhealthcare.comcynthiahollis@yahoo.comCell: 417-26 Organization	88-7952Perimete	r Healthcare



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			ATE: 2 /7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING: ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMAT	IONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: CINDY MCVEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Mcveybc2021@outlook.com	ATTENDANCE: Written	SUBMIT DATE 2/7/2023 7	: :37 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am an internal medicine Nurse Practitioner in Blue Springs MO. I have patients from rural areas as well as urban areas coming to me because there are no physicians or primary care providers around taking new patients. I could fill up my schedule seeing new patients with medical conditions that are going untreated due to lack of available providers to see patients. In order to continue to treat my established patients. I have to limit the number of new patients I see daily. My collaborating physician will be retiring in the next 2 years and our organization can't find physicians to come work primary care. Specialty clinics pay a lot more. Our clinic may be forced to close if I can no longer practice due to my collaborator retiring. My full schedule of patients and my NP partner's patients will no longer have a care provider if this happens. I have been practicing for about 11 years and I have the ability and training to continue to provide primary care but due to unnecessary red tape in MO I am having to consider the possibility of not having a job in 2 years due to the above concern. Please consider granting full practice authority to NP'S or MO will be facing an extreme health care crisis in the very near future. If there are no primary care providers then patients will be forced to use ER's and that will drive health care costs up even further and delay care to those emergent situations. Your family will be affected eventually, please make the critical decision to support this common sense initiative TODAY!!! Thank you for your time, now back to seeing patients for me!



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: COURTNEY BATC	HMAN		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: courtneysbatchma	an@gmail.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 6:39 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTER 610, RSMo.



EMAIL:

dacart@charter.net

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: DATE: 2/7/2023 HB 271 COMMITTEE: **Healthcare Reform ✓** IN SUPPORT OF IN OPPOSITION TO FOR INFORMATIONAL PURPOSES **TESTIFYING: WITNESS NAME** INDIVIDUAL: WITNESS NAME: PHONE NUMBER: **DANA M CARTER BUSINESS/ORGANIZATION NAME:** TITLE: ADDRESS: CITY: STATE: ZIP:

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

ATTENDANCE:

Written

SUBMIT DATE: 2/7/2023 12:57 PM

There is a primary care provider and mental healthcare provider shortage in nearly every county in MOMO ranks 43 nationally in healthcareMO is the most restrictive state in the country for APRNsKansas passed similar legislation last year, and nurses are already crossing our western border for more favorable working conditionsGovernor Parson waived many of the restrictions on APRNs to help combat the COVID-19 pandemicThe Board of Nursing received ZERO complaints during this period – proving these archaic regulations are not necessary



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DANELLE REAGIN	l		PHONE NUM	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: danelle_reagin@y	ahoo.com	ATTENDANCE: Written	SUBMIT 2/6/20 2	DATE: 23 6:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271					TE: 7/2023
COMMITTEE: Healthcare Reform				•	
TESTIFYING: VIN SUF	PPORT OF	IN OPPOSITION TO	□FOR	INFORMATIO	ONAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: DARA OSOEGO			PI	HONE NUMBER:	
BUSINESS/ORGANIZATION NAME:			TI	TLE:	
ADDRESS:					
CITY:			S	TATE:	ZIP:
EMAIL: dosoego@gmail.com		ATTENDANCE: Written	·	SUBMIT DATE: 2/7/2023 7:	22 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am a family nurse practitioner and have spent much of my career working in designated Healthcare shortage areas in Missouri. Additionally, I was born and raised in a rural community that is designated as a healthcare shortage area. Throughout my career, both as a registered nurse and family nurse practitioner (18 years). I have seen first hand how restrictions placed on Missouri APRNs have impacted the healthcare of Missourians throughout the state. For example, in my home town, for many years they have been unable to keep the clinic open due to the physician shortage and inability to maintain a collaborative physician for that site. There have been nurse practitioners willing and able to work there. but couldn't due to the collaboration requirements. This leaves the members of the community without access to quality healthcare. They have to travel a minimum of 30 minutes to seek care, which when ill is not ideal at best. Additionally, as a provider, I have seen the restrictions directly impact my ability to provide care to patients. I, along with my husband, own a medical clinic here in Missouri, Our goal is to branch out into the rural areas of Missouri, like my home town, to provide high quality healthcare services to the area. However, once again due to the limitations and mandated collaboration, we are unable to reach those Missourians who are most in need of access to healthcare. The reality is that the physician shortage is only growing leaving much of Missouri without access to care. With removal of the APRN restrictions as outlined in HB271, nurse practitioners will be better able to practice to the full extent of their education and improve access to healthcare. In turn, the people of Missouri will receive better preventative care, have a decreased incidence of hospitalizations and acute/ severe illness, and therefore help reduce overall cost of healthcare. Please consider the health and wellbeing of all Missourians and vote yes on HB 271. Thank you for your time.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n		·	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DARCI FEIDEN, D	NP, APRN, FNP-BC		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: feidend2@gmail.c	om	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 1:52 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

I am a family nurse practitioner practicing in rural Missouri. The barriers placed upon nurse practitioners only harm the patients within those communities. The barrier's limit access to care for patients, therefore decreasing positive health outcomes for all in the community. There have been

patients, therefore decreasing positive health outcomes for all in the community. There have been multiple studies done showing that nurse practitioners can provide safe, quality care for patients. I urge you to consider passing this legislation for the betterment of Missouri families and improvement in access to health care for all, allowing us to utilize our education and skills to the fullest extent.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSE	S
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: DARYA STUMP			PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			<u> </u>		
CITY:			STATE:	ZIP:	
EMAIL: grey71eyes@yaho	oo.com	ATTENDANCE: Written	SUBMIT 0 2/4/202	DATE: 23 12:30 PM	
THE INFORMA	TION ON THIS FOR	MIS DUBLIC DECOR	D LINDED CHA	DTED 610 PSMo	

My name is Darya Stump. I am a APRN and have practiced for 13yrs in this capacity in MO with 12 of that in rural counties. I live and practice in Bates County in Missouri. Please vote yes to this Bill 271 to allow us to provide care and easier access for rural persons.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		·	
TESTIFYING : ☑ IN SUPPORT OF	☐ IN OPPOSITION TO ☐	FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: DAWN CAVENDER-ERANGEY MSN, FNP-I	ВС	PHONE NUMBE	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		•	
CITY:		STATE:	ZIP:
EMAIL: dawn.cavendererangey.fnp@gmail.com	ATTENDANCE: Written	SUBMIT DA 2/7/2023	TE: 3:39 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

My HB271 Testimony: I am a family nurse practitioner practicing in a rural area of the state that is designated by the federal government as a healthcare provider shortage area. Prior to becoming a board-certified family nurse practitioner, I was a registered nurse working in the areas of critical care and emergency medicine. I was a brand new FNP in December 2021, transitioning from a correctional nurse to correctional FNP providing primary care, urgent & emergent care, infection control, end of life management as well as nursing home care at WMCC & CRCC men's correctional facilities in Cameron, MO. In this capacity, as a brand new FNP, I have essentially been the first full-time provider of care that has staved and tackled the issues that had been left due to having such huge staffing shortages. These shortages led to my camps being providerless for THREE YEARS. There are over 1300 inmates/patients in my care. I was working alone, with no on-site MD/DO or other FNP, on a camp that is designated for 2 MD/DO and 2 FNP full time positions. I have worked diligently to improve the health outcomes for my patients and have managed to refer over 75 patients out for specialist services in the past year. In my first year as a FNP, I have managed to overcome the massive amounts of overdue care needs and my patients have benefited. I have also managed to recruit another full time FNP to assist in managing the healthcare needs of my patients. My initial educational preparation for advanced practice as a FNP was a masters degree. I feel that my success in patient education lies in my ability to "break things down stupid simple" (patients general consensus) that has bridged the knowledge gaps for my patients, and allowed for those under my care to more fully understand their health status and treatment options. I have been highly regarded by each of the physicians who have collaborated with me, so far.I am in support of HB 271 because I have experienced and seen first-hand the hardship and poor health outcomes seen far too commonly throughout the rural, underserved areas of our state. I can recall working on a research paper, during my master's program, which focused on the improvement of outcomes in the underserved Missouri patient populations. In my research and background review of the population of the rural and understand areas of Missouri, I didn't fully comprehend the true impact of these underserved populations upon our healthcare system. I thought the numbers were somewhat inflated. In the past 14 months, as a new FNP, I have come to realize how expensive and detrimental it is to have such such limitations to practice, as we have here in Missouri. Just in the 75+ referrals for specialty care, 65+ patients have been diagnosed with conditions such as cancer, hepatitis, as well as varying other chronic diseases. Those patients with cancer have typically been diagnosed with later stages and have had poorer outcomes than if they had received timely and consistent healthcare. These trends can be seen in all of our at risk, underserved populations and Missouri has 114 counties. only ONE is not a designated healthcare provider shortage area...The number of families in rural Missouri with disabled or chronically-ill adults is more than half of the population. Many of these disabilities and chronic illnesses/injuries occurred because there was a lack of primary and preventative medical care that has been bourne due to poor access to healthcare in our state. As a

result, many diseases and injuries are not controlled/managed at an early stage and this leads to complicated illness and injuries that eventually lead to disability. Early identification and treatment of health problems lead to improved patient outcomes. The reality of the situation is that physician shortage has been a growing problem in Missouri and is projected to reach a deficit of nearly 3000 by 2030. The physicians have no plan in place now or conceivably in the future that is going to rectify this situation within our lifetimes. The problem is systemic across the country. The common misconception is that all solutions have to come from physicians. For well over a century, nurses have provided amazing contributions to medicine and healthcare. APRNs stand ready to help here as well. The reality is that Missourians are dying of advanced chronic illness in numbers far more than in states that utilize advanced practice nurses to the full extent of their education. In nearly half of the country, advanced practice nurses are granted the ability to use their skills, background, education, and experience to provide care without the statutory encumbrances in place here in Missouri. When you add up the MD/DO population in Missouri it is around 14,000 by 2022 numbers. There are 14,000ish advanced practice nurses in Missouri as well. We are already here, many in practice, but limited in what we can do to help the population health problems that are the product of an overburdened health system, a complex and sickly population, and the statutory limitations HB 271 would eliminate. Half measures found in other APRN bills this legislative session fail to bring about the kind of statutory relief APRNs need to unlock their true potential. This is why HB 271 is vitally important and worth your support. This bill would be a major step forward in promoting increased access to healthcare and fostering improved health outcomes. It is empirically shown through countless economic and health studies that a healthier population brings a more resilient economy, increased revenue, increased state GDP and productivity. It results in better educational outcomes and dreams realized. I would greatly appreciate your support of this bill. It is the right path forward. I truly have a passion to help my Missouri patient population set and achieve overall health improvement goals. This bill would allow me to help in ways I am already allowed to do in states without all of these limitations. It would be excellent to provide equivalent care to those in my own community. Sincerely, Dawn Cavender-Erangey, MSN, APRN, FNP-BC



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n		·	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DAWN MCPHEETI	ERS		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: dmgf26@gmail.co	m	ATTENDANCE: Written	SUBMIT D 2/7/202	ATE: 3 7:18 AM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.

I fully support full practice this bill!



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO ☐	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DEBORAH BLINZI	LER		PHONE NUME	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: Blinzlerdj@centur	ytel.net	ATTENDANCE: Written	SUBMIT 0 2/7/202	DATE: 13 12:16 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.				

As a Nurse Practitioner in a rural area, I see how these requirements limit care. Emails sent with more details



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DEBRA CONNELL	-DENT		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: debbie.connellder	nt@gmail.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 1:40 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTER 610, RSMo.

This bill has my full support as an APRN



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DECARLA BUSH			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: Db29s@missouris	tate.edu	ATTENDANCE: Written	SUBMIT 0 2/6/202	DATE: 23 6:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1		,	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO ☐ F	OR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: DELILAH (LILA) PI	ENNINGTON		PHONE NUME 573-690-0	
BUSINESS/ORGANIZATION MISSOURI NURSE PRACTICE AUTHO	S ASSOCIATION, MISSO	OURI APRNS FOR FULL	TITLE: NURSE PI	RACTITIONER
ADDRESS: 8103 DEER HAVEN	N RD			
CITY: WARDSVILLE			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	OATE: 3 12:00 AM
THE INFORMAT	TION ON THIS FORM	IS PUBLIC RECORD U	NDER CHA	PTER 610 RSMo



BILL NUMBER: HB 271				ATE: /7/2023
COMMITTEE: Healthcare Reform	1		•	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO ☐ F	OR INFORMATI	ONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DEREK HENNIGH			PHONE NUMBER:	
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: derkhen@hotmail.	com	ATTENDANCE: Written	SUBMIT DATE 2/7/2023 1	1:25 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I'm an APRN board certified as a Psychiatric Mental Health Nurse Practitioner. I attended the University of Missouri Kansas City and I'm a multigenerational Missourian primarily working with rural Medicaid and Medicare patients. I love our state and I'm dedicated to providing cutting edge, evidence-based and cost-effective psychiatric care to our community. The current restrictions in place severely limit my ability to reach our most rural patients. While other peers have left our great state to work in more supportive environments, I have stayed because our community is in desperate need of mental health providers. Granting independent practice to Missouri APRNs will directly improve the lives of countless residents by providing them with access to cost-effective care and allowing us to work to the full level of our rigorous education. It is not hyperbole to say it will also save lives. Collaboration and teamwork will not end with independent practice. I believe it will be strengthened, evening the playing field and allowing us to work together as peers for the common goal of helping patients live life to the fullest. Thank you.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1		·	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: DEREK LEFFERT			PHONE NUMB 573-280-8	
REPRESENTING: ASSOCIATION OF	MISSOURI NURSE PR	ACTITIONERS	TITLE:	
ADDRESS: PO BOX 104853				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65110
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	OATE: 03 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.				



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DONALD LAYMAN	l		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: DonnyLayman@ya	ahoo.com	ATTENDANCE: Written	SUBMIT D 2/7/202	ATE: 3 12:29 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORD	UNDER CHAI	PTER 610, RSMo.

I fully support advance practice registered nurses.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1		•	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DOUGLAS BOULD	DIN		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:			•	
CITY:			STATE:	ZIP:
EMAIL: dougbouldin@hot	mail.com	ATTENDANCE: Written	SUBMIT D 2/6/202	OATE: 3 3:59 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORD	UNDER CHA	PTFR 610. RSMo.

Please vote pass, this will allow access to better healthcare for all in the State of Missouri.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: DR. JOANN FRAN	KLIN		PHONE NUME	BER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: Franklindnp@gma	il.com	ATTENDANCE: Written	SUBMIT [2/6/202	DATE: 23 10:06 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610 RSMo				

HB 271 would increase access to healthcare over the entire state which in turn improves healthcare. This bill is certainly reform at its best as it has no cost to patients or Missouri.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			ATE: /7/2023
COMMITTEE: Healthcare Reform		·	
TESTIFYING: ✓ IN SUPPORT OF	☐ IN OPPOSITION TO ☐ F	OR INFORMATI	ONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: ELISA COONROD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: elisacoonrod@ATT.NET	ATTENDANCE: Written	SUBMIT DATE 2/7/2023 9	: :12 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Please open the scope of practice for APRN's. I am a registered nurse of 40 years. One of my first jobs was RN Nurse Manager at LINK Clinic in Springfield. This clinic was created in 1992 BY the local community advocacy groups for Medicaid children. The providers were APRN's. At that time, pediatricians did not accept Medicaid newborns or Medicaid children as patients. All Medicaid children got preventive and illness related care at the local Emergency Rooms. in 1992, the advocacy groups saw the value of APRN's to give health care to everyone that needs it. The only thing that has changed is MORE people to serve. Please support HB 271, HB 329 and HB330. APRN's can do so much for the health of each community. Please let them. Elisa Coonrod, BSN RN



BILL NUMBER: HB 271			ATE: 1 7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING : ✓ IN SUPPORT OF	☐ IN OPPOSITION TO ☐	FOR INFORMATION	ONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: ELIZABETH RADCLIFF		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: eradcliff9@outlook.com	ATTENDANCE: Written	SUBMIT DATE 2/6/2023 5	:08 PM

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As an APRN student graduating in December 2023, I'm looking at prospective jobs at this time. I also live right on the Illinois/Missouri border. It's enticing to go practice in Illinois as an APRN due to the fact that APRNs can practice independently even though I would prefer to practice in my home state of Missouri. I know several of my other classmates feel the same way as well. HB 271 would increase access to healthcare over the entire state which in turn improves healthcare. All APRNs are educated to practice as independent practitioners — that is, without physician supervision or oversight — regardless of where they attend nurse practitioner school. This bill is certainly reform at its best as it has no cost to patients or Missouri as they are getting the same great access to healthcare, just more readily available.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ERIN DUVALL			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: rnerin2001@gmail	l.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 4:10 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTER 610, RSMo.

Access to healthcare for all



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		·	
TESTIFYING : ☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: FARHIYA ALEW		PHONE NUMB	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: fabdinoor@gmail.com	ATTENDANCE: Written	SUBMIT D 2/7/202	ATE: 3 7:13 AM
THE INCODMATION ON THE FORM	LIC DUBLIC DECOR	D LINDED CHA	DTED 640 DCMa

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

HB 271 would increase much need access to healthcare over the entire state of Missouri. This will help improve the overall health and wellbeing of our Missourians. This bill is certainly reform at its best as it has no cost to patients or Missouri.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n			•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOS	SES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: GALE MARIE SCH	ILOGL		PHONE NUM	IBER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL: gschlogl@yahoo.d	com	ATTENDANCE: Written	SUBMIT 2/6/20	DATE: 23 3:54 PM	
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I am in full support of MO APRNs having the ability to practice to the full extent of our education. Having a full practice authority removes barriers to health care and improves patient outcomes.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n			•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPC	SES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: GILBERT J GUTIE	RREZ		PHONE NUM	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL: ggutiernp@gmail.	com	ATTENDANCE: Written	SUBMIT 2/6/20 2	DATE: 23 8:09 PM	
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The time for APRNs in Missouri to have a bridge to open practice is long overdue. Our patients are suffering, our hospitals are suffering, all while we wait for change. Help us be the change that Midwestern medicine needs



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1		•	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: HALLEY KIM			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: halley.kim@firstch	nurchwg.org	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 10:13 AM
THE INCODIA	TION ON THIS EOD	MIC BUBLIC BECCE	D LINDED OLIA	DTED A4A DOM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I enthusiastically support this bill which would allow APRNs to function as they are trained to do without restrictive oversight and obstacles. I am an RN myself and know firsthand the level of skill that my APRN colleagues possess. As their title states, they are advanced practice professionals who don't need their hands held by physicians. Missouri's long history of insisting that physicians babysit APRNs is insulting to the profession and also harmful to patients, because it reduces the healthcare options available to our deserving citizens.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: HARKIRAN MARQ	UEZ		PHONE NUME	BER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: hjkaur01@gmail.c	om	ATTENDANCE: Written	SUBMIT [2/7/202	OATE: 23 4:32 PM
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Having had multiple surgical procedures with the anesthesia provider being a CRNA, I am confident in their ability to provide safe, compassionate, and cost-saving anesthesia care



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1		•	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: HEATHER FRIEND)		PHONE NUME	BER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: heather.friend@gn	nx.com	ATTENDANCE: Written	SUBMIT D 2/6/202	OATE: 3 1:08 PM
THE INFORMAT	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTFR 610, RSMo.

I am a licensed FNP through AANP with 11 year's nursing experience and I strongly support this bill and encourage this bill to be passed. This bill will increase the productivity and access to healthcare.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform				
TESTIFYING: ✓IN S	SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LOBBYIS	ST:			
WITNESS NAME: HEIDI GEISBUHLER SUTH	ERLAND		PHONE NUME 573-634-3	
REPRESENTING: MISSOURI CHAMBER OF (COMMERCE &	INDUSTRY	TITLE:	
ADDRESS: 428 EAST CAPITOL AVENUE				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	DATE: 13 12:00 AM
THE INFORMATION O	N THIS FORM	MIS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	}
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: HEIDI N. LUCAS			PHONE NUMB 573-636-46		
REPRESENTING: MISSOURI NURSE	S ASSOCIATION		TITLE:		
ADDRESS: 3340 AMERICAN A	AVE				
CITY: JEFFERSON CITY	,		STATE: MO	ZIP: 65109	
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	ATE: 3 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.	



hillarie70@hotmail.com

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: DATE: 2/7/2023 HB 271 COMMITTEE: **Healthcare Reform ✓** IN SUPPORT OF IN OPPOSITION TO FOR INFORMATIONAL PURPOSES **TESTIFYING: WITNESS NAME** INDIVIDUAL: WITNESS NAME: PHONE NUMBER: **HILLARIE GRAHAM BUSINESS/ORGANIZATION NAME:** TITLE: ADDRESS: CITY: STATE: ZIP:

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

ATTENDANCE:

Written

SUBMIT DATE: 2/6/2023 6:58 PM

As an APRN in the state of Missouri, I believe having autonomy would increase access of care to patients across the state. We provide excellent services and are well received by patients. I think it is completely feasible to have a 2 to 3 year "residency/internship" by completing a collaboration right after becoming board-certified. After that 2 to 3 period, it is completely appropriate for us to be able to practice without a collaboration agreement. We are knowledgeable and skilled, and deserve to practice at the highest level of our education.



h_gray8004@yahoo.com

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: DATE: 2/7/2023 HB 271 COMMITTEE: **Healthcare Reform ✓** IN SUPPORT OF IN OPPOSITION TO FOR INFORMATIONAL PURPOSES **TESTIFYING: WITNESS NAME** INDIVIDUAL: WITNESS NAME: PHONE NUMBER: **HILLARY GRAY BUSINESS/ORGANIZATION NAME:** TITLE: ADDRESS: CITY: STATE: ZIP: SUBMIT DATE: 2/6/2023 6:50 PM EMAIL: ATTENDANCE:

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Written

I have been a practicing APRN for 8 years. I have experienced periods of time in which APRNs could not be hired because there were not enough collaborating physicians. That became a huge barrier to client care because of increased wait times. The inability to have full prescription authority also increases wait times for prescriptions, pending physician approval. Over the past 8 years, I have developed strong collaborations with both APRNs and physicians. I know that if there is the opportunity for independent practice, I have vast resources for support and collaboration.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n		·	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: HOLLY KIRKPATE	RICK		PHONE NUMBI	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: hollybeth226@gm	nail.com	ATTENDANCE: Written	SUBMIT DA 2/6/2023	ATE: 3 6:18 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES	;
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: JACKIE FERGUSO	DN		PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: nursejacque24@g	mail.com	ATTENDANCE: Written	SUBMIT 0 2/6/202	DATE: 13 2:30 PM	
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo	

Decreasing limitations for Nurse Practitioners and expanding the practice of all Advanced Practice Nurses will only increase patient access to high quality care and thus improve patient outcomes across healthcare.



the APRN for others to reap benefit.

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JAIME RENFRO			PHONE NUM	MBER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: fit4dutyrn@gmail.	com	ATTENDANCE: Written	SUBMIT 2/6/20	DATE: 123 8:23 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

APRNs have the ability to care for patients within their scope of practice with the same level of authority as physicians. However physicians continue to capitalize earnings from the APRN. The restrictions currently in place continue healthcare access restrictions to many Missourians. APRNs are often referred to as necessary and respected by physicians. There should not be leverage placed on



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING: ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMAT	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: JANEICE HUKILL		PHONE NUMBER	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: janeicehukill@gmail.com	ATTENDANCE: Written	SUBMIT DAT 2/6/2023	9:17 PM

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The collaborative practice rule caused me to close my practice where I was seeing home bound people in their homes. I lost my collaborating physician and had to close it down. This legislation is hurting the poorest and sickest people in Missouri. It's time to remove these barriers to quality care by nurse practitioners in Missouri.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	1			•	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPC	SES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: JANET SAMUELS			PHONE NUM	IBER:	
BUSINESS/ORGANIZATIO	N NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL: grover1950@yaho	o.com	ATTENDANCE: Written	SUBMIT 2/6/20	DATE: 23 9:04 PM	
THE INFORMAT	TION ON THIS FORM	MIS PUBLIC RECOR	D LINDER CHA	DTER 610 PS	Mo

This was my statement feel free to use HB 271 would increase access to healthcare over the entire state which in turn improves healthcare. This bill is certainly reform at its best as it has no cost to patients or Missouri. Thank you



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JARYN BLACK			PHONE NUM	BER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: jaryn.black@live.c	om	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 23 11:05 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

My name is Jaryn Black and I live and practice in rural northwest Missouri. I recently moved back to my hometown after spending the past two years practicing in Illinois. The lack of access to health care in the area is astounding. As and urgent care provider I am frequently having to step into more of a primary care role than you would expect in my position as they have no one. Many times waits to see their primary care is over a month in this area or they can't see one consistently because they are here and gone within a year or two. In a single week I was forced with telling 3 people they had cancer. These were all progressed cancers that should have been picked up on routine screenings. Having these hard conversations has highlighted to me how truly desperate the lack of access to health care is in rural Missouri. I am no neurosurgeon, however my colleagues and I are very capable of practicing to the full extent of our training to give them access to a provider. I may have no formal residency but I did have 13,000 or more hours at the bedside prior to my 400 plus clinical hours during my APRN training. Even if the access to care is not an issue in your area it is an issue for many Missourians. Missouri ranks 42nd in health, Missourians deserve better. They deserve to be able to see their provider and get the care they deserve. Nurse Practitioners consistently score high in patient satisfaction and health outcomes in states that have adapted full practice authority, it's time for Missouri to move forward and give the people a chance to improve their health.



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform			•
TESTIFYING: ✓IN SUPP	ORT OF IN OPPOSITION	ON TO FOR INFORM	MATIONAL PURPOSES
	WITNESS NAM	ΛE	
BUSINESS/ORGANIZATION	٧:		
WITNESS NAME: JAY HARDENBROOK		PHONE NUM 816-810-2	
BUSINESS/ORGANIZATION NAME: AARP		TITLE:	
ADDRESS: 4031 PARKER AVE		•	
CITY: ST. LOUIS		STATE: MO	ZIP: 63116
EMAIL: jhardenbrook@aarp.org	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 23 3:25 PM
THE INFORMATION ON TH	IIS FORM IS PUBLIC R	ECORD UNDER CHA	APTER 610, RSMo.

Consumers need access to quality, affordable care. APRNs will be able to provide high-quality primary care in more places if the burdensome regulations they currently operated under are lifted.



HB 271 COMMITTEE:				2/7/2023
Healthcare Reforn	n			
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JEANETTA STOM	ER		PHONE NUME	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: jeanetta.stomer@g	yahoo.com	ATTENDANCE: Written	SUBMIT 0 2/7/202	DATE: 1 3 4:34 AM
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I support this bill



BILL NUMBER: HB 271			DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			•	
TESTIFYING: VIN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES	;
	WITNESS NAME			
INDIVIDUAL:				
WITNESS NAME: JENNIFER MCCULLOUGH		PHONE NUM	BER:	
BUSINESS/ORGANIZATION NAME:		TITLE:		
ADDRESS:		·		
CITY:		STATE:	ZIP:	
EMAIL: jennifermccullough89@hotmail.com	ATTENDANCE: Written	SUBMIT 2/6/202	DATE: 23 10:14 PM	
THE INFORMATION ON THIS FO	RM IS PUBLIC RECO	RD UNDER CHA	PTFR 610, RSMo.	

I am in favor of HB 271 because nurse practitioners provide outstanding care to patients and should not be restricted to practice in any way.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	l		·	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: JEREMY CADY			PHONE NUMB	ER:
REPRESENTING: AMERICANS FOR I	PROSPERITY		STATE DIF	RECTOR
ADDRESS: PO BOX 94				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT D. 2/7/202 3	ATE: 3 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHAI	PTER 610, RSMo.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1		·	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JESSICA HAYLES			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: jlhayles1@hotmail	l.com	ATTENDANCE: Written	SUBMIT D 2/6/202	OATE: 3 7:39 PM
THE INFORMAT	TION ON THIS FORM	I IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo

This was my statement feel free to use HB 271 would increase access to healthcare over the entire state which in turn improves healthcare. This bill is certainly reform at its best as it has no cost to patients or Missouri. Please vote in support of this!



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JESSICA HENMAN	ı		PHONE NUM	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: jessica@henmanf	amily.com	ATTENDANCE: Written	SUBMIT 2/6/20	DATE: 23 6:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

I am a master's prepared, licensed, 26-year experienced Certified Nurse Midwife. I live on the edge of three counties that don't have ANY full time obstetric providers. I can't go there because of collaborative practice limitations- basically because there aren't already doctors there. This is shameful! Please allow qualified professionals to provide care to more Missourians.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	BBYIST:			
WITNESS NAME: JESSICA PABST			PHONE NUMB 573-690-45	
REPRESENTING: MISSOURI HOSPITA HEALTHCARE SYS	AL ASSOCIATION, UN TEM	IVERSITY OF MO	TITLE:	
ADDRESS: 217 E CAPITOL				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	ATE: 3 12:00 AM
THE INFORMAT	ION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHAI	PTER 610 RSMo



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: JIM WALLIS			PHONE NUME 618-975-0	
BUSINESS/ORGANIZATIO CHESTNUT HEALT			DIRECTOI DEVELOP	R BUSINESS MENT
ADDRESS: 10670 BUSINESS 2	21			
CITY: HILLSBORO			STATE: MO	ZIP: 63050
EMAIL:		ATTENDANCE:	SUBMIT 0 2/7/202	DATE: 23 12:00 AM
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BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING: ✓ IN SUPPORT OF	IN OPPOSITION TO	FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: JOLYNN BRILES		PHONE NUMBER	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jolynnjb@yahoo.com	ATTENDANCE: Written	SUBMIT DA 2/6/2023	TE: 8:23 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I have been in healthcare for over 20 years and for the majority of that career worked in states that allowed me to work to the full extent of my training without mandatory external oversight. I moved to MO a year ago and since that time have opted not to practice as a NP but to focus on the operational side of healthcare due to the scope limitations and confusing laws regarding over site. I always want to ensure I'm practicing safely and often collaborate with other providers of all specialties as do physicians. I know my scope and training and would love to serve communities that are struggling to have healthcare access in MO. My vote is that MO align with other states to provide greater access to care, decreased cost, and continued quality in care.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: JULIANNE OWEN	CASE		PHONE NUMBE	R:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	•
EMAIL: juliannecowen@g	mail.com	ATTENDANCE: Written	SUBMIT DA 2/6/2023	ATE: 8 9:36 PM	•
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ORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Nurse practitioners are trained and licensed to provide care independent of a physician. They appropriately collaborate with physicians and other members of the healthcare team as all members of a healthcare team should and do, and do not require a legal document binding them to oversight by a physician to practice within their scope. The requirement of a collaborating physician impedes patient access to healthcare providers. Research has proven the safety and effectiveness of nurse practitioners practice and it is the duty of the state to cease impeding full practice authority and allow nurses to practice to the full extent of their education, training, and licensure.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			•
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JULIE CRAMER			PHONE NUM	IBER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: wildchick3100@ya	ahoo.com	ATTENDANCE: Written	SUBMIT 2/6/20	DATE: 23 5:03 PM
THE INFORMA	TION ON THIS FORM	IS PUBLIC RECOR	D UNDER CHA	APTER 610. RSMo.



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform			
TESTIFYING : ☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: KAREN GREGORY		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: karen.m.gregory@sbcglobal.net	ATTENDANCE: Written	SUBMIT DA 2/6/2023	ATE: 3 6:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: KAREN WHITE			PHONE NUMI 573-663-2	
BUSINESS/ORGANIZATION MISSOURI HIGHLA	ON NAME: ANDS HEALTH CARE		TITLE: CEO	
ADDRESS: PO BOX 157				
CITY: ELLINGTON			STATE: MO	ZIP: 63638
EMAIL:		ATTENDANCE:	SUBMIT 2/7/202	DATE: 23 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		·	
TESTIFYING: ✓ IN SUPPORT OF	☐ IN OPPOSITION TO ☐	FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: KARIN BAUGHMAN		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kbaughman050@gmail.com	ATTENDANCE: Written	SUBMIT DA 2/5/2023	ATE: 3 7:38 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Re:HB 271Honorable Committee Members,I am writing in support of HB 271 and it's component parts. As a practicing PMHNP (Psychiatric Mental Health Nurse Practitioner) for the past 6.5 years, I have experienced several periods during which my job and those of my peers were threatened due to the potential loss of our mutual collaborator. Within our organization collaborators are not required to participate in collaborative relationships/contracts. The loss of a participating collaborative associated with the maximum of 6 nurse practitioners causes an immediate threat to patient care for up to 5000-6000 clients. Thankfully, each of the threatened crises have been positively resolved and a replacement collaborative located; however, these threats were vital reminders of the precarious requirement. As a doctorally-prepared professional, I can scarcely imagine another similarly prepared professional being limited in their ability to deliver services by the availability of a second party gate-keeper. Our current laws do not require this of pharmacists, speech therapists, educators, physical therapists etc.Please consider the written and personal testimony before you in support of this bill, allowing Advanced Nurse Practitioners to practice at the full level of their educational preparation. Passing this bill will maximize delivery of quality health care to Missouri citizens. Thank you for your consistent,Best Regards,Karin Baughman DNP, APRN,PMHNP-BC



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: KATHI HARNESS			PHONE NUME 573-353-4	
REPRESENTING: NATIONAL COUNC	CIL OF STATE BOARD	S OF NURSING	TITLE:	
ADDRESS: PO BOX 2302			·	
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/7/2023 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	1		·		
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMA	ATIONAL PURPOS	3ES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: KATHLEEN HAYC	RAFT		PHONE NUMB	ER:	
BUSINESS/ORGANIZATIO	N NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: kathleenhavcraft@	vahoo.com	ATTENDANCE: Written	SUBMIT D. 2/6/202	ATE: 3 7:16 AM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

APRNs have been in America for decades. At a time when health care providers are reaching critical shortages, APRNs can help provide much needed care to both rural and urban underserved areas. This is not a turf battle. Patients in the health care desserts in Missouri need access to care. When you look at Missouri has some of the worst health care outcomes in Missouri. Every state contiguous to Missouri has a better access to APRN care with associated improved health care outcomes. If you focus on the Missouri citizens...you will come to one conclusion improve patient care by allowing APRNs to provide health care in the areas with profound lack of access. This bill will reduce and not increase costs to Missouri and its citizens. These changes will happen. I hope you are on the right side of history and vote yes to HB271



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			DATE: 2/7/2023		
COMMITTEE: Healthcare Reform					
TESTIFYING : ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES		
	WITNESS NAME				
INDIVIDUAL:	NDIVIDUAL:				
WITNESS NAME: KATHLEEN PATEL, MSN, FNP-C		PHONE NUM	BER:		
BUSINESS/ORGANIZATION NAME:		TITLE:			
ADDRESS:					
CITY:		STATE:	ZIP:		
EMAIL: kebraznell@gmail.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 23 7:48 AM		

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am an Advanced Practice Registered Nurse, Family Nurse Practitioner in St. Louis writing in support of HB271. In my nearly 10 years as a Family Nurse Practitioner, I have seen the restrictive laws in Missouri prevent many Missourians from receiving the timely, high quality healthcare they deserve. During the height of the pandemic, I witnessed Urgent Care Centers unable to care for patients because they did not have a physician collaborator within the restrictive distance. I personally stopped working in the Urgent Care setting in May of 2020 because of complications with a collaborative practice agreement. This was a time when experienced nurse practitioners were needed most, especially in an urgent care setting. The company I worked for wanted me to continue seeing patients even though my collaborating physician was no longer with the company and I did not have a new one yet. The need was so great as there were SO many patients who needed to be seen, but the situation did not satisfy the rules of the current Missouri laws, so I was not able to treat these patients. Situations like this contributed to long wait times and closure of some clinics. The high quality care I provide patients would have been the same, whether or not there was a piece of paper signed by a physician.Removing the current restrictions would allow APRNs to provide the high quality care that residents of Missouri deserve. Supporting House Bill 271 will improve access to healthcare for all Missourians and will not cost tax payers anything. If you have any questions regarding Advanced Practice Registered Nurses, I would be more than happy to discuss this with you further.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n		·	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: KATHRINE STIPA	NOVICH		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: katie.jean.np@gm	ail.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 4:54 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTER 610, RSMo.

This would increase access to healthcare at no additional cost.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: KATHY FORSON			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: ozwiz127@yahoo.	com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 6:18 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTER 610. RSMo.

NPs in Missouri need Full Practice Authority to help Missourians gain improved access to care.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DAT 2/7	ге: 7/2023
COMMITTEE: Healthcare Reform				•	
TESTIFYING:	IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFO	RMATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:	NDIVIDUAL:				
WITNESS NAME: KELLI MARIE CASH			PHONE N	NUMBER:	
BUSINESS/ORGANIZATION NA	AME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: kellimariew@yahoo.c	om	ATTENDANCE: Written	SUB 2/6	MIT DATE: / 2023 10	:34 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am writing in support of HB 271 which would give Advanced Practice Registered Nurses in the state of Missouri full practice authority. I have been a Family Nurse Practitioner (FNP) for over 13 years of which I have practiced most of the last 7 years as the only full-time healthcare provider at the primary care clinic where I have been employed. As I'm sure you are aware, there are a multitude of studies revealing care from Advanced Practice Nurses across varied healthcare settings, but especially in primary care, that is comparable if not superior to their physician counterparts. Advanced Practice Nurses consistently provide safe, high quality care. I am proud to say that patient satisfaction scores for my clinic were often in one of the top spots out of all of the BJC medical group primary care clinics. It is worth noting that my stiffest competition was another clinic with an FNP as the primary provider. We hold ourselves to a very high standard, knowing as nurses we are one of the most trusted professions. Advanced Practice Nurses are a vital part of healthcare. We are highly trained professionals who currently are not able to practice to the full extent of our training. While we very much value and respect our physician colleagues within the healthcare team, and will continue to collaborate with them in a professional manner, our professional practice does not require restrictive collaboration with physicians or oversight. With full practice authority, Advance Practice Nurses would be able to improve healthcare in Missouri by providing a broader reach of services in many areas where there are access issues for care.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			•
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: KENDRA RASMUS	SSEN		PHONE NUMI	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: beyond_blessed8	5@yahoo.com	ATTENDANCE: Written	SUBMIT 2/6/202	DATE: 2 3 11:54 PM
THE INFORMA	TION ON THIS FORM	IS PUBLIC RECORD	UNDER CHA	PTER 610, RSMo.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPO	SES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: KERI SUTTON			PHONE NUM	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: ksutton@kare-hea	alth.com	ATTENDANCE: Written	SUBMIT I 2/6/202	DATE: 23 5:43 PM	
THE INFORMAT	TION ON THIS EOD!	MIS DUBLIC PECOP	D LINDED CHA	DTED 610 DQ	Mo

I am an NP that owns and operates an independent practice. I have had issues with finding collaborative physicians and without them I cannot keep my practice open and serve the thousands of patients we have. Please support independent NP practice!



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: KERRI HARKNESS	5		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: kerri.harkness.np(@gmail.com	ATTENDANCE: Written	SUBMIT D 2/7/202	ATE: 3 9:49 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORD	UNDER CHAI	PTER 610, RSMo.

I fully support HB 271 - Riley - ADVANCED PRACTICE REGISTERED NURSES



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			ATE: /7/2023	
COMMITTEE: Healthcare Reform		•		
TESTIFYING : ✓IN SUPPORT OF	☐ IN OPPOSITION TO ☐ F	OR INFORMATI	ONAL PURPOSES	
	WITNESS NAME			
BUSINESS/ORGANIZATION:				
WITNESS NAME: KIMBERLEY ANDERSON		PHONE NUMBER: 816-792-1792		
BUSINESS/ORGANIZATION NAME: MISSOURI AFFILIATE OF THE AMERICAN COLLEGE OF NURSE- MIDWIVES		TITLE: RN CNM MSN	ı	
ADDRESS: 717 RIDGEWAY DR				
CITY: LIBERTY		STATE: MO	ZIP: 64068	
EMAIL: kimmidwife@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE 2/7/2023 3		

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

House Healthcare Reform Committee, I am writing in support of HB 271. I have been a Certified Nurse-Midwife/APRN for 23 years in a variety of practice setting from rural to urban. I also am Vice-president of the Missouri Affiliate of the American College of Nurse-Midwives, the Professional organization for Certified Nurse-Midwives-which also supports HB 271. As of August 2022, there are 132 accredited CNM's in the State of Missouri. Unfortunately, due to the collaborative agreement requirement and other restrictions in place, many of these Midwives practice in Kansas and Illinois-where they have full practice authority or are not practicing at all. Women's health services delivered by nurse practitioners (NP) and certified nurse-midwives (CNM) are safe and effective, often providing a crucial point of access in underserved regions. However, restrictive and unnecessary regulatory requirements, such as collaborative practice agreements, create artificial barriers to practice. A 2020 study from the Journal of Midwifery and Women's Health found that the median fees to establish a collaborative agreement range from \$30-\$3000 with a monthly fee to maintain a collaborative agreement ranged from \$100-\$2000. NPs and CNMs working in rural areas and remotely are more likely to encounter barriers to practice. In Missouri, these barriers include mileage restrictions, practice time with the collaborating physician and chart reviews. Similarly, the loss or lack of supervising physicians and fees were also identified as impediments to care. You may be aware that there are many rural counties that lack Primary care—even more lack obstetrical care services. As the Governor stated in his State of the Union address, Missouri ranks 44th in the Nation for maternal mortality from birth to 1 year postpartum. Data has shown Missouri has a maternal mortality rate of about 25.2 mothers' deaths per 100,000 live births, with black mothers dying at a higher rate. This committee will probably hear opposition for this bill from Obstetricians and Gynecologists. But a Joint Statement of Practice Relations between the American College of Obstetricians and Gynecologists and the American College of Nurse-Midwives states: ACOG and ACNM believe health care is most effective when it occurs in a system that facilitates communication across care settings and among clinicians. Obgyns and CNMs are experts in their respective fields of practice and are educated, trained, and licensed independent clinicians who collaborate depending on the needs of their patients. These clinicians practice to the full extent of their education, training, experience, and licensure and support team-based care. ACOG and ACNM advocate for health care policies that ensure access to appropriate levels of care for all women. Quality of care is enhanced by collegial relationships characterized by mutual respect and trust; professional responsibility and accountability; and national uniformity in full practice authority and licensure across all states. Removing unnecessary regulatory requirements permits NPs and CNMs to be full market participants, thereby allowing them to address health care disparities in women's health and primary care settings. Thank You. Kim Anderson RN CNM MSN



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n		•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: KIMBERLY BLACE	Κ		PHONE NUMBE	R:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: kimberly.lucille@g	gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:08 PM	
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THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

As an advanced practice nurse practitioner in mental health- passage of this bill would allow myself and other providers like me to practice to the maximum extent of our education. To allow us to participate in productive and voluntary collaboration. To allow us to help fill the gap in care - " there are not enough psychiatrists to go around"- stated by my collaborating psychiatrist. To reduced patient cost and state cost. Overall, improve patient care, safety and satisfaction.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOS	3ES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: KRISTEN RIDER			PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: ATTENDANCE: Written			SUBMIT 0 2/6/202	OATE: 23 7:47 PM	
THE INCORMA	TION ON THIS EOD!	MIS BURLIC BECOR	D LINDED CHY	DTED 610 DCM	10

HB 271 would significantly impact the lives of so many Missourians who do not have access to care. I work in a rural area, and people have to drive hours for healthcare. This would improve lives, likely cut down on overall healthcare costs by increasing access and preventative care



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOS	SES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: KRISTIN ELIZABE	TH GROSSMAN		PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: kristingrossman8(@gmail.com	ATTENDANCE: Written	SUBMIT 0 2/6/202	DATE: 23 9:48 PM	
THE INFORMA	TION ON THIS FORM	MIS BURLIC PECOP	D LINDED CHY	DTED 610 DOM	

I am in support of FPA for APRNS in MO. I have been an APRN for 8 years now and this would be such an accomplishment for our state. It would be so helpful for myself and my colleagues and allow us to expand our care to serve more individuals in need.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: LACI DONNELLY			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:			•	
CITY:			STATE:	ZIP:
EMAIL: lacimae83@gmail.	com	ATTENDANCE: Written	SUBMIT E 2/6/202	OATE: 13 1:30 PM
THE INFORMAT	TION ON THIS FORM	I IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo

HB 271 would increase access to healthcare over the entire state which in turn improves healthcare for the peopleOf Missouri. This bill is certainly reform at its best as it has no cost to patients or Missouri.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: LATOYA			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: latoyacomptonfnp	@gmail.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 6:48 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORE	UNDER CHA	PTER 610, RSMo.

Please help bring healthcare to the underserved by passing this bill!



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DAT 2/7	ге: 7/2023
COMMITTEE: Healthcare Reform				•	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFO	RMATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: LAURA CHIPMAN-	THIEM		PHONE	NUMBER:	
BUSINESS/ORGANIZATION	N NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: ljthiem@yahoo.com	n	ATTENDANCE: Written		MIT DATE: /2023 6:4	47 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am an Advanced Practice Registered Nurse (APRN), family nurse practitioner (FNP) and psychiatric mental health nurse practitioner (PMHNP) practicing in a rural health clinic in an area of the state that is designated by the federal government as a healthcare provider shortage area. I have worked in rural health clinics in Missouri since 1996. My initial educational preparation for advanced practice as a FNP was a master's degree. Seeing a need for psychiatric services in Missouri. I completed a certificate program for Adult PMHNP program. I later completed my Doctor of Nursing practice with a focus on Lifespan/Family psychiatric-mental health nurse practitioner to address the psychiatric needs of children and adolescents. In each program I focused on evidence-based practice to meet the needs of Missourians in rural and underserved areas. I am in support of HB 271 because I have seen the hardship and poor health outcomes throughout the rural, underserved areas of our state. The number of families in rural Missouri with disabled or chronically ill adults is more than half of the population related to lack of primary and preventative medical care. As a result, many diseases and injuries are not controlled/managed at an early stage which can lead to complicated illness and injuries and eventually disability. Early identification and treatment of health problems improves patient outcomes. The physician shortage is a growing problem in Missouri and is projected to reach a deficit of nearly 3000 by 2030. The health care provider shortage is systemic across the country but cannot be solved by physicians alone. For well over a century, nurses have provided amazing contributions to healthcare. APRNs are prepared to provide preventative, primary, secondary, and tertiary care as well. Missourians are dying of advanced chronic illness in numbers far more than in states utilizing APRNs who are practicing to the full extent of their education. In over half of the United States, APRNS have the authority to use their education, skills, background, and experience to provide care without the statutory encumbrances present in Missouri. I am licensed in three states (Kansas, Nebraska, and Arizona) with full practice authority. My knowledge and skills are not diminished when I enter Missouri! There are approximately 14,000 APRNs in Missouri who are limited in what they can do to help ailing Missourians. HB 271 would eliminate statutory encumbrances thus improving Missourians access to care. While I live 10 miles from the Kansas state line and could open my own practice in that state, I would not be able to serve my current Missouri Medicaid patients who are some of the most vulnerable. HB 271 would be a major step forward in promoting increased access to healthcare and fostering improved health outcomes. The data reveals, through countless economic and health studies, that a healthier population brings a more resilient economy, increased revenue, increased state GDP and productivity. A health population improves educational outcomes and realized dreams. I sincerely appreciate your support of HR 271. Please don't hesitate to reach out to me if you have any questions about APRNs.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271					DATE: 2/7/2023
COMMITTEE: Healthcare Reform					
TESTIFYING:	✓ IN SUPPORT (DF □IN OPPO	SITION TO	FOR INFORMAT	TIONAL PURPOSES
		WITNESS	NAME		
INDIVIDUAL:					
WITNESS NAME: LAURA KUENSTING	 G			PHONE NUMBER	₹:
BUSINESS/ORGANIZATION	NAME:			TITLE:	
ADDRESS:					
CITY:				STATE:	ZIP:
EMAIL: laura@kuensting.ne	et	ATTENDANC Written	E:	SUBMIT DAT 2/7/2023	
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Bill Number:	HB271Date	e :	02-	07-23Witness Na	ame: Laura L.
Kuensting, DNP, AP	RN, PCNS-BC, CI				Horseshoe Ridge
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education at one- or five-year intervals. If an APRN has more than one certification, the APRN must prove continuing education for each certification. Of note, while an APRN student is in training, he/she is practicing as an RN or APRN. In today's computerized climate, most graduate nursing programs are offered as on-line and distance-mediated programs. The on-line and distance-mediated programs allow for an RN or APRN to remain working in their communities while furthering their education. With current technologies, the on-line component includes all didactic information being offered in a virtual classroom environment, allowing for synchronous (live) or asynchronous (not live) formats. For learning hands-on skills, an "on campus" component is required. During on-campus requirements. students engage in simulation training of necessary skills and receive faculty evaluation of expected basic skills. In fact, the National Organization of Nurse Practitioner Faculties (NONPF) now requires live faculty evaluations of APRN students by using an Objective Structured Clinical Exam (OSCE) format for various skills. The OSCE was adapted from military, airline, and medical school training evaluations and has become a standard in the training of APRNs. Finally, as an APRN educator, I was contacted each semester by healthcare organizations such as CHIPS, St. Louis County Department of Health, St. Louis City Department of Health, the St. Louis Effort for AIDS, and many more. All these organizations requested help from our APRN faculty and APRN students to perform school physicals, sports physicals, diabetes control, sexually transmitted infection testing and treatment, mental health screenings and more. At the University of Missouri-St. Louis, there are seven full-time faculty and several part-time faculties who are all nurse practitioners. All the nurse practitioner faculties have many years of experience as an RN and a minimum of ten-years of experience as an APRN. Our nurse practitioner faculty were willing and able to help these organizations by performing exams and/or supervising students who have had the training in the requested service. However, due to the current restrictions in practice, we were unable to help these organizations. Likely, some unnecessary costs were accrued when more expensive venues (such as emergency departments or urgent care centers) may have been utilized to provide care. In summary, as a 35-year veteran nurse and 30-year veteran advanced practice nurse, I am asking for your support of HB271. The reduction in practice restrictions in this bill would allow us to increase consumer access to care, namely: • School and sports physicals (could be) readily available • Maternal care (could be) enhanced and possibly reduce our state's high maternal and infant mortality rates. Sexually transmitted infection testing and treatment (could be) markedly improved and remove St. Louis from having the highest chlamydia and gonorrhea rates in the country • Mental health screenings and referrals (could be) enhanced, and so much more. If our current practice restrictions were reduced, APRN students would have an opportunity to be directly mentored by and work with their faculty in the clinic setting, enhance their advanced assessment and intervention skills, and become increasingly comfortable working with vulnerable populations. Faculty would be able to provide a needed service to our medically underserved populations and serve as a role model to our students. But most importantly, our communities would benefit from improved access to healthcare resulting in better health outcomes and lower costs for the care delivered. Thank you for considering HB271.



Ltripp8403@yahoo.com

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: DATE: HB 271 2/7/2023 COMMITTEE: **Healthcare Reform ✓** IN SUPPORT OF ☐ IN OPPOSITION TO FOR INFORMATIONAL PURPOSES TESTIFYING: **WITNESS NAME** INDIVIDUAL: WITNESS NAME: PHONE NUMBER: **LAUREN TRIPP BUSINESS/ORGANIZATION NAME:** TITLE: ADDRESS: CITY: STATE: 7IP· SUBMIT DATE: 2/6/2023 3:52 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

ATTENDANCE:

Written

HB 271 would increase access to healthcare over the entire state which in turn improves healthcare, at no cost to patients, or the state. It would remove barriers that patients currently face, over half of the country has already granted full practice authority to nurse practitioners allowing them to continuously provide high quality care. "FPA is a critical achievement for these states. Having full practice authority improves access to care, especially in underserved areas; it streamlines care and makes care delivery more efficient; it decreases costs by removing duplication of services and billing costs associated with outdated physician oversight; and it protects patient choice. The results of enacting FPA speak for themselves. Research shows that states with Full Practice Authority laws are ranked among those with best access to care in the nation. In fact, in George Mason University's "Healthcare Openness and Access Project 2020: Full Release" research paper, 19 of the ranked highest for access are states with **Full Practice Authority laws."**



BILL NUMBER: HB 271				DATE: 2/7/2023	
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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOS	SES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: LAURIE SPARR			PHONE NUMBE	ER:	
BUSINESS/ORGANIZATIO	N NAME:		TITLE:		
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL: laurie_js@yahoo.c	com	ATTENDANCE: Written	SUBMIT DA 2/5/2023	ATE: 8 8:02 PM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Dear Chairman and House of Representatives,I am a doctoral prepared certified family nurse practitioner (DNP, FNP-C). I have worked in rural MO for a Federally Qualified Health Center. I helped open the first school-based health clinic in Waynesville, MO. I commuted from St. Louis to Waynesville weekly for 4 years. I helped increase access to healthcare for students and adults connected with the school district. In this position I was required to have a collaborative practice agreement (CPA) with a physician. This requirement limited the type of patients I was able to treat as the physician was required to agree to oversee that type of care for patients he may not typically care for, for instance patients with substance use disorder. I support HB 271 as it will increase access to healthcare for Missourians. HB 271 removes barriers to healthcare by allowing APRNs to work to the fullest scope of their practice. Removal of barriers increases access to healthcare for all Missourians which increases the health of Missourians. Increasing access to healthcare, including primary care, in turn decreases the cost of healthcare for Missouri. I support HB 271 to increase access to healthcare for all Missourians and improve the health of Missourians. Respectfully, Laurie Sparr DNP, APRN, FNP-C



BILL NUMBER: HB 271			DAT 2/7	TE: 2/2023
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WITNESS NAME: LAYNA MARIE BRANTNER		Р	HONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		Т	ITLE:	
ADDRESS:				
CITY:		S	TATE:	ZIP:
EMAIL: laynakramme@hotmail.com	ATTEND Writte		SUBMIT DATE: 2/6/2023 6:	37 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am a PMHNP in Branson, MO. There is a huge deficit of mental health care throughout the entire state, but especially in our rural communities. I love my collaborator, Dr. Shahid Insaf. I'm so grateful to have his collaboration. I support freeing up the limitations on the collaborator agreements. I do believe as a new graduate the oversight of the collaborator is imperative. For those with more than 3-5 years experience, I support more independent practice.



BILL NUMBER: HB 271				DATE: 2/7/2023
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REGISTERED LO	DBBYIST:			
WITNESS NAME: LEANN CHILTON			PHONE NUME 314-495-5	
REPRESENTING: BJC HEALTHCARE	=		TITLE:	
ADDRESS: 4901 FOREST PAR	K AVE.			
CITY: ST. LOUIS			STATE: MO	ZIP: 63129
EMAIL:		ATTENDANCE:	SUBMIT 0 2/7/202	DATE: 13 12:00 AM
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BILL NUMBER: HB 271				DATE: 2/7/2023	
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WITNESS NAME: LINDA CLIMER			PHONE NUM	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: Iclimer400@aol.co	om	ATTENDANCE: Written	SUBMIT 2/6/20	DATE: 123 2:12 PM	
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BILL NUMBER: HB 271			DATE: 2/7/2023
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WITNESS NAME: LISA CROWLEY		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Icrowley14@yahoo.com	ATTENDANCE: Written	SUBMIT DA 2/6/2023	ATE: 3 12:56 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Soon to graduate with doctorate in nursing and become a PMHNP. The citizens of Missouri need our help desperately. Scientific evidence shows NPs provide very safe, excellent, even exceptional care. We are safe, we are prepared, capable, and willing! Please grant Full Practice Authority. The research I've done proves our citizens need help, they need us. Please don't deny them the compassionate, competent, care they deserve! We will all be a healthier state and country, together, working towards healthier, happier, more productive and fulfilling lives!



BILL NUMBER: HB 271				DATE: 2/7/2023	
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WITNESS NAME: LORA FEISTEL SI	итн		PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: lorasmithfnp@gm	ail.com	ATTENDANCE: Written	SUBMIT I 2/6/202	OATE: 23 9:45 PM	
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APRNs do not claim to be physicians. We know the scope of care we are trained to provide. We can improve access to essential care for Missourians. We are not against working with physicians, when they are available and willing, but we oppose constraints that tie our hands on providing better access to care where its needed most!



BILL NUMBER: HB 271				ATE: 7/2023
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: LOREN M HAYES			PHONE NUMBER:	
BUSINESS/ORGANIZATION	N NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: Ihayhayhay@gmail	l.com	ATTENDANCE: Written	SUBMIT DATE 2/6/2023 1 :	
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BILL NUMBER: HB 271				DATE: 2/7/2023
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: MANDY HAGSETH	!		PHONE NUMB 573-636-4	
REPRESENTING: MISSOURI FAMILY	HEALTH COUNCIL		TITLE:	
ADDRESS: 1909 SOUTHRIDGI	E DR			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65110
EMAIL:		ATTENDANCE:	SUBMIT I 2/7/202	DATE: 23 12:00 AM
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MISSOURI HOUSE OF REPRESENTATIVES

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BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1			
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: MARY SUSAN DAV	WSON, EDD, PMHNP-BO	;	PHONE NUM	BER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: rnprof2@gmail.cor	n	ATTENDANCE: Written	SUBMIT 2/6/20	DATE: 23 12:42 PM
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THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

My career has spanned 50 years in nursing and 30 years in advanced practice. I am also actively licensed in lowa and Illinois. Neither of those states require a collaborator or any schedule 2 medication restrictions. It is ironic that I have to pay someone to practice in my home state, but can and do safely provide care in 2 neighboring states on my own. And have done this for a number of years without any lawsuits or jeopardy. Please provide services to Missouri patients with nurse practitioner free practice. We already have DEA, Affordable Care Act regulations, and Board of Nursing requirements to supervise us.Thank you



BILL NUMBER: HB 271			DATE: 2/7/2023
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	WITNESS NAME		
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WITNESS NAME: MATTHEW P LINDQUIST		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: thew_man@msn.com	ATTENDANCE: Written	SUBMIT DA 2/6/2023	ATE: 3 6:16 PM

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I think one of the best ways to explain this is to look at the air force. Why is it no longer the army air corp like it was in WWII? Because a soldier doesn't understand well enough the fighting that occurs in a 3 dimensional space so it makes more sense to have the Air Force report to an Air Force general. In healthcare it's the same thing Physicians treat illnesses, (ever watch an episode of House?) Nurse practitioners treat people with self care deficits. It may look on the outside like we do the same thing (in which case we also should be independent) but philosophically we are different. NP's outcomes are equivalent to Physicians. We provide a caring atmosphere and for many of us, our time at the bedside have given us perspective and taught us to interact with our patients in a caring way.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				PATE: 2 /7/2023
COMMITTEE: Healthcare Reform	1		•	
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: MELINDA BRYSOI	N		PHONE NUMBER	:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: dressageriderx@g	mail.com	ATTENDANCE: Written	SUBMIT DATI 2/7/2023 1	E: 11:27 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

As someone who is representing rural Missouri you need to support this bill to ensure the people you represent receive quality healthcare now and in the future. This bill also is good for all Missourians as it allows for more small independent healthcare clinics. It also allows for easier staffing in urgent care clinics in any location at a lower cost as the clinic does not have to pay the physician to be a collaborator. Please support independent practice. Compared with neighboring states, a higher proportion of Missouri counties in 2021 had a primary care provider shortage area that met the Health Professional Shortage Area (HPSA) criteria defined by the U.S. Health Resources and Services Administration, See this article for more information; https://extension.missouri.edu/publications/mx56 As a nurse practitioner in rural health, it is very difficult to get physicians to work in rural health. It took me two years to replace one I lost. Clinics in rural Missouri will have to shut down if there are no doctors. There will be no healthcare in rural Missouri. Nurse practitioner are the larges group of healthcare providers who are willing to work in rural areas. When there is no healthcare in rural Missouri urban healthcare will be overwhelmed. Missourians will not be able to access healthcare for days or months which will overwhelm Emergency Departments.40% of healthcare providers in Missouri are nurse practitioners. We worked for two years during COVID very independently. We are ready for independent practice. It is currently nearly impossible to have an independent clinic as you must always have a doctor cover the nurse practitioner. So, a private physician who employees a nurse practitioner to help, must close his clinic when he goes on vacation as there is no physician coverage. This is killing small medical businesses in Missouri leading physician's work for healthcare systems. These systems are not connected to the community they do what is right of the business not the community. The time doctors spend on paperwork can be spent with patients. The money doctors are paid to check boxes just drives up healthcare cost especially in rural clinics. This is not a luxury it is necessary to be able to have healthcare in Missouri. To have affordable healthcare in Missouri nurse practitioners need to have independent practice. There is no valid reason to not allow independent practice. The physician groups can not provide a valid reason to keep them in place. We are not taking physician jobs we are filling gaps where physicians don't want to work. Please ask any physician who is opposed to this bill if they will come and work in your district, I assure you need their help, and they are not planning on living in your district. Please support this bill. Melinda BrysonNurse Practitioner



HB 271 COMMITTEE:				2/7/2023
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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐ FOR INFORM	ATIONAL PURPOSES
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INDIVIDUAL:				
WITNESS NAME: MICHAEL HOLTZ			PHONE NUME	SER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: mph1967@hotmai	l.com	ATTENDANCE: Written	SUBMIT 0 2/7/202	OATE: 3 5:20 AM
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I hereby support this proposal.



BILL NUMBER: HB 271			DATE: 2/7/2023
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INDIVIDUAL:			
WITNESS NAME: MICHELLE BLAND		PHONE NUMBER:	:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mbland007@yahoo.com	ATTENDANCE: Written	SUBMIT DATI 2/7/2023 8	E: 3:09 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Sometime a collaboration with a physician can hinder good Healthcare. Collaborating physicians are limited. This can make your APRN only as good as your collaborator. Not all APRNs have good skills, but neither do all physicians. My patients would prefer to come to me as an APRN and not my collaborator. In a rural community the choices are limited. All physicians collaborate with each other. APRNs will continue to collaborate with physicians and other APRNs. You would be dangerous not to. And yes, physicians do not always review the charts. In the end they receive money for their collaboration. To the tune of over \$12000 per NP. That's an extra \$72000 a year if they have 6. Your constituents aren't all physicians.



BILL NUMBER: HB 271				DATE: 2/7/2023	
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INDIVIDUAL:					
WITNESS NAME: MICHELLE CASS			PHONE NUM	IBER:	
BUSINESS/ORGANIZATIO	N NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: michelle.ann.np83	@gmail.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 23 9:08 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610, RSMA					

This bill is important to the future of healthcare in Missouri. There are not enough MDs and DOs specializing in primary care to care for the patients that are in need in Missouri. Please vote yes to remove barriers to healthcare!



BILL NUMBER: HB 271			DATE: 2/7/2023
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WITNESS NAME: MICHELLE GRIMES		PHONE NUMBE	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
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CITY:		STATE:	ZIP:
EMAIL: mgrimes330@gmail.com	ATTENDANCE: Written	SUBMIT DA 2/6/2023	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

My name is Michelle Grimes. I am a family nurse practitioner. I am sending this message in support of HB 271. I work at a FQHC and we have a severe shortage of MDs to act as collaborators. This issue leaves us unable to care for the volume of patients that we have and frequently find ourselves turning patients away. The barriers that NP's face in regard to not having FPA causes patients in the communities we serve to suffer. Passing the HB would allow better availability and care. Collaborative practice agreements are unfair to NP's that want to own their own practice and have to pay a collaborator or an organization that is hiring an NP and has to pay a collaborator as most of the collaborators charge fees that are bank-breaking thus causing financial strain on the person seeking the collaboration. Barriers such as this limit care to those in need of care that could be provided by an NP. It should also be noted that most collaborators are only looking for the financial gain that the NP can provide by having them as paid collaborators. There is no care or dedication to the care of the patient from the collaborator. NP's are seeing the patients that the MD's do not want to see and do a great job of managing their care. We NPs will refer a patient out if we feel they are too complex or beyond our scope of care. We practice safely and with evidence-based. guidance.



BILL NUMBER: HB 271				DATE: 2/7/2023
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WITNESS NAME: MORGAN PHELPS	3		PHONE NUME	BER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: morganephelps@g	gmail.com	ATTENDANCE: Written	SUBMIT I 2/6/202	DATE: 23 1:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610 RSMo				

HB 271 would increase access to healthcare over the entire state which in turn improves healthcare. This bill is certainly reform at its best as it has no cost to patients or Missouri. It is time to allow APRN's to practice at the fullest extent of their license and education.



BILL NUMBER: HB 271				DATE: 2/7/2023
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INDIVIDUAL:				
WITNESS NAME: NANCY STEPANER	<u> </u>		PHONE NUM	BER:
BUSINESS/ORGANIZATION	NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: n_stepanek@yahoo	o.com	ATTENDANCE: Written	SUBMIT 2/7/202	DATE: 23 12:14 PM
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THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am a nurse practitioner with 14 years experience as an adult NP and 4 years experience as a psych NP. It is so difficult to find collaborative physicians and it is not fair to the physicians to be responsible for what I do. I am thoughtful and careful in my care of my patients and do not utilize my collaborative physician for anything but signatures for my charts. I have a large group of both physicians, NPs and PAs who I collaborate with on a regular basis without the need to have a formal contract. Thank you



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: NICK			PHONE NUM	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: nickkoval@yahoo	.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 23 2:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

I strongly support and recommend the need for this to pass long time!



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n			•	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: NICOLE PARKER			PHONE NUMI	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL: nbeck1104@gmai	l.com	ATTENDANCE: Written	SUBMIT I 2/6/202	DATE: 23 9:32 PM	
THE INCODIA	TION ON THIS EOD	MIC BUBLIC BECCE	D LINIDED ALLA	DTED A46 DOM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

To whom this may concern,I am currently an APRN that focuses mainly in psychiatry. Please consider passing this bill. By doing so it will expand the amount of patients lives we can change and their accessibility to proper care. Not approving this bill is only limiting our full capability as an APRN. I have patients come to me from out of state because of this inability to locate a physician to provide care or deal with many months long of wait lists. More and more physicians are also retiring at a very fast pace. So, please consider passing this bill and allowing true healthcare reform in a new direction. Thank you!



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform			•	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	BBYIST:			
WITNESS NAME: NIKKI STRONG			PHONE NUMB 573-694-1 1	
REPRESENTING: MISSOURI HEALTH	CARE ASSOCIATION		TITLE:	
ADDRESS: 236 METRO DR.				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL: nikki@mohealthcai	re.com	ATTENDANCE: In-Person	SUBMIT D 2/7/202	ATE: 3 5:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

Nursing homes, especially in rural areas, need access to health care professionals given the current healthcare workforce shortages. We believe access to nurse practitioners can also help reduce hospital admissions.



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING : ✓ IN SUPPORT OF	☐ IN OPPOSITION TO ☐	FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: NOELLE HALL		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: nch36440@ucmo.edu	ATTENDANCE: Written	SUBMIT DA 2/6/2023	ATE: 3 9:21 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I live on a college campus in Missouri. I do not have a car and the clinic on campus is my only means of accessing healthcare. I use the clinic for wellness visits, sexual health visits as well as when I am sick. There are only nurse practitioners that work at the clinic on my college campus and the physicians that work in the city the campus is located only take insurance, which I do not currently own. The college health clinic will allow me to see a nurse practitioner and then I can place my bill on my student account, which has been a lifesaver for me as being a poor college student I don't always have money in my bank account. I have heard a lot about Missouri having healthcare deserts and I feel that my college campus would definitely fit into that category if it were not for the clinic on campus.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n		•	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: RALPH TESTERM	AN		PHONE NUMB	ER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: ralph_testerman@yahoo.com		ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 9:57 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				



place on providers and health systems.

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n		•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: REBECCA SALINO	3		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: salingrebecca@gr	mail.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 5:15 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

HB 271 would increase access to healthcare over the entire state which in turn improves healthcare. This bill is certainly reform at its best as it has no cost to patients or Missouri. I have been an RN practicing in acute care and emergency services since 2005. This bill is the step in the right direction of increasing access to care and outcomes for Missouri residents. Currently, access is limited, and patients are waiting for months to see providers due to the limitations that collaborative practice rules



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform			•	
TESTIFYING: ✓IN SUP	PPORT OF	IN OPPOSITION TO	FOR INFORMA	TIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: RENEE ENDICOTT			PHONE NUMBER	R:
BUSINESS/ORGANIZATION NAME:			TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: reneednp@gmail.com		ATTENDANCE: Written	SUBMIT DA 2/6/2023	TE: 7:00 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I have been a registered nurse for 40 years and a nurse practitioner for 25. Four years ago and nurse practitioner colleague and I opened a membership based healthcare clinic. When discussing opening clinic, we decided membership base with be the best way to serve the people of our community. Because of rising healthcare cost and the cost of insurance, there are many people that cannot afford traditional, healthcare or insurance. We were not prepared for the working poor, so many people following through the healthcare cracks. We had anticipated young families with children, the majority of our patients are between 35 and 64 and have chronic health conditions that have been neglected. Basically because they couldn't afford traditional healthcare, we have negotiated affordable cash prices on lab work and imaging and work tirelessly to find low cost options for a patient. Including working with pharmaceutical companies to get free medication's based on patients income. Knowing my scope of practice and limitation I recently tried to get a patient into see a specialist and the first available appointment was February 2024 over a year out. Also trying to get a patient in to see an OB/GYN first available. Appointment is six months out. The current restrictions that we have to practice under are detrimental to the public. And cumbersome and bothersome to our collaborative practice physicians they all have full schedules, and really do not have time to be reviewing our work. I asked that you please consider supporting this bill. The citizens of the great state of Missouri should be provided the opportunity to select their own provider whether that is with traditional healthcare or Membership-based Primary Care. Thank you for your time and considering this.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	1				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSE	S
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: RICHARD HILL			PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: vcortex@aol.com		ATTENDANCE: Written	SUBMIT 0 2/6/202	DATE: 13 6:48 PM	
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHA	DTER 610 RSMo	

The removal of supervision would decrease cost out flow by half at most hospital anesthesia departments. It's difficult to have an Anesthesiologist just out of residency tell myself with 24 years experience how to take care of a patient.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n		•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ROBIN THIEM			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: r.thiem@att.net		ATTENDANCE: Written	SUBMIT D 2/7/202	ATE: 3 9:21 AM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTER 610, RSMo.

I support House Bill 271. I receive excellent care from a Nurse Practitioner. Thank you.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	1			•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIONAL I	PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ROY HOLAND MD			PHONE NUM	MBER:	
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL:		ATTENDANCE:	SUBMIT 2/7/2 (DATE: 023 12:00 AI	М
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECORI	D UNDER CH	APTER 61	0. RSMo.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: RYAN SALING			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: ryansaling@yahoo	o.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 6:00 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORE	UNDER CHA	PTER 610, RSMo.

I strongly support this bill as it will dramatically improve patient access to quality care!



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DAT 2/7	ге: 7/2023
COMMITTEE: Healthcare Reform				•	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFO	RMATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: PHONE NUMBER: SAMANTHA FREEMAN					
BUSINESS/ORGANIZATION	N NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: sammiemt@yahoo	.com	ATTENDANCE: Written		MIT DATE: /2023 8:	32 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

As a Family Nurse Practitioner serving in Taney County and thus surrounding areas, I have tragically witnessed the detrimental effects of not having access to quality acute, primary, and preventative care. When I say access, I do not mean having to travel 30 plus miles to receive this care. Insurance is not a factor due to most have or qualify for Medicare and Medicaid. The roads in Stone, Taney, and Ozark counties are difficult to maneuver for those with acute, chronic, and physical health issues and that's if they have a reliable vehicle to do so. Many rely on others for transportation and are at the mercy of their schedule. I know I am usually 1-2 months booked out at any given time. This lack of access to care increases the strain on emergency services that are already strained. Ozark County is deemed a Heath Care Desert along with it's surrounding counties. I was unable to find a collaborating physician within the guideline requirements we are bound by to be able to provide the care they so desperately need. I have a second residence in Ozark County and still holding tight to my passion of one day providing quality acute, primary, and preventative care to the underserved but well deserving residents and neighbors that surround me. Please remove these bonds that inhibit us to unleash our full potential and give your constituents, my family and friends, the access to basic and comprehensive health care they deserve!



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SAMUEL BIEG			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: bieg.samuel@gma	ail.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 11:26 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTER 610, RSMo.

Great opportunity for advancing patient care



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1		·	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SANDRA REDHAC			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:			<u> </u>	
CITY:			STATE:	ZIP:
EMAIL: sandiredhage@gn	nail.com	ATTENDANCE: Written	SUBMIT D 2/7/202	OATE: 13 12:17 AM
THE INFORMA	TION ON THIS FORM	IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo

To whom it may concern, HB 271 would increase access to healthcare over the entire state which in turn improves healthcare. This bill is certainly reform at its best as it has no cost to patients or Missouri.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SARA BUSCH			PHONE NUM	MBER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: sarabusch15@gm	nail.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 123 9:24 AM
THE INFORMA	TION ON THIS FORM	IS PUBLIC RECOR	D UNDER CH	APTER 610. RSMo.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n			•	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIONAL PL	JRPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: SARA NICOLE CL	ARKSON		PHONE NU	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: saranicoleclarkso	n@gmail.com	ATTENDANCE: Written		DATE: 023 7:44 AM	
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CH	APTER 610.	RSMo.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SARAH MARTIN			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: szenisek@gmail.c	om	ATTENDANCE: Written	SUBMIT 0 2/7/202	DATE: 13 11:46 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo

APRNs have shown safe practice and improved patient outcomes. Even our federal government allows APRNs to practice without MD oversight improving patient access to care and improved health

outcomes especially in rural communities. Please vote in support of HB 271 and HB 330



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SHANE HAGEN			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: shagen02@gmail.	com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 11:56 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1		•	
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: SHANNON COOPE	ER .		PHONE NUMB 660-890-14	
REPRESENTING: UNITED WE			TITLE:	
ADDRESS: 208 MADISON				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	ATE: 3 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	n				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURP	OSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: SHANNON MICHE	LLE SIKORSKI		PHONE NUM	IBER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL: shannonhenderso	n1978@msn.com	ATTENDANCE: Written	SUBMIT 2/6/20	DATE: 23 8:00 PM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CH	APTER 610, RS	SMo.

I am an FNP practicing in a critical shortage area of the state. Currently I work in the emergency department and as a hospitalist simultaneously. I graduated in 2005 with my associates degree and 2013 with my Masters and have been practicing in shortage areas since then. I have watched people becoming more sick as the time goes on with the shortage becoming more critical. FPA for nurse practitioners would open access to these patients who are dying waiting for

appointments.Respectfully,Shannon Sikorski RN, FNP-BC



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SHARESE A DIXO	N-BANKS		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: sharese.ameka@g	gmail.com	ATTENDANCE: Written	SUBMIT D 2/7/202	ATE: 3 11:11 AM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	1				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: SHAUNTE HARRIS	3		PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: shaunteallen@gm	ail.com	ATTENDANCE: Written	SUBMIT 0 2/6/202	OATE: 13 3:14 PM	
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo	

Please pass this bill to support full practice authority for nurse practitioners in Missouri. Doing so will

Please pass this bill to support full practice authority for nurse practitioners in Missouri. Doing so will break down barriers and provide access to care for thousands of Missourians who would not otherwise have timely access to physical and behavioral healthcare.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			•
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SHEILA LEATHER	S ARMBRUSTER		PHONE NU	MBER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: defininglooks@ya	hoo.com	ATTENDANCE: Written		T DATE: 023 8:12 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

I am an owner of two independent primary care offices that also offer psychiatric care. Our clinics serve the populations of Cape Girardeau and Bloomfield MO. The cost of collaborative practice prevents us from offering more services to meet patient needs for ex: Social services, bp cuffs, glucometers to support health maintenance to help navigate the healthcare system. Please help us help others.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SHELLY RONAYN	IE .		PHONE NUM	MBER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: summacumlaude2	2008@gmail.com	ATTENDANCE: Written	SUBMIT 2/6/20	DATE: 123 10:10 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORE	D UNDER CH	APTER 610. RSMo.

This bill is very important to health care in Missouri.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n		•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SHIRLEY ARNOLI	D DNP FNP-C		PHONE NUMB	ER:
BUSINESS/ORGANIZATION NAME: TITLE:				
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: ATTENDANCE: Written		SUBMIT D 2/6/202	ATE: 3 4:13 PM	
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORI	D UNDER CHA	PTER 610, RSMo.

I am in favor of full practice authority for APRNs



BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform	1				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSE	S
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: SHIRLEY YOUNG			PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: ATTENDANCE: Written		SUBMIT E 2/6/202	SUBMIT DATE: 2/6/2023 11:10 AM		
THE INFORMAT	TION ON THIS EOD!	MIS DUBLIC DECOR	D LINDED CHA	DTED 610 PSMo	

HB 271 would increase access to quality evidence-based healthcare over the entire state which in turn improves healthcare. This bill is certainly reform at its best as it has no cost to patients or Missouri but adds much needed benefit. Win win, wouldn't you say?



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DAT 2/7	E: 7 /2023
COMMITTEE: Healthcare Reform					
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIO	NAL PURPOSES
		WITNESS NAME			
NDIVIDUAL:					
WITNESS NAME: PHONE NUMBER: STACEY MCCULLOUGH					
BUSINESS/ORGANIZATIO	N NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: smdigidog7@gmai	il.com	ATTENDANCE: Written	SUBMI 2/7/2	T DATE: 023 10	:38 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Good Morning.I am writing to encourage you to vote YES on HB 271 today. As a 31 year veteran RN, I have seen countless changes in healthcare, many of which are not in the best interests of the patient. There are pockets of our state that struggle to provide adequate care to our patient populations. APRN's that desperately want to provide care are hamstrung by the limitations set forth by the current practice rules of our state. This hinders care, particularly to those with adverse social determinants, which is antithetical to what our national health academies and agencies are proposing for the future of healthcare. A consensus report by the National Academy of Medicine 2021, summarizes that the past two decades have seen progress in lifting state-level regulations restricting the scope of practice for advanced practice registered nurses (APRNs), but 27 states still do not allow full practice authority for nurse practitioners. **(Sadly, Missouri is one of those states).** Eliminating these restrictions so APRNs can practice to the full extent of their education and training will increase the types and amount of high-quality health care services that can be provided to those with complex health and social needs. This is particularly important in the rural areas of Missouri, where finding high quality providers is a big challenge. As a member of the most respected profession in healthcare, I am asking that you vote yes to move this bill forward. I, along with thousands of other Missouri nurses, will be following this bill closely. The people of Missouri deserve convenient access to high quality healthcare without these types of barriers. I hope you feel the same. Sincerely, Stacey McCullough R.N.License # 2000172466Trenton, Missouri



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				ATE: 2 /7/2023
COMMITTEE: Healthcare Reform	1		•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORMAT	IONAL PURPOSES
		WITNESS NAME		
NDIVIDUAL:				
WITNESS NAME: PHONE NUMBER: STEPHANIE BREAULT				
BUSINESS/ORGANIZATION NAME: TITLE:				
ADDRESS:				
CITY:			STATE:	ZIP:
email: young_14@hotmail.com ATTENDANCE: Written		SUBMIT DATE 2/6/2023 7	: :26 PM	

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Wright county Missouri, Hartville to be exact, is a perfect example of how HB 271 and the restrictions on collaborative practice agreements for Advanced Practice Nurses is a hazard to the community and their healthcare needs. Many area's in MO are in similar positions. A local clinic has been closed for many years after a local physician, who was 30 miles away, passed away several years ago. This clinic was ran by nurse practitioners or equivalent educated providers, such as physician assistants. The Physician was there as minimal as the agreement called for. Many women of elderly families, such as my own grandmother, do not drive. Many in these rural areas do not have vehicles reliable enough to drive 30+ miles or the gas money it takes to drive to a medical facility. Seeking medical services for those in rural areas is seemingly becoming harder to achieve. Rural health also has sicker, more uneducated, living sedentary lifestyles, and there is no one to provide care or educate them. Physicians who oppose this bill have no desire to open facilities in these poverty ridden areas but they want to continue to create hurdles for NP's to care for those who need it the most. If you look at the goal of our desire to practice independently, you will see most are willing to work in these rural areas that physicians are going to. The last few years has shown us our hospitals and healthcare is not prepared for influxes of inpatient services. When patients do not have routine care, preventative care, accessible medical services they are more likely to end up in the ER and/or needing inpatient services. Routine medical care prevents patients from needing emergency medicine or inpatient services as often. Patient outcomes prove to be better when having accessible care versus those who have minimal to no access to healthcare services. Please take time to consider all of these circumstances. Call the local Physicians offices and see how long it would take you to be seen if you think this is not a problem in our state. Please talk to your community and ask them if they routinely see a physician or a nurse practitioner. Please consider removing the collaborative agreement restriction for nurse practitioners in the state of MO. Thank you for taking time to read this.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n		·	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: STEPHANIE LYNN	I ONDATJE		PHONE NUMB	ER:
BUSINESS/ORGANIZATION NAME: TITLE:				
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sb0234494@gmail.com ATTENDANCE: Written		SUBMIT D 2/6/202	ATE: 3 7:13 PM	
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I'm support of full practice authority for APRNs.



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	WITNESS NAME			
INDIVIDUAL:				
WITNESS NAME: STEVE LOVE		PHONE NUMBER	:	
BUSINESS/ORGANIZATION NAME:		TITLE:		
ADDRESS:				
CITY:		STATE:	ZIP:	
EMAIL: stevenlove1975@spectrum.net	ATTENDANCE: Written	SUBMIT DAT 2/7/2023		

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I'm in support of Senate Bill 271. Nurse Practitioners work with a team of physicians each and every day and discuss patients together as a team. The reason we must get rid of the collaborative practice agreement is that if a facility is short of physicians and need to hire nurse practitioners to see patients. They may ask the physician on staff and he or she may decline to enter a collaborative agreement practice with a nurse practitioner. The facility wouldn't be able to hire a nurse practitioner if the physician refuse to take another nurse practitioner. Patients wouldn't be allowed access to care. The physician doesn't mind assisting the nurse practitioner, however, doesn't have time to do all the chart checks and is too busy to enter a collaborative agreement with a nurse practitioner. During COVID. there were many physicians who were overwhelmed with so many patients who were sick with COVID. However, many were too busy to enter a collaborative agreement with a Nurse Practitioner despite the mileage requirement that was removed by the Governor. This prevented many Nurse Practitioners from providing care. Many states have removed these executive order restrictions pertaining to collaborative agreement contracts. Some of these states such as Kansas, New York, and California removed these barriers within 1-3 years ago. There are 26 states with Full Practice Authority. There haven't been states that have reversed or revoked the Full Practice Agreement and kept this collaborative agreement. Kansas just became Full Practice. We don't need to keep adding more nurse practitioners on physicians and fighting the mileage requirement we must get rid of it. The physician shortage is just going to get worse. The ECFMG regulates foreign medical physicians in 2024 and has made more requirements for foreign medical schools' accreditation. The VA hospital across the Country have Full Practice Authority and have gotten rid of collaborative agreements so Our Veterans can receive health care. They had Veterans that were waiting months prior to getting rid of the collaborative agreement. We must get rid of the collaborative agreement in Missouri. We have nurses working in the state of Missouri in our VA hospitals and Clinics without any problems. But we can't make this law for the entire state. The excuse I keep hearing for refusal to remove the Collaborative Agreement in Missouri1.) Nurse Practitioners only have 600 hours of clinical training, and a physician has more hours. Nurse Practitioners have 8-10 years of training. Nurse Practitioners will continue to work with physicians in the team and notify physicians of the patient's conditions. A nurse with 10 years of experience has about 20,000 hours of bedside training administering medications, monitoring side effects and changes in condition, and notifying the physician of these changes. Nurse Practitioners will continue to consult with physicians and refer patients as needed. Nurse Practitioners will continue to work as a team with the physician. This collaborative agreement removal doesn't prevent nurses from speaking with physicians about the patients. It just removes the barrier that would remove a piece of paper that some physicians don't want to sign. We are starting to lose our nurse practitioners to surrounding states. We have Arkansas, Illinois, Iowa, and Kansas, Nebraska which are FULL Practice states. There are currently 26 states that are Full Practice. Missouri is the only state that has a

collaborative agreement with a mileage of 75 miles. In Mental health, there may be a 6-8 month waiting list to be seen by a psychiatrist. This results in patients going to the emergency room for mental health problems. We have a severe physician shortage. The solution is not to leave patients without health care. If we continue to deny over 14,000 Nurse practitioners, the right to care for patients we will start to lose our nurse practitioners to Full Practice States. We keep doing the same thing, enforcing a collaborative agreement, and hoping things get better. We have hospitals that are shutting down in rural areas. We have patients driving 60-100 miles to get care. WE NEED FULL PRACTICE NOW.Thank You,Steve Love



BILL NUMBER: HB 271				DATE: 2/7/2023
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INDIVIDUAL:				
WITNESS NAME: SUSAN GARDNER	R		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: littleepig39@gmai l	l.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 7:11 PM
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I support Advanced Practice Legislation.



BILL NUMBER: HB 271				DATE: 2/7/2023
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SUSAN TESTERM	AN		PHONE NUM	IBER:
BUSINESS/ORGANIZATION NAME: TITLE:				
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EMAIL: SUBMIT DATE: 2/6/2023 9:53 PM				
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HB 271 would increase access to healthcare over the entire state which in turn improves healthcare. This bill is certainly reform at its best as it has no cost to patients or Missouri.



BILL NUMBER: HB 271				DA' 2/7	TE: 7/2023
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		WITNESS NAME			
NDIVIDUAL:					
WITNESS NAME: PHONE NUMBER: SUZANNE OPPERMAN					
BUSINESS/ORGANIZATION NAME:			TIT	LE:	
ADDRESS:					
CITY:			ST	ATE:	ZIP:
EMAIL: sokelley53@gmail.com		ATTENDANCE: Written	·	SUBMIT DATE: 2/6/2023 7:	44 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Missouri placed 42 out of 50 states for health care outcomes as reported by US News & World Report in 2022. With the wealth of Advanced Practice Registered Nurses (APRNs) available to impact this outcome, if were allowed to practice to the full extent of their education and training, outcomes would improve. As one of the most trusted professionals in the country, the concern of us practicing out side of our scope is unconscionable. APRN's are trained to teach people how to best live with their chronic diseases. APRN's are taught to improve people's lives and live to the best of their ability. APRNs recognize, just as any other health care professional, when a client would best be cared for by a physician and/or specialist in health care.



BILL NUMBER: HB 271				DATE: 2/7/2023
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SYDNEY ARNOLD			PHONE NUME	BER:
BUSINESS/ORGANIZATION NAME: TITLE:				
ADDRESS:				
CITY:			STATE:	ZIP:
email: sydney@sydneyarnoldhealth.com ATTENDANCE: Written		SUBMIT 0 2/7/202	DATE: 13 10:04 AM	
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I support Nurse practitioners to be able to practice independently without handcuffs in the state that they live in! We are the most restrictive state in the United States of America and we are purging our greatest healthcare ambassadors due to this archaic law!



BILL NUMBER: HB 271			DATE: 2/7/2023
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WITNESS NAME: TAMARA		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME: TITLE:			
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tscott@rockhillortho.com	ATTENDANCE: Written	SUBMIT DA 2/6/2023	ATE: 3 1:34 PM
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HB 271 would increase access to healthcare in the entire state of MO, much of which is rural, which improves access to care. This would come at NO COST to MO citizens.



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WITNESS NAME: PHONE NUMBER: THERESA SPAKOWSKI					
BUSINESS/ORGANIZATION NAME: TITLE:					
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EMAIL: theresarn11@gma	il.com	ATTENDANCE: In-Person	1	SUBMIT DATE 2/7/2023 8	:06 AM

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HB 271 would remove the limitations imposed upon myself and all APRN's in Missouri. I work in a federally qualified health center and see firsthand what happens to the health of our underserved and rural Missourians when they don't have access to health care. I support HB 271 as it removes barriers for both APRN's and patients. HB 271 would improve access to preventative and primary care thereby reducing the financial and emotional burden of chronic illnesses and greatly improving health outcomes in Missouri.



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WITNESS NAME: TIM LOBOUGH			PHONE NUM	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
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CITY:			STATE:	ZIP:	
EMAIL: lobough33@gmai	l.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 123 11:49 AM	
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INDIVIDUAL:				
WITNESS NAME: PHONE NUMBER: TODD LAVERNE OSGOOD				
BUSINESS/ORGANIZATION NAME: TITLE:				
ADDRESS:				
CITY:		STATE:	ZIP:	
EMAIL: toddnjenosgood@hotmail.co	om ATTENDANCE: Written	SUBM 2/6/2	IIT DATE: 2023 3:48 PM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Thank you for your leadership and willingness to serve the State of Missouriand our citizens.Nurse practitioners are trained to function independently and withoutphysician oversight or collaboration. Allowing nurse practitioners full independent practice authority will improve access to health care and reduce cost. Approximately 25 states and the Department of Veteran Affairs have already granted nurse practitioners full practice authority, and it is working out very well. After professionally researching this. there is no evidence those 25 states or the VA are seeking to reverse the decision of granting independent practice authority. As a recently retired Hospital Administrator with nearly 22 years of militaryservice. I highly recommend granting full independent practice authority to NursePractitioners. In Tampa Florida, I provided direct day-to-day leadership of FamilyMedicine, Pediatrics, Internal Medical, and the Women's Health Clinics. It was anextremely busy practice providing clinical services to approximately 30,000enrollees. I directly supervised and led 110 medical providers and staff in thedelivery of world-class medical services to our beneficiaries and their familymembers. I met daily with medical providers and sought direct feedback frompatients to assess our medical organization's ability to deliver world-class healthcare. Much of my analysis came from reviewing key metrics on providerperformance and patient satisfaction. Feedback from patient satisfaction surveys, and from one-on-one meetingswith patients revealed Nurse Practitioners receive higher patient satisfactionscores listening to the patient, letting them participate in their care, versusmaking quick diagnoses. APRNs achieved the same, or higher patient quality ofcare. APRNs statistically are more willing to use and apply nationally recognized, evidence-based clinical practice guidelines, which lead to better health outcomes, including the minority population. Patient satisfaction survey results show nursepractitioners are highly adept at delivering world-class medical care, a level ofcare we all want for our families. Having reviewed countless quality of care reviews and assessments, Inever once found evidence that nurse practitioners deliver a lesser standard ofcare compared to physicians. Both physicians and nurse practitioners are trainedto consult specialists when needed. After working with hundreds of physicians and nurse practitioners over my career, my professional opinion is nursepractitioners should be granted independent practice authority. I'm not alonecoming to this conclusion. In 2016, the U.S. Department of Veterans Affairs granted nursepractitioners full independent practice authority. Since then, the VA has re-examined clinical outcomes for patients seen by either a physician or a nursepractitioner and did not find any difference in clinical outcomes. They did, however. find that patients were more satisfied with the patient-centeredapproach delivered by nurse practitioners. As mentioned previously, 25 states, including Kansas, granted nurse practitioners full practice authority, and it isworking out very well. As a side note, In 2014, the Federal Trade Commission expressed concernslimiting nurse practitioners' full practice authority, restricts competition. Thatcould have a negative impact on health care consumers and their health care. Additionally, healthcare costs seeing Nurse Practitioners are lower than physiciancosts. That is a probable reason physicians in

Missouri are against this legislation.It isn't difficult to see physicians want to maintain control, power, and a financialadvantage.Change isn't always easy, even when it makes perfect sense. Politicsshouldn't come between the quality of care a patient gets, and their provider. Icount on you doing the right thing, your authentic leadership, and putting thepatients' quality/cost of care ahead of politics. Missouri is the "Show Me State",not the "slow me down state". Thank you for your service to our state, ourcitizens, and their health care.Todd Osgood, USAF, Colonel (Retired) Healthcare Administrator10710 E 233 rd StPeculiar MO 64078816-349-4351



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BILL NUMBER: HB 271			DATE: 2/7/2023
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	WITNESS NAME		
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WITNESS NAME: TONYA STAMPER		PHONE NUMBER	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		•	
CITY:		STATE:	ZIP:
EMAIL: tonyadnp@gmail.com	ATTENDANCE: Written	SUBMIT DA 2/6/2023	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am writing today in support of full practice authority for nurse practitioners in the State of Missouri, I am a doctorate level nurse practitioner with 15 years of experience. I currently provide care to patients at a federally qualified health center in a rural location. Despite my education, experience and positive patients' outcomes I am constantly concerned by the fact that my career and my patients' care lie in the hands of my collaborating physician. For example: • If my collaborative physician retires or dies, I may not continue practice, thus patients have no access to care. • If my collaborative physician goes on vacation or travels beyond the 75-mile radius, I cannot practice and my patients do not have access to care. I fail to understand how having someone 74 miles away makes a bit of difference in patient outcomes. • The time and effort required to have charts cosigned and mandatory collaborating meetings takes time away from my patients and my collaborator's patientsAside from that, the limitations on our prescribing and ability to order certain treatments is a huge detriment to the patients I serve. Many have to suffer for months waiting for an appointment with a physician for pain or psychiatric medications that nurse practitioners cannot prescribe. This leads to unnecessary ER visits, increased health care costs and poor patient outcomes. I am also licensed in the state of Illinois and am able to practice to the full extent my education and experience allow. It is tempting to pack it up and drive 20 miles across the border where these restrictions do not exist. If there is no change soon, APRNs will ultimately leave, as all surrounding states are either full practice authority or transition to practice, which will only worsen the health provider shortage and access issues in Missouri. Is this really in our best interest when currently: • Missouri ranks 36th in access to care, 40th in health care quality, 41st in public health care, 41st in women's health, 42nd in maternal mortality (80% are preventable), 34th in infant mortality, 41st-42nd in health care outcomes, 47th in primary health care, and 49th in mental health care. 109 of 114 counties are HPSA or are MUA in Missouri (103 of 114 are in rural areas). Every Missouri County has a critical lack of psychiatric careResearch has shown that FPA (Full Practice Authority) or TTP (Transition To Practice)1.increases healthcare access, provider choice and competition2. reduces healthcare costs, decreases improves healthcare outcomes and reduces healthcare ER visits, and improves health 3. disparities I hope you will take the time to research the facts about FPA or TTP and what it could mean to the residents of this state and then free us to provide the care that is so desperately needed. Thank You!



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WITNESS NAME: TRACIE KLOEPPE	<u> </u>		PHONE NUME	BER:
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CITY:			STATE:	ZIP:
EMAIL: tkloeppel@charte	r.net	ATTENDANCE: Written	SUBMIT I 2/6/202	DATE: 23 6:13 PM
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EMAIL: tracye11@hotmail	.com	ATTENDANCE: Written	SUBMIT 0 2/6/202	DATE: 13 6:32 PM
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I am support of this bill.



BILL NUMBER: HB 271				DATE: 2/7/2023	
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EMAIL: sanfordtori0@gma	ail.com	ATTENDANCE: Written	SUBMIT 0 2/6/202	OATE: 23 3:52 PM	
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I am in full support of advanced practice registered nurses being able to practice at their full ability without the collaborative agreement of a physician. Having full practice authority removes healthcare barriers to Missourians and will help aid in providing a better quality of life to all Missourians.



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BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
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EMAIL: WhitleyEliza@gma	ail.com	ATTENDANCE: Written	SUBMIT I 2/7/202	DATE: 23 10:12 AM	
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I think APRNs should be able to practice independently in Missouri. I am a Registered Nurse who works in Missouri and think this could be beneficial to patients in the state to be able to obtain easier access to healthcare, especially in rural areas.



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BILL NUMBER: HB 271				DATE: 2/7/2023
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BUSINESS/ORG	ANIZATION:			
WITNESS NAME: WILLIAM B BATES	3		PHONE NUM 816-868-	
BUSINESS/ORGANIZATION LEADINGAGE MIS			TITLE:	
ADDRESS: 730 BOONVILLE ROAD				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL: billbates@leading	agemissouri.org	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 123 6:19 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Written Testimony in Support of HB 271 by LeadingAge MissouriFebruary 7, 2023Hearing before House Committee on Healthcare Reform LeadingAge Missouri (LA MO) is a membership association for mostly non-profit, benevolent senior living and healthcare providers. LA MO represents 135 aging services organizations throughout Missouri that collectively deliver the full continuum of senior living and healthcare alternatives, including nursing homes, assisted living, independent living, hospice, adult day care, and home & community-based services --- often on a single campus. LA MO members are significant employers of nursing professionals and deeply interested in the market availability and qualifications of all levels of nurses. Today there is a substantial need among aging services providers for more healthcare personnel educated and qualified to undertake broader aspects of older adult care. LA MO aging services provider members routinely attest that attracting and retaining gualified. compassionate caregivers - especially nurses - is today's biggest challenge. For that reason, LA MO supports HB 271 to expand the legal practice rights of Advanced Practice Registered Nurses (APRNs) in Missouri. They are trained to deliver what senior communities most need - primary care and geriatric care. The American Association of Nurse Practitioners categorizes APRN scope of practice regulation into: Full Practice, Reduced Practice and Restricted Practice. Missouri remains in the minority of States with a Restricted Practice designation owing to restrictions in physician Collaborative Practice Agreements, geographic practice constraints and chart review requirements. LA MO supports all incremental legislative efforts to move Missouri toward APRN Full Practice, which is now embraced by more than twenty-six states, including neighboring states that, with lower barriers for APRN practice, are capturing what could be Missouri healthcare providers. These 26 other states with "full practice authority" allow nurse practitioners to practice to the full extent of their graduate school education and training. Unquestionably, full APRN practice in Missouri will help alleviate current primary care medical shortages and assist long-term care providers caring for our State's most vulnerable population. Industry statistics and common knowledge posit that the largest generation in our nation's history is starting to consume aging services. The challenge of serving aging Baby Boomers is upon us. LA MO members desperately need and want more and higher-qualified personnel, and LA MO members believe APRNs - practicing to the full extent of their graduate level education and training - will help address current and expected Missouri shortages of healthcare workers. HB 271 supports this result. It addresses the demand - most critical in rural areas - for medical services in a reasonable, incremental, cost-effective way. In addition, APRNs - trained specially to deliver primary care - will help large numbers of older Missourians "age in place" in their homes. Recently, Governor Parson issued and Executive Order calling for a Master Plan on Aging. It is rooted in the demographic fact that our elderly population – already large – is increasing rapidly in the State. The Baby Boomers will fill brick and mortar facilities. Out of choice or necessity, many

Baby Boomers will age at home. Unlike physicians, APRNs often make house calls. APRNs are critical to meeting healthcare needs now and in the future in both long-term care facilities and in older Missourian homes. Further, HB 271 makes the APRN profession a more attractive career option in Missouri. The bill will attract qualified APRNs to the State to meet needs and help Missouri compete for APRN talent with neighboring states that permit full APRN practice. Studies have shown APRNs populate states with fewer barriers to practice. Missouri should become one of those states. In very defensible ways. HB 271 will reduce barriers to APRN practice and grow the caregiver workforce for Missourians who need them.LA MO members tell me that many doctors have stopped making visits to senior care facilities. If allowed to practice to a fuller extent of their education and training, as in other states, APRNs can help solve this long-term care problem. Many APRNs have advanced training in primary and geriatric care - both in critical short supply at most long-term care communities. Also, LA MO members know from participation in nursing home studies that there is a significant positive correlation between APRNs and hospital readmission rates for Medicare rehabilitation patients. LA MO members understand that full practice APRNs decrease hospitalization for Medicare and Medicaid beneficiaries. Missouri has an interest in making hospital beds available and in controlling costs in these critical healthcare programs. LA MO member experience is that APRNs reduce healthcare costs and improve the quality of care in long-term care communities and keep seniors from making unnecessary hospital visits. Properly deployed, APRNs improve the quality of life for MO seniors and other Missourians - especially in small towns and rural areas. We need to allow APRNs to work more independently - to the full extent of their training and graduate level education - so more Missouri seniors can benefit from, or simply access, quality health care. LeadingAge Missouri and its members believe HB 271 will improve healthcare access and control costs for Missouri senior care. We ask for your help by advancing the bill.Respectfully submitted, William B. Bates, CEO, Leading Age Missouri



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WITNESS NAME: YVONNE SMITH			Pi	HONE NUMBER:	
BUSINESS/ORGANIZATION NAME:			TI	TLE:	
ADDRESS:					
CITY:			S	TATE:	ZIP:
EMAIL: ylsmith@windstream.net		ATTENDANCE: Written	•	SUBMIT DATE: 2/6/2023 11	:25 PM

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Please allow these bills to be passed by Congress. I have been practicing in Missouri as an APRN certified by the ANCC since 2005. I feel very confident in practicing within my scope of practice and training under the Missouri Board of Nursing and ANCC guidelines. Missouri needs Advanced Practice Register Nurses who can work autonomously to fill the gap of lack of physician healthcare for our Missouri residents who reside in our cities and rural areas and underserved populations. Advanced Practice Registered Nurses proved how beneficial our clinical skills and knowledgable training benefitted healthcare provision during the crisis situation of the Covid Pandemic. Please consider the importance of how your votes are needed in passing the bills on February 7th, 2023, and how much more effective our healthcare shortage could improve with the passing of this bill which will allow Advanced Practice Registered Nurses (APRNs) to practice to the full extent of the education and training. Sincerely, Yvonne Smith APRN



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WITNESS NAME: ZACH KROENKE			PHONE NUME	BER:
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CITY:			STATE:	ZIP:
EMAIL: nursezach@yahoo	o.com	ATTENDANCE: Written	SUBMIT E 2/7/202	OATE: 13 7:45 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610, RSMo				

I am an APRN with KUMC I practice in the Acute care setting and manage my own clinic. We need full practice authority.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ABRAM ELSENRA	AAT		PHONE NUME	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: aelsenraat@hotm	ail.com	ATTENDANCE: Written	SUBMIT 0 2/7/202	DATE: 23 9:36 AM
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BILL NUMBER: HB 271			TE: 7/2023	
COMMITTEE: Healthcare Reform		·		
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	WITNESS NAME			
INDIVIDUAL:				
WITNESS NAME: PHONE NUMBER: ALEXANDER R HOVER				
BUSINESS/ORGANIZATION NAME:		TITLE:		
ADDRESS:				
CITY:		STATE:	ZIP:	
EMAIL: alexrhover@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/5/2023 8:	15 PM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Dear Representatives I am a practicing physician for the past 46 years. I still take care of patients at Branson and Monett clinics. I have worked with both physician assistants and nurse practitioners over many years. I still help teach physician assistants (PA) as part of my work volunteering at the Missouri State University Care Clinic. When working either with the PA or nurse practitioner (NP) as part of my clinic, I always concentrated on safety and quality of care. I spent time training them to the practice of gastroenterology and reviewed almost all of their encounters. I set guidelines on what medications were too high risk without my approval. Primarily, the NP or PA would see follow-up patients or low-risk conditions after I set the treatment plan. The great value of collaborating with an NP or PA was the ability to extend my time so I could see more new consultations and concentrate on the more complex problems. The house bills that would appear to eliminate the requirement for oversight of NPs, I think miss the issue of quality of care. As you may know, a nurse practitioner typically spends 2 years to complete an RN degree and then another 2 years doing master's level training, again in nursing care. Nurse practitioners may have an additional 300 to 700 hours of clinical care but taught by nurses, who may have a doctorate in nursing care. Most physicians completing a family physician residency have not only their basic college degree, but then 4 years of medical school and 3 years of residency. This is 11 years of post-graduate study with 10,000 to 12,000 hours of supervised training. That training is delivered by experienced teaching physicians. Physicians start seeing patients in their 4th year of medical school clerkships and gradually take on increasing responsibility for decision-making throughout their internship and residency. A specialist will have between 12,000 and 16,000 hours of supervised training by experienced physicians in their field. Nurses do not have basic sciences, pathophysiology, pharmacology at the depth that medical students get. The NPs lack the structured oversight and training of the residencies that help ensure the ability to understand complex illness diagnosis and treatment. However, NPs or PAs in a collaborative practice with physicians can extend care for our communities and still help to ensure the best quality of care we can provide. I enjoy my practice and see consults from NPs and PAs. I see their dedication to their patients, and I feel that the collaboration is key to helping patients. However, I worry about the expanding use of less supervised non physician providers and as well, independent practice by NPs. This is not a dollar issue for me or most physicians. There is plenty of need for physicians, as well as NPs or PAs. However, the Association of American Medical Colleges reported in October 2022 that the 4 year median cost was \$268,476 for public and \$363,836 for private medical schools. It is uncommon for a physician to enter practice after just a one year internship. Most will finish at least a residency and or fellowship after medical school. I do wonder who will go to medical school if 4 years of RN training allows independent medical practice, but physicians must pay for medical school and then do 3-5 years additional training after medical school before they practice independently. I appreciate your time to consider my message. Sincerely, Alexander R Hover MD FACP AGAF2900 North Rock Wall LaneOzark, Mo 65721417

849-4045Immediate Past President Missouri State Medical Association



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			TE: 7/2023
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WITNESS NAME: AMELIA NI		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: a.y.ni@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/4/2023 12	2:36 PM

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My opinion stems from both a personal level as a patient and from a professional level as a resident physician in training. As a patient, I do not want to receive care from a nurse practitioner who does not have at least access to a doctor that is trained and specialized their their field. The wide range of experience and lack there of with NPs does not produce consistently knowledgeable care, and with their ability to switch from specialty to specialty, patients could be exposed to someone without any experience as a nurse at the bedside who went straight to their advanced degree who also just switched from something as unrelated as ophthomology to general surgery. Think about who you want prescribing medicine or giving medical advice or performing procedures on yourself, your family, your friends. Do you want a nurse practitioner who hasn't had the full scope of medical school and residency training, that provides the ability to know what rare but fatal complications can occur and how all the different body systems interrelate? As a resident physician, I'm appalled that 4 years of medical school and a minimum of 3 years of residency training could thought to be equivalent to a 2 year master's degree. Perhaps in the past when NP schools required 20 years of bedside experience to even apply for matriculation it made more sense, but now when you can go straight through after learning nursing specific knowledge and skills for 4 years, it's thought to be sufficient to obtain a Master's of NP, and now you say that's enough to practice independently? Anyone who has met a 2nd year medical student would confidently say they can't start being an independent doctor. Why and how is this any different.



BILL NUMBER: HB 271				DATE: 2/7/2023
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WITNESS NAME: ANDREW JAMES			PHONE NUMB	ER:
BUSINESS/ORGANIZATION	I NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: andrewjames519@g	gmail.com	ATTENDANCE: Written	SUBMIT D 2/7/202	OATE: 3 9:43 AM
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This proposed bill greatly jeopardize patient safety. As an anesthesiologist who supervises CRNAs, I have seen first hand the result of the difference in training between physician anesthesiologists and CRNAs. Countless times I have been called in an operating room to assist a CRNA with a potential life threatening problem. Had I not been there to lend my expertise, it would have likely lead to an adverse outcome with a patient. Patients deserve the highest level of care, which is supervised or direct care by an anesthesiologist.



BILL NUMBER: HB 271			DATE: 2/7/2023
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INDIVIDUAL:			
WITNESS NAME: ANDREW PECK		PHONE NUMBER	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: andrew.peck@meritashealth.com ATTENDANCE: Vritten SUBMIT DATE: 2/7/2023 11:51			
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Based on my experience as a physician practicing in Missouri, I believe nurse practitioners are best utilized under the supervision of a physician. I do not believe it is as safe for them to practice independently when they could have otherwise been supervised. Unsupervised, I believe they would run more unnecessary tests, increase health care costs, and over-refer to specialists, as compared to physician or physician led models.



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WITNESS NAME: ANJALI PATEL			PHONE NUME	BER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
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CITY:			STATE:	ZIP:	
EMAIL: unjipatel@hotmai	l.com	ATTENDANCE: Written	SUBMIT II 2/7/202	DATE: 23 11:24 AM	
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CRNA have anesthesia knowledge -limited scope. They do not have the extensive knowledge to assess pts for preop suitability for surgery as well as post op complications. They do not have the medical knowledge for critical issues during surgery.



BILL NUMBER: HB 271				DATE: 2/7/2023
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARMAND MOREL			PHONE NUMB	ER:
BUSINESS/ORGANIZATION	I NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: morel.an@hotmail.c	com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12:59 PM	
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WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE			PHONE NUM	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 23 11:52 PM	
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This Bill Puts Patient Safety in Jeopardy. I am Opposed to this Bill and waiving Testing Regulations and Reducing State Regulations, in addition to proper over-sight.



BILL NUMBER: HB 271				DATE: 2/7/2023
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WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUM	BER:	
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WITNESS NAME: BENJAMIN J NEW	/ELL		PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	_
EMAIL: newell.benjamin@	gmail.com	ATTENDANCE: Written	SUBMIT D 2/7/202	OATE: 13 11:04 AM	
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As a physician anesthesiologist, I will defend the anesthesia care team until the end. Please preserve the healthcare system that has led to unprecedented reliability and patient safety. Advanced practice nurses are a valuable part of a team that includes physicians. I practice anesthesiology full time in Missouri.



BILL NUMBER: HB 271				DATE: 2/7/2023
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: BRANDON TAN			PHONE NUMBE	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: brandon.k.tan@g r	mail.com	ATTENDANCE: Written	SUBMIT DA 2/7/2023	ATE: 3 11:18 AM
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CRNA's are capable members of the Anesthesia Team. However, I do not want the increased risk of death and hospitalization that comes with no oversight. Either the training is the same, which it is not, or that training is not needed. I feel safer with a physician on my team.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		·	
TESTIFYING : □IN SUPPORT OF	✓ IN OPPOSITION TO	FOR INFORMAT	TIONAL PURPOSES
	WITNESS NAME		
BUSINESS/ORGANIZATION:			
WITNESS NAME: BRIAN BOWLES		PHONE NUMBER 573-634-341	
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF OSTEOPATH SURGEONS	IIC PHYSICIANS AND	EXECUTIVE	DIRECTOR
ADDRESS: 1423 RANDY LANE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: brianb@maops.org	ATTENDANCE: Written	SUBMIT DAT 2/6/2023	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

On behalf of the Missouri Association of Osteopathic Physicians and Surgeons and the over 3,500 DOs licensed in the state, the Missouri Association of Osteopathic Physicians and Surgeons opposes HB 271. This bill eviscerates the current collaborative practice arrangement between physicians and nurse practitioners in the state and would effectively grant nurses the ability to practice medicine independent of physician supervision, without the requisite education and training. This is being done as a fix to the "access to healthcare" problem in the state. Many are citing that their rural constituents are not able to find care due to current "barriers." However,, evidence shows that allowing nurse practitioners to practice medicine independently does not result in them moving to rural areas where they can care for the rural underserved. Instead, they concentrate in the same areas that have current physician and nurse coverage. The APRNs will often call this a "turf battle," stating that physicians only want to protect their business. However, this is not the case. Physicians feel the patients of Missouri deserve care from the most highly trained, and that we do a disservice to patients by thinking that offering access to "care" by lesser trained individuals granted practice authority through legislation rather than enhanced education and training. In fact, in 2014 the state legislature passed statute creating a new provider type - the assistant physician. Assistant physicians are medical school graduates who for whatever reason were unable to match into a residency program. The AP license allows them to practice in collaboration with a physician. In other words, Missouri doesn't even allow medical school graduates to practice medicine without approrpriate postgraduate training (residency), nor should we. This is not a turf battle. It is a concern over the quality of care patients receive.



BILL NUMBER: HB 271			DATE: 2/7/2023
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	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: CHRISTOPNER FELLING MD		PHONE NUMBER	:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cfelling@att.net	ATTENDANCE: Written	SUBMIT DAT 2/7/2023	E: 2:19 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I have been a practicing physician Anesthesiologist for over 31 years in Missouri and supervised Nurse Anesthetists about 85% of the time as well an worked with Advanced practice Nurses in the preoperative clinic and throughout the hospital. While I went to Medical School for 4 years after college and did a 5 year residency equivalent (for which there are no part time programs (so you can't work at the same time), the advanced practice Nurses at best have a four year degree in Nursing and 2-3 years of advanced training, frequently part time. The training and knowledge attained aren't equivalent and Nurse Practitioners need physician consultation to fill significant gaps in their knowledge base with patients.



BILL NUMBER: HB 271			ATE: 2 /7/2023
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	WITNESS NAME		
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WITNESS NAME: CLAUDINE MANSOUR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		•	
CITY:		STATE:	ZIP:
EMAIL: claudinemansour@yahoo.com	ATTENDANCE: Written	SUBMIT DATI 2/7/2023 9	

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My brother received a heart transplant 4 years ago and he is doing amazing. During the lengthy process, I witnessed first hand the level of expertise and knowledge that the physicians showed and was humbled by their hard work and dedication. These are highly trained individuals and to allow nurses who don't even come close in any form of training to practice medicine at the same level as a physician is outrageous to me. I can't believe this is even a question. The big talking point of serving rural areas by CRNA's is a ploy to only pass this bill because data shows that these nurses are not going to the underserved and rural areas at all. They just want to use this as a selling point and disregard the fact of the significant level of competence from a physician to a nurse. As someone who is so thankful for the time and dedication that physicians put in to take care of patients- please say NO to these bills. Patients deserve the highest level of care. Thank you.



BILL NUMBER: HB 271			DATE: 2/7/2023
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WITNESS NAME: CURTIS FOX		PHONE NUMB	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: mcfcs235@yahoo.com	ATTENDANCE: Written	SUBMIT D 2/6/202	ATE: 3 8:33 AM
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THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. As a physician I am against these bill as they endanger patients. Physicians have more education and

As a physician I am against these bill as they endanger patients. Physicians have more education and training to care for patients. Would you rely on a paralegal for your legal advise or a teacher's aid to be responsible for the education of your children? APRNs and CRNAs do wonderful work with a collaborative relationship with a doctor. Please keep it that way.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271		DA 2/7	TE: 7/2023
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	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: DAVID D CARR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: daviddcarr@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12	::11 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

My name is David Carr and I am one of your constituents, I have recently become aware of three Bills (271, 329, and 330) that are to expand the scope of CRNA's. As an Anesthesiologist, I work alongside CRNA's and CAA's daily. We work together to provide safe anesthesia for patients in the hospital. They provide excellent care and I am happy to work with such talented people; however, it is concerning that these Bills are aimed to eliminate the current care team model and allow unsupervised and unchecked practice to providers with less education and experience than anesthesiologists. THESE BILLS ARE DANGEROUS.Allow me to share a recent personal example of how without the team model, a patient would have died. I was supervising a case with an experienced CRNA, and when discussing the upcoming case I mentioned that the patient had a muscular disease, and we would need to do the anesthesia for the case very differently than routinely done for the procedure. The CRNA was surprised by this. If the CRNA would have completed the case in a more standard fashion, as the CRNA was planning, the patient undoubtedly would have died. Due to the significantly less medical training, I place no blame on the CRNA for not knowing about the deadly consequences of the rare muscular disease and anesthesia. However, this story, as well as many others I could share, illustrates the need for a team model. There is safety in having multiple people watching out for patient. These bills will eliminate safety and people will die. I would like you to consider the recent case of the nurse (RN) in Tennessee who accidentally administered Vecuronium, which paralyzed the patient leaving him unable to breathe, leading to his death. As anesthesia providers we deal with incredibly dangerous medications like Vecuronium frequently, which is why it is critical that those with less education and training are supervised. Yet these bills aim to remove layers of safety that exist to prevent patient deaths like those mentioned above.PLEASE DO NOT ALLOW THESE BILLS TO PASS AND ELIMINATE PATIENT SAFETY. THIS WILL UNDOUBTEDLY LEAD TO PATIENT DEATHS



BILL NUMBER: HB 271				DATE: 2/7/2023
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REGISTERED LO	OBBYIST:			
WITNESS NAME: DAVID JACKSON			PHONE NUME 314-406-2 9	
REPRESENTING: MISSOURI DERMA	ATOLOGICAL SOCIETY	,	TITLE:	
ADDRESS: PO BOX 1865				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
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WITNESS NAME: DR JOHN D GISI			PHONE NUME	BER:	
BUSINESS/ORGANIZATI	ON NAME:		TITLE:		_
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL: jdgisi@msn.com		ATTENDANCE: Written	SUBMIT 0 2/7/202	DATE: 23 1:22 PM	
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I estimate that 90% of medicine could be practiced by physician extenders without a problem. However, it is the remaining 10% that a foundation of a medical school education makes the difference. Losing physician oversight would be detrimental to patient safety.



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WITNESS NAME: DR. DANIEL TIVENER			PHONE NUI	MBER:	
BUSINESS/ORGANIZATION NAME:			TITLE:		
ADDRESS:			•		
CITY:			STATE:	ZIP:	
EMAIL: Dtivener@hotmail.com		ENDANCE: itten	SUBMI 2/7/20	DATE: 023 9:41 AM	
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This bill would have a significantly negative impact on the safety of all patients in Missouri.



BILL NUMBER: HB 271			DATE: 2/7/2023
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	WITNESS NAME		
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WITNESS NAME: DR. JOSH FERGUSON		PHONE NUMBE	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jfergusondo@hotmail.com	ATTENDANCE: Written	SUBMIT DA 2/7/2023	TE: 11:05 AM

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My name is Dr. Josh Ferguson. I strongly oppose bills HB 329 and 271. Patients deserve the best medical care. This is not possible without physician involvement in their Anesthesia care. Over 80% of Missourians prefer the team model approach for their anesthesia care. This involves a physician and a nurse. 9 out of 10 surgeons report that a physician anesthesiologist is the most capable of treatment during complications during surgery. Hospitalizations are dramatically higher if patients when care is given by nurse anesthetist and no physician anesthesiologist involved. The short term decrease in cost of a nurse anesthetist solo practice is outweighed by the long term costs of increased litigation and readmissions to hospital following surgeries. Please vote no



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			DATE: 2/7/2023
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WITNESS NAME: DUSTAN AFSHAR		PHONE NUMBER	:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		•	
CITY:		STATE:	ZIP:
EMAIL: dusty2431@gmail.com	ATTENDANCE: Written	SUBMIT DAT 2/7/2023 \$	

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As a practicing anesthesiologist in a busy level 1 trauma center here in Missouri I can tell you that dissolving a care team model is very much to the detriment of our citizens. I was born in Missouri and have lived here my entire life. I went to medical school here, completed residency training in anesthesia here and during that time cared for many people as a team with crnas and AAs alike. It is not simply an opinion that our current care team model is what's safest and most cost effective for the citizens our our great state. Malcolm gladwell said it takes 10000 hours of practicing the right way to become an expert in something. At 40hours a week with no vacation time that would take a minimum of five years. There is simply no comparison in the level of training and expertise between physician anesthesiologist and CRNA. As lawmakers you should ask what can we do to help our systems to benefit our constituents. These bills simply do the opposite.



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INDIVIDUAL:			
WITNESS NAME: ELIZABETH LUCORE		PHONE NUMBER	₹:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: elizabethlucore@gmail.com	ATTENDANCE: Written	SUBMIT DAT 2/7/2023	E: 4:06 PM

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I am a family physician in practice in Monett Missouri. I drove up three hours today in order to speak in opposition to HB 271 and related legislation with my representative and senator. I have no turf battle with ARNPs; I work with six nurse practitioners and five physicians, and I appreciate the team work that our collaborative practices allow in our family practice and obstetrical care. I am speaking to you today simply to express my sincere concerns about the potentially negative impact this legislation, as currently written, on the safety of all Missouri residents. Currently, physicians are board-certified by specialty. A doctor may specialize in pulmonology or cardiology, etc., and must maintain continuing medical education to provide an acceptable level of care. This legislation does not specify this expectation for APRN's, who are currently able to change specialty without additional training or certification. APRNs currently work in all sectors of medicine, not just treating colds in urgent care. With no assurance of quality or continuing education, is this really the safest thing for Missouri citizens? With great responsibility comes great accountability. If my clinical decision results in harm to my patient, I will be held accountable by the board of healing arts. While I oppose this legislation, if APRNs are allowed independent practice they should be held to the same standard of medical care and same level of accountability with licensure under the Board of Healing Arts.Our state legislation recently changed the radius for physician, collaborative agreement to 75 miles, effectively, allowing nurse practitioners to work in every corner of the state. There was a desire to come join me in the underserved portions of Missouri, I believe the opportunity exists without this proposed legislation.In closing, I speak in opposition to this bill.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			ATE: /7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING: □IN SUPPORT OF	✓ IN OPPOSITION TO	FOR INFORMATI	ONAL PURPOSES
	WITNESS NAME		
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WITNESS NAME: EMIL MARKULIS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: emil.markulis@gmail.com	ATTENDANCE: Written	SUBMIT DATE 2/7/2023 1	2:03 PM

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To the members of the Missouri House Healthcare Reform Committee:I am an anesthesiologist practicing in the greater Kansas City Area. I currently work at a facility that not only utilizes the team care model with physician lead anesthesia care, but at a location where nurse anesthetists are trained alongside anesthesia residents. I am in complete opposition to expanded practice for certified registered nurse anesthetists or advanced practice registered nurses without physician supervision or collaboration. There is an astounding difference between the knowledge gained in four years of medical school and four more of residency training. Just in volume of hours alone, anesthesia residency on average works 60 or more hours weekly during four years of clinical training, while CRNA training is limited to a single year of didactics and barely two years of clinical time, with greatly limited case volume and case complexity. My most influential mentor during residency was a critical care anesthesiologist who even stated that she went back to medical school and residency because she felt so incomplete with her CRNA training. With today's complex patients and increasingly complex procedures, anesthesia is not a cookbook recipe where one size fits all. As a physician I have a wider perspective on the specifics of anesthesia as it relates to various diseases and a patient's specific situation. There are side effects and consequences to the medications we give that go well beyond the operating room: over utilization of narcotics during and immediately after surgery has led to an increase in opioid consumption on a population level but also an increase in hospitalizations after surgery. One patient with significant sleep apnea was having a forearm fracture repair, this patient specifically wanted to avoid narcotics. I was able to keep the patient safe and comfortable by utilizing regional anesthesia. Tailoring medications and optimizing risk for patients often needs to be done in a very acute setting, for example several times I have had to choose medications given to patients about to undergo emergency surgery to save their vision from eye trauma. Without my intervention there is an extremely high risk of globe rupture and permanent blindness in the affected eye. Often my role can be as a coordinator for cases involving multiple teams. Most recently, a pregnant patient with a complicated placental condition with a known abnormal heart rhythm. A large collaboration was needed to coordinate the obstetric, radiology, and anesthesia teams, and I was able to ensure appropriate operating room resources and we achieved a safe delivery in a very high risk patient. Additionally there is no reduction in billing costs of anesthesia services whether it is nurse-anesthetist or physician-anesthesiologist providing the service. Patient care collaboration is enhanced with a physician anesthesiologist as I am able to reduce the amount of consults and unnecessary tests. As a physician and anesthesiologist, I am able to provide the most comprehensive assessment and complete level of care for my patients. Quality of care matters, the patient is always the most important person in the room.



BILL NUMBER: HB 271				DATE: 2/7/2023
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		WITNESS NAME		
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WITNESS NAME: EMMA SKORNIA			PHONE NUMB	ER:
BUSINESS/ORGANIZATION I	NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: emmaskornia@yaho	oo.com	ATTENDANCE: Written	SUBMIT D 2/7/202	ATE: 3 9:35 AM
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BILL NUMBER: HB 271			ATE: /7/2023
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	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: GALE OLESON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		•	
CITY:		STATE:	ZIP:
EMAIL: windywords@outlook.com	ATTENDANCE: Written	SUBMIT DATE 2/5/2023 4	:46 PM

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Most PA's, APRN's and RNA's are in general bright people but there is a reason that physicians are in training roughly 2-3 times as long as the aforementioned. In order to acquire the depth and breadth needed to be a physician you need that much time at a major training center. I have heard the argument that "after 3-4 years practicing under a physician you will have had the same training exposure"...not true. The less frequently seen medical diagnoses are not seen often enough to be encountered in a non -academic setting. So, the danger is that if you don't see the unusual, you will not think of, or know about, the more rare diagnoses. So the saying "You don't know what you don't know." summarizes the dangers.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271					TE: 7/2023
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		WITNESS NAME			
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WITNESS NAME: GARY M. GADDIS	MD PHD		PI	HONE NUMBER:	
BUSINESS/ORGANIZATIO	N NAME:		TI	TLE:	
ADDRESS:					
CITY:			S	TATE:	ZIP:
EMAIL: garymgaddis86@g	mail.com	ATTENDANCE: Written	•	SUBMIT DATE: 2/6/2023 1	1:04 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Public Testimony re House Bill 271 and House Bill 330Gary M. Gaddis MD PhD, 702 Radcliffe Ave. University City, MO, 63130February 7, 2023I hope to persuade committee members that the Missouri Legislature should NOT adopt the following proposed legislation, and this committee should not forward these flawed bills with a recommendation favorable for their passage:? House Bill 271, which would eliminate the need for Advanced Practice Nurses/ Advanced Nurse Practitioners (APRN) in Missouri to maintain a "Collaborative Practice Agreement" with a supervising collaborating physician? House Bill 330, which would permit an expanded scope of practice under APRN licensure.Imagine this scenario: After next week's Super Bowl, Kansas City Chiefs' Tight End petitioned Chiefs' Coach Andy Reed and Quarterback Patrick Mahomes to be allowed to play quarterback in next year's season-opener. After all, Kelce reasons, he has seen a lot of football played and he believes he understands the role of a team's quarterback, and how to competently execute that role. Of course, you members of the Committee would find that request not to be one to be granted, because despite Mr. Kelce's extensive experience as a football player, he has not been sufficiently trained to be the quarterback. This model is intended to provide an important parallel to this debate! Although many APRNs have extensive experience providing medical care within their role, they lack sufficient training to capably function independently leading a team of primary caregivers. That role should be reserved for physicians, and in fact, data supports that patients want physicians to lead their care teams, and that the care given when led by physicians is more cost-effective. Don't take my word for it. Take the word of patients who have been surveyed. Be influenced by data relevant to the Patients have spoken. They clearly prefer for their medical care to be led by question at hand:1) a physician. 91% of respondents to an AMA survey said that a physician's years of education and training are vital to optimal patient care, especially in the event of a complication or medical emergency. b. 86% of respondents to that survey said that patients with one or more chronic conditions benefit when a physician leads the primary health care team. c. respondents would prefer to be treated by a physician, even if this entailed a longer wait and cost more Care led by APRNs is more expensive because APRNs order more tests and consults than do physicians, yet quality measures show the care by APRNs to be inferior: • In a study of emergency department care conducted by two economists, it was concluded that non-physician-led care ends up being more expensive. o Chan DC. Chen Y. The Productivity of Professions: Evidence from the Emergency Department, National Bureau of Economic Research, Nov. 2022• stated, APRNs order more tests and consultations, adding needless cost to ED visits and prolonging a patient's time in the Emergency Department. o Again, this is not physicians saying so, it is two economists who studied the data in an unbiased fashion.. Here are the "specifics": These economists found that: APRNs are more costly than physicians to employ, even after accounting These Nurse Practitioners required more resources to for differences in salary.

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accomplish their care, when compared to physicians, resulting in 7 percent higher cost of emergency
department (ED) care or $66 per patient and an 11 percent longer length of stay compared to
               Not only was NP-led care more expensive: Outcomes for NP-led care were worse:
The authors noted that despite using more resources and keeping the patient in the ED longer than
patients seen by a physician, patients seen by an NP had worse outcomes – measured by a 20 percent
increase in 30-day preventable hospitalizations.
                                                     These differences are even starker for complex
patients. o The study. The Productivity of Professions: Evidence from the Emergency Department.
also finds that NPs are more costly to employ than physicians, estimating that continuing to use the
current staffing allocation of NPs in the ED would result in a net cost of $74 million per year compared
to staffing the ED with only physicians.
                                                    This net cost occurs despite NP salaries being
about half of physician salaries.
                                      This study's quality and validity lie in the upper echelon of
studies, because it employs a high-quality causal analysis and uses data from the Veterans Health
Administration from 2017-2020... when NPs were actually practicing WITHOUT any physician
involvement, providing a true assessment of the impact of NPs practicing without any physician
involvement on the cost and quality of patient care.
                                                                Further, no physicians or APRNs
were authors of the study.
                                      Another useful study comes from a primary care practice.
Based on a robust analysis of data, Hattiesburg Clinic, a multispecialty clinic in Hattiesburg,
Mississippi, found that care provided by nonphysicians working on their own patient panels led to
higher costs, more referrals, higher emergency department use, and lower patient satisfaction than
care provided by physicians. o
                                      Batson BN, Crosby SN, Fitzpatrick JM. Targeting Value-Based
Care with Physician-Led Care Teams, Journal of the Mississippi State Medical Association. 2022; Vol.
LXIII (1): 19-21. •
                         Hattiesburg Clinic is a leading ACO, ranking first in quality in is cohort in
                         The clinic had allowed non-physicians including nurse practitioners and
2016 and 2017. o
physician assistants to have their own primary care panel of patients. o
                                                                             The patients in these
panels were less complex than those seen by physicians and the non-physicians had access to a
                                      After compiling and reviewing data on over 300 physicians, 150
collaborating physician. o
non-physicians, 208,000 patient surveys, and cost data on over 3,300 unique Medicare beneficiaries,
Hattiesburg Clinic found that care provided by non-physicians resulted in higher costs.
            Data also found non-physicians had higher rates of utilization including visits to the
emergency department and referrals to specialists.
                                                                Based on 2017-2019 data from more
                                                      ?
than 20,000 Medicare patients, the study found patients with a primary care non-physician were 1.8%
more likely to visit the emergency department compared to those with a primary care physician.
            This is despite the fact, that patients seen by the non-physicians were younger and
                         Similarly, primary care non-physicians had an 8% higher referral rate per
healthier.
disease to specialists compared to primary care physicians and non-physicians in specialty
departments were 7% more likely to refer to another specialist.
                                                                             Moreover, data showed
that physicians performed better in 9 out of 10 quality metrics and received higher patient satisfaction
           ? The cost data was very compelling. Based on Medicare cost data, the clinic found
Medicare ACO spending for patients was nearly $43 higher per member per month for patients with a
primary care non-physician compared to those with a primary care physician.
                                                                                          These
additional costs could translate to an additional $10.3 million in spending annually.
                                                                                          Further.
after adjusting for patient complexity, this number jumped to over $119 per member per month or $28.5
million more annually. o The authors opined: ? "We believe very strongly that APPs are a crucial
part of the care team.
                        ?However, based on a wealth of information and experiences with them
functioning in collaborative relationships with physicians, we believe very strongly that nurse
practitioners and physician assistants should not function independently." 3) APRNs do not
preferentially locate to rural areas. Their location patterns match those of doctors. a.
organizations like to claim, without evidence, that they are the solution to disparately poor access to
health care that characterizes rural communities. Let's look at AMA Health Workforce Mapper maps to
see what has happened since 2013: b.2013 data (Note: Columbia is mislabeled as Jefferson City, but
these maps are otherwise accurate) show APRNs and primary care physicians are distributed similarly
                         Most recent data, 2021, shows that this status has not changed. APRNs have
throughout the state c.
not availed themselves of the opportunity to locate to rural areas, prior promises and attempts at
                                      The take-away: Despite a significant growth in numbers of
persuasion to the contrary. i.
graduates of APRN programs, they are not appreciably impacting rural areas' disparities of access to
primary care) 4)
                         APRN training is much less extensive, rigorous and well-supervised than
physician training:
                         Selected Contrasts re Training
                                                                Physician
APRN No
               Do schools exist that accepted 100% of applicants?
                                                                              Yes Never
                                                                                           Can a
                                                   Often*4 vears
                                                                                Duration of education
student obtain instruction exclusively on-line?
until MD or APRN degree 2-3 years10.000-16.000 hr Duration of supervised clinical formation
            500-720 hr3-7 years
                                         Duration of residency training
                                                                                               No
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Do students or residents secure their clinical training Often

residencyNever

sites on their own? **Always** Are faculty who provide clinical training members of the Seldom degree-granting institution? I hope it gives committee members a. pause that they are considering allowing APRNs, whose "capstone" experience with clinical supervision to guide their clinical formation, is occurring with inadequate institutional oversight by the degree-granting institution. If a medical school or medical residency program functioned in such a fashion, they would lose their accreditation! I personally believe that through their lack of sufficient oversight of the "capstone" clinical experience of APRN trainees. APRN training institutions are committing a fraud against the public. i. Resident physicians and medical students complete clinical rotations under faculty supervision at sites secured and assigned by the degreegranting or certificate-granting institution. 1. APRNs cannot make this claim because they typically must find their clinical site on their own, and that site may or may not have previously provided such training. ii. Resident physicians and medical students are evaluated by faculty with a meaningful clinical appointment from the degree-granting institution. 1. APRN program cannot make this claim iii. APRNs typically do not experience clinical formative experiences in institutions that allow them to meaningfully guide patient care. Resident physicians have this, and occasionally medical students have such opportunities, too iv.APRNs do not experience residency training. As such, there are no organizations equivalent to: 1 The Accreditation Council for Graduate Medical Education (ACGME), which accredits ALL graduate medical training programs for physician education in the United States. The Residency Review Committee, that accredits residency programs in each of the accredited medical specialties in the It is incontrovertible that an APRN who can currently work under a United States. b. collaborative practice agreement with a fully-licensed physician has less hours of directly supervised clinical formation that a Post Graduate Year 1 (PGY-I) resident has obtained by the end of the second month of their first year of training. No resident physician can apply for medical licensure, to permit unsupervised practice of medicine in Missouri, until the completion of the 12 months of PGY-15) Summary: To provide medical care is a complex task a. their markedly more extensive training, physicians nonetheless commit errors b. It is highly illogical to believe a much less-extensively trained APRN could provide medical care with similar safety and effectiveness! Such claims just can't pass the "smell test"!



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		,	
TESTIFYING : IN SUPPORT OF	✓ IN OPPOSITION TO	FOR INFORMAT	TONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: GARY PETERSON		PHONE NUMBER	₹:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: leatherchair5@yahoo.com	ATTENDANCE: Written	SUBMIT DAT 2/7/2023	9:57 AM

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As a practicing anesthesiologist I recognize the need for increased access to SAFE anesthesia services. It would make me very uncomfortable to have a CRNA practicing independently of a residency trained anesthesiologist. I see the need for them in the current care team model and appreciate their skills, it is presumptive however to assume they are as qualified to provide the same care as someone with much greater training in critical situations. Unfortunately many of the complications related to surgical procedures are difficult to quantify or place responsibility, the difference is intangible, but take it from some one on the ground floor doing the work everydayTHERE IS A DIFFERENCE



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: GEORGE J. HRUZA	Α		PHONE NUMB	ER:
BUSINESS/ORGANIZATIO MISSOURI STATE	N NAME: MEDICAL ASSOCIATI	ON	TITLE: DR.	
ADDRESS: 113 MADISON, PO	BOX 1028			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	ATE: 3 12:00 AM
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	WITNESS NAME			
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WITNESS NAME: JAMES D. WIRTHLIN		PHONE NUI	MBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:		
ADDRESS:		·		
CITY:		STATE:	ZIP:	
EMAIL: jdwirthlin@wustl.edu	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 023 9:59 AN	l

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This is terrible legislation and a clear example of mission creep. The tendency of mission creep on the battlefield, just like in medicine with provider creep, results in outcomes that were far outside the intent of the original mission. These bills allow Nurses to provide independent care OUTSIDE the supervision of a Physician. This is especially dangerous when it comes to the practice of Anesthesiology. MULTIPLE studies have shown this practice of expanding the legal scope of Nurses has resulted in HIGHER COSTS and WORSE Patient outcomes. The training alone, between Physicians and Nurses is YEARS of training and studying. Board certifications for Physicians is dramatically more difficult than for Nurses and demonstrate a different role of providing Anesthesia care. Nurses Need Physician oversight when dealing with Life/Death medical practices. Almost all surgeons (>90%) DO NOT want nurses practicing Anesthesia without an Anesthesiologist supervising them, being able to intervene and provide critical care interventions that are Well outside the scope of All Nurses providing anesthesia. Surgeons do NOT want to take the medical legal risk of anesthesia care without an Anesthesiologist. Ask ANY patient is they'd prefer a physician or a nurse providing Anesthesia to them for ANY surgery and they will answer they want the best trained and most capable to be available. THESE BILLS UNDERMINE PATIENT CARE, PATIENT SAFETY, and INCREASE COST TO HOSPITALS. Vote NO on these dangerous expansion of scope bills.



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	WITNESS NAME		
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WITNESS NAME: JASON HAHN		PHONE NUM	BER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jhahn03slu@gmail.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 23 12:14 PM

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To whom it may concern: I am a physician practicing medicine for nearly ten years. I am writing to express concern over scope-of-practice expansion and eliminating collaborative practice. Regarding my education, I have an undergraduate degree in Biology, a medical doctorate after 4 years of rigorous medical education, a four year medical residency at a prominent academic center (involving intense hours with direct patient care covering all fields of medicine), a one year fellowship (involving an intense schedule of subspecialty patient care), and nearly ten years of medical practice. The training that physicians experience is unparalleled, and the experience that accompanies such an intense training regimen provides the highest level of ability to care for patients. Advanced practice nurses (NPs, PAs, CRNAs), while a valuable component of modern medical practices, simply do not undergo any comparable amount of training or experience. As technology and scientific understanding become ever more complex, it is a mistake to "short-cut" healthcare in a first world nation. There are countless alternative methods for cost containment (and methods that would be more fruitful, addressing the increasing bureaucratic bloat in healthcare administration and/or insurance companies) other than bypassing the most qualified individuals for direct patient care. I strongly ask that you consider this, and I ask that you oppose increasing autonomy for mid-level providers such as NPs, PAs, and CRNAs, in order to maintain the highest standards of healthcare in the most advanced nation in the world. Thank you.



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		WITNESS NAME		
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WITNESS NAME: JEFF HOWELL			PHONE NUMB 573-636-5 2	
REPRESENTING: MISSOURI STATE	ORTHOPAEDIC ASSO	CIATION	TITLE:	
ADDRESS: 113 MADISON STF	REET			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
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WITNESS NAME: JEFFREY D. DAVIS, DO		PHONE N	JMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:		
ADDRESS:				
CITY:		STATE:		ZIP:
EMAIL: jeffreydavis@atsu.edu	ATTENDANCE: In-Person	SUBM 2/6/2	IIT DATE: 2023 9:	08 PM

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Good afternoon, my name is Dr. Jeff Davis, DO, and I write in opposition to HB 271 and the provision of the idependent practice of medicine by nurses by the 102nd Assembly. I am a 2000 graduate of A.T. Still University - Kirksville College of Osteopathic Medicine in Kirksville, MO. I completed my 3rd and 4th vear medical school clinical clerkships at Capitol Region Medical Center right here in Jefferson City. After graduation, I completed my family medicine residency at Southern Illinois University's Quincy Family Practice program at Blessing Hospital in Quincy, IL. After passing the 3rd step of COMLEX-USA board examination, I obtained a full license to practice medicine in Missouri in 2001 and have practiced in the state for more than 20 years. Following completion of my residency. I successfully completed my Family Medicine Board Certification and began full-time employment at Scotland County Hospital and Rural Health Clinics in Memphis, MO. For more than 20 years, I have collaborated with nurse practitioners and physician assistants, cared for patients in the emergency department, inpatient wing of the hospital, performed procedures, delivered babies and provided care to nursing home residents at four different rural nursing homes in NE MO. I currently serve as the Medical Director at two of the three nursing homes where I still care for patients. I also am the Medical Director of two rural health clinics in Lancaster and Edina, MO. I also serve as the Medical Director of two Ambulance services in Knox and Clark counties in NE MO. In May of 2022, I accepted an appointment from A.T. Still University as the Assistant Dean of Clinical Affairs at Kirksville College of Osteopathic Medicine. In this role, our department oversees the clinical education of 350 3rd and 4th year medical students each year in 30 communities across Missouri and the United States including one right here in Jefferson City. I oppose this piece of legislation and others related to it for several reasons. First of all, I actively practice in collaborative practice agreements with 3 nurse practioners and 1 physician assistant. The interprofessional healthcare team at Scotland County Hospital and Clinics provide care to more than 10,000 people in NE MO, SE Iowa and West Central Illinois. These teams of clinicians are physician-led, high quality and safe. I believe physician-led teams of healthcare professionals provide for the best and safest care to Missouri's patients. Over the past several years, many sources have outlined the difference in training between primary care physicians and nurse practitioners including studies from institutions like the Vanderbilt Family Nurse Practitioner Program. NPs have 1,100-1,900 less preclinical hours of lecture than primary care doctors. They also complete 750-1,500 fewer study hours during their pre-clinical years than docs. During their clincal training years, NPs experience 4,500-5,500 fewer hours of patient contact than physicians. And finally, NPs don't complete a residency and therefore miss out on another 9,000-10,000 hours of training that all physicians receive. However, this bill would legislate non-physician nurses to be considered equivalent legally to their physician counterparts despite these vast differences in education and experience. In total over the 5.5-7 years a nurse spends in "advanced" training, they have fewer than 15,350-18,900 hours in education compared with a primary care physician during their 11+ years of training. While I do not think this bill and

legalizing the practice of medicine by nurses who have not gone to medical school is best for the patients of Missouri. I do think there are a couple of options for the committee to consider. First of all, I have routinely asked my own and my partners' collaborative nurse practitioners if they desire to practice medicine independently, and I have only had one of many think they would. And, they moved to Alaska and now practice in a native Alaskan healthcare system. Most of the NPs I have asked this would prefer to remain in their existing collaborative practice agreements. They do not want universal independent practice of medicine by nurses in Missouri. Therefore, if the legislature thinks nurses practicing medicine in Missouri independently, I would recommend a two-tiered system. One in which nurses that desire to continue in their current collaborative practice arrangement as an RN under the Board of Nursing could continue to do so. And, another, in which a nurse desires and is confident enough to practice the healing art of medicine independently, could assume the responsibility, liability and accountability by obtaining an independent-Advance Practice Registered Nursing (i-APRN) license only under the Board of Healing Arts. If physicians and nurses are considered equal by our legislature, then they should also have oversight and authority granted by the same licensing body. This seems very reasonable and equitable. Thank you for your time and consideration.



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	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: JENNY PENNYCOOK, MD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jpennycook@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2023 2:	20 PM

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Medicine and Nursing are different. Education in one does not translate into expertise in the other. The explosion of online NP schools with near-100% acceptance rates should be contrasted against the rigorous, standardized education of a physician. With the alphabet-soup of initials on many nametags, it's hard for patients to even know the level of training the people treating them have. Tests and referrals cost more money. Non-physician practitioners order more labs, imaging, and make more referrals than physicians. Having physician led care can save healthcare dollars. Most importantly to me, a physician in a rural area of Missouri, non-physician practitioners (NPPs: NPs and PAs) do not go to rural areas in any greater numbers than physicians do, yet NPPs use rural access as an argument for them to work independently of any physician. Rural citizens deserve the same level of healthcare as everyone else.



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BUSINESS/ORGANIZATION NAME:		TITLE:	
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CITY:		STATE:	ZIP:
EMAIL: jianbinnzheng@gmail.com	ATTENDANCE: Written	SUBMIT DA 2/7/2023	TE: 10:44 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am currently in a hospital where CNRAs and AAs are providing anesthesia care to patients under supervision of an anesthesiologist. Most of time they were Ok to get the job done, but oftentimes I found they have shown inadequate training and knowledge gaps that are potentially dangerous to patient care. I have CRNAs and AAs with years of experience who thought arterial line tracing during CPR is sign of return of spontaneous circulation, who is not able to identify risk of family malignant hyperthermia. These are just two examples that I encountered during the past weeks. They still seem not able to handle moderate to severe clinical conditions even after years of working in the field. Unfortunately, in clinical anesthesia care, we see these conditions on every day! These acts are put our patients in every dangerous hands who have not been adequately trained or is not equipped with the best skills and knowledge to provide qualified care. I would never put my family or myself under the care of an CRNA, an AA or nursing practitioner without the supervision of an medical doctor.



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform			
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WITNESS NAME: JOHN CISETTI		PHONE NUME	BER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
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CITY:		STATE:	ZIP:
EMAIL: cisettij@gmail.com	ATTENDANCE: Written	SUBMIT I 2/7/202	DATE: 23 11:25 AM
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THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

There has been well established data that shows Physician led Anesthesia has lower mortality rates and patients have more favorable outcomes during and after Anesthesia. I feel it is vital to have a physician involved in Anesthesia. As a resident in the state of Missouri I strongly oppose this bill. I know every government official would want nothing but the best care for themselves or their loved ones. I hope they would vote no to allow all members of the community to obtain the same and best healthcare possible.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			DATE: 2/7/2023	
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	WITNESS NAME			
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WITNESS NAME: JOSEPH LEO BORUP		PHONE NU	JMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:		
ADDRESS:				
CITY:		STATE:	ZIP:	
EMAIL: joeborup@hotmail.com	ATTENDANCE: Written	SUBMI 2/7/2	IT DATE: 2023 12:57 PM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

At 11:23 am yesterday, I got a notification in my email for a "Confirmation of: Support Advanced Practice Registered Nurses - MO." It was an automatically generated email confirming that someone used my name, home address and email address to submit letters to Governor Parsons, Missouri State Senator Curtis Trent, and Missouri Representative Alex Riley in support of House Bill 271/Senate Bill 79 and House Bill 330/Senate Bill 208. The confirmation email included a link to the activities the identity thief accomplished using my personal information. The website VoterVoice used my information to generate automatic emails to my legislative representatives per my home address. Therefore, the only information the offender needed was a list of names, home addresses and email addresses to falsify multiple letters to public officials in support of these bills. I typically take extra caution for possible identity theft attempts, but I can see how this practice could evade most victims. The number of fraudulent emails that have been and that can continue to be sent to legislative representatives using this tactic could number in the thousands. Let it be known, I am absolutely against the aforementioned Bills and feel as though my voting voice has been hijacked. I am unaware if there is any recourse for the actions this perpetrator, or these perpetrators, have taken. It is my intent to inform the legislative body of the unjustifiable lengths the proponents of these bills will take to undermine the legislative process. If the fraudulent actions taken by these offenders allow the bills to pass without thorough review, it will undermine our healthcare system. There is no data to support the notion that independent nurse anesthetists can achieve the same outcomes of the physician Anesthesiologists. Additionally, current research shows removing physician supervision will not increase patient access to surgery, procedures or anesthesia care as demonstrated in Kansas.



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INDIVIDUAL:			
WITNESS NAME: JULIA FITZER		PHONE NUMB	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
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CITY:		STATE:	ZIP:
EMAIL: julia.n.fitzer@gmail.com	ATTENDANCE: Written	SUBMIT D. 2/7/202 3	ATE: 3 1:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610. RSMo.			

CRNAs should be supervised by Anesthesiologists. Advance practice nurses do not have the length or depth of training as a medical doctor, and should not be treated as such.



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WITNESS NAME: KAITLYN HILL			PHONE NUM	MBER:
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CITY:			STATE:	ZIP:
EMAIL: 1kaitlyn@charter.	net	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 123 11:17 AM
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BILL NUMBER: HB 271				DATE: 2/7/2023	
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WITNESS NAME: KALEB AFSHAR			PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
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CITY:			STATE:	ZIP:	
EMAIL: kalebafshar@yaho	oo.com	ATTENDANCE: Written	SUBMIT 0 2/7/202	OATE: 23 3:18 PM	
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As a registered anesthesiologist serving the area of Springfield Missouri, I am strongly against the proposed amendments expanding the practice of nurse anesthetists without supervision from a trained anesthesiologist. These proposals are a direct threat to the safety of our community and a threat to quality patient care everywhere.



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INDIVIDUAL:				
WITNESS NAME: KARA SETTLES,	MD		PHONE NUMB	ER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: karasettles@iclou	ıd.com	ATTENDANCE: Written	SUBMIT D 2/7/202	OATE: 3 10:04 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

APNs serve a great role but must have accountability and close oversight for patient safety. Medical School is long and difficult for a reason as are medical residencies. To equate the two knowledge basis is shallow.



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WITNESS NAME: KAREN BARANSKI		PHONE NUME	BER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		•	
CITY:		STATE:	ZIP:
EMAIL: kjbaranski@charter.net	ATTENDANCE: Written	SUBMIT 0 2/5/202	DATE: 23 6:58 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

As a physician, with 6 years of post graduate training, and having worked with collaborative nurses over many years in radiology, this bill is absurd. The sheer number of hours difference in training should be enough to make this committee understand how poor an idea this is. All physicians have over 10.000 more hours of training than any particular nurse. There are far reaching ramifications of this decision. The maintenance of certification of physicians and their specialized fields requires extensive, continued medical education. We were trained as physicians to be the leaders in the collaborative efforts regarding patient care. At no point of the education of a nurse, were they ever trained to be the leader of the healthcare team. They are active supporters, extremely important, but not ever trained to assume full responsibility of the patient. Other far reaching areas with passage of this type of bill would have a large impact on the malpractice companies in our state. These malpractice insurance companies are already taxed by some of the absurd claims being charged against physicians. Add untrained nurses acting individually, without collaboration with a physician to the mix, and the healthcare system as we know it will be broken from the financial side. But ultimately, the only real people that will suffer this pure attempt at a power grab, will be the patient. The lives of patients should not be sacrificed to the needs of a group of people demanding more power. I don't believe the nurses have any idea the responsibility they are trying to assume. Because they have never been trained for it.



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WITNESS NAME: KATHRYN SMOCK		PHONE NUMB	ER:
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CITY:		STATE:	ZIP:
EMAIL: klang12@hotmail.com	ATTENDANCE: Written	SUBMIT D 2/7/202	ATE: 3 11:04 AM
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THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

As an anesthesiologist, I work in an environment with an anesthesia care team, including CRNAs, AAs and physician anesthesiologists. We are able to provide our patients with the highest level of care with an excellent group of clinicians. Training matters, and while I consider all of my colleagues to be excellent in what they do, the depth and breadth of knowledge gained from completing medical school and anesthesia residency is incomparable to training in nurse anesthesia. Patients in Missouri deserve care that is second to none. I encourage the committee to vote no to advance this bill.



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BILL NUMBER: HB 271			DATE: 2/7/2023
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WITNESS NAME: KEITH M RATCLIFF		PHONE NUM	IBER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kratcliff@yhti.net	ATTENDANCE: Written	SUBMIT 2/4/20	DATE: 23 11:22 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Good morning. I have been a rural family physician in Missouri for over 34 years, and every year we find efforts from those who are not trained as physicians requesting to practice as physicians. A contemporary APRN can be trained with mostly on line courses and as little as 500 hours of actual patient contact. In most circumstances they are not adequately prepared to care for our Missourians independently. Contrast this training with any Board Certified Family Physician who has completed between 15,000 and 20,000 hours of training by the time they practice independently in our State. Collaborative practice statutes overseen by the Missouri BOHA have been modified frequently to accommodate the desires of our APRN colleagues who are valued members of our health care teams.Please do not fall victim to the argument the Independent Practice for APRNs will in any way help our difficulties with access to care for our rural Missourians, this has been disproven many times over. MSMA and MAFP can provide the overlay maps from each year to prove that even the recent loosening of geographic proximity for our APRN colleagues has not brought them to our rural areas. In fact, data published by the Missouri Board of Nursing in 2022 shows only about 5% of current APRNs practice in our rural locations. Eliminating the current Collaborative Practice model will not bring our APRN colleagues to our health care shortage areas, they will continue to choose mostly urban and suburban practice locations as they have proven to do in the past.Please consider discussing with MAFP and MSMA solutions to this dilemma such as student loan forgiveness for physicians who practice in rural locations. Another approach is to consider state funding of additional Primary Care residency slots which could quickly improve our physician workforce shortage. Our six medical schools graduate about 4500 physicians each year, but we have only about 80 entry residency slots in our 12 Family Medicine residencies available each year. Many of these physicians, who we have already invested in, leave our state because we have not provided adequate residency slots for them to receive the training that is needed to adequately care for Missourians. We can not continue to export to other states our talented physicians. The solution for your constituents is not to permit Independent Practice of APRNs with much less expertise, but to find ways to retain the many physicians who leave our state to get the specialty training that they need to practice medicine safely.Thank you for your consideration.Keith Ratcliff MD FAAFPWashington Missouri



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WITNESS NAME: KEITH OPAT		PHONE NUME	BER:
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CITY:		STATE:	ZIP:
EMAIL: keith.m.opat@gmail.com	ATTENDANCE: Written	SUBMIT D 2/7/202	OATE: 3 10:03 AM
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The movement towards no physician involvement in healthcare is a dangerous precedent and undermines patient safety.



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WITNESS NAME: KENT SCHALLER			PHONE NUMBE	ER:
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CITY:			STATE:	ZIP:
EMAIL: kschallerdo@oaav	web.com	ATTENDANCE: Written	SUBMIT DA 2/7/2023	ATE: 3 3:28 PM
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Removal of physicians and replacement with APRNs will jeopardize safety. It will not reduce cost



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EMAIL: krupadesai@wust	tl.edu	ATTENDANCE: Written	SUBMIT 0 2/7/202	OATE: 23 9:38 AM	
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Multiple research studies have shown that physician anesthesiologists have a much lower mortality and morbidity than crnas. CRNAs have a very valid role in the hospital but making them independent would lead to dangerous conditions.



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WITNESS NAME: KYLE HARLAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: kharlan87@yahoo.com	ATTENDANCE: Written	SUBMIT DATI 2/7/2023 1	≣: 1:05 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am submitting my testimony in opposition to this bill out of concern for patients' best interests in Missouri. The Anesthesia Care Team model, having an Anesthesiologist with years of training beyond that of CRNAs and other mid level providers, involved in patient care, is a very safe and proven model for delivering the best and safest anesthesia care. The residents of this state deserve to have the best care and this bill would compromise that. Almost certainly, myself or a family member will be in a situation receiving anesthesia care for some sort of procedure throughout our lives in this state and I do not want that care to be anything less than the most safe. The extensive and comprehensive training of a physician is what is best for Missouri residents, not the model this bill contains.



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WITNESS NAME: LORA FOLZ				NE NUMBER: -619-3434	
BUSINESS/ORGANIZATION JC PEDS	ON NAME:		MD,	, FAAP, CPI	E
ADDRESS: 4710 BALD HILL R	ROAD				
CITY: JEFFERSON CITY	,		STAT MO	E:	ZIP: 65101
EMAIL: Ifolz@jcpedsdoc.c	com	ATTENDANCE: Written		SUBMIT DATE: 2/4/2023 12:	34 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

As a physician practicing for the last 30 years and having having employed multiple over 15 nurse practitioners over the last 20 years it is my opinion that they DO NOT carry the essential knowledge base to fully treat a patient. Sure if you have an ear ache or a sore throat they can follow a recipe book and treat the patient if the disease process is common. However if it is not common they have not had the training (especially the new NPs. Coming out post Covid) to make a differential diagnosis and figure out what non routine ailment the patients does have. The simply do not know what they do not know! The NP has their place working in collaboration with physicians. I would recommend Increase the size of our state's medical schools and not flood the market with more NPs who many have blogged their way from RN to NP while sitting at home on their computers and have not done patient care in reality to truly be able to deduct what is wrong with the none routine or complicated patient. They were labeled as physician extenders and i believe for the safety of patients in our state they need to remain as such. Thank you for your time and please vote no ir you will decrease the health care of yourself and your loved ones.



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WITNESS NAME: MARY PATONAI		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mary.cisetti@gmail.com	ATTENDANCE: Written	SUBMIT DA 2/7/2023	ATE: 3 10:54 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I oppose this bill as someone who obtains healthcare in the state of Missouri. There has been well established data that shows Physician led Anesthesia has lower mortality rates and patients have more favorable outcomes during and after Anesthesia. I feel it is vital to have a physician involved in Anesthesia. The USA already has been dropping in the worldwide healthcare stats and decision like this will do nothing to try and improve system. As a resident in the state of Missouri I strongly oppose this bill. I know every government official would want nothing but the best care for themselves or their loved ones. I hope they would vote no to allow all members of the community to obtain the same and best healthcare possible.



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WITNESS NAME: MICHAEL HANDLER		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mi513@aol.com	ATTENDANCE: Written	SUBMIT DA 2/6/2023	ATE: B 9:34 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

My name is Dr. Michael Handler, from Wildwood, MO. I am an obstetrician/gynecologist physician who has been in practice for more than 35 years and currently work as an OB hospitalist physician in the St Charles county. In addition, my experience includes 15 years as a chief medical officer in the hospital where my primary focus was exceptional quality care and patient safety. I was a recognized expert for patient safety throughout the entire SSM Health system in St. Louis and was the medical director of the Missouri Center for Patient Safety for a number of years. In my tenure as chief medical officer, I was a good friend to many nurse practitioners, CRNAs and midwives in the hospitals. I helped these practitioners create an advisory committee at the hospital level in which a delegation of advanced level practitioners met on a monthly basis in order to create processes and protocols which were then presented and embraced by the physician leadership at the hospital. One of the things that I consistently heard from these practitioners is that the key to their success as members of the team was the tight bonds of collaboration that always had to occur between nurse practitioners and physicians. This was vital to producing exceptional outcomes for the patient. In fact, there were several examples that I unfortunately encountered where this collaboration did not occur and it was typically the patient that suffered with a suboptimal outcome. There was a study that was just published in December, 2022 that you should be aware of. It was done by the National Bureau of Economic Research and conducted throughout the VA system It was a retroactive analysis of care provided through the VA system from 2017-2020 and compared the preventable readmissions in the emergency departments of these facilities. The significant finding is that nurse practitioners delivering emergency care without physician collaboration had increased length of stays by 11% and more significantly, a 30-day preventable hospitalization rate that was 20% higher than when patients were seen by emergency physicians or in collaboration with them. Physicians complete between 10,000 and 16,000 hours of clinical training while NPs complete between 500-720 hours of clinical training by the end of their education. Thus, hopefully you can see the perils in allowing unsupervised independent practice of nurse practitioners in our state. There is definitely a huge need for the great work that the nurse practitioners do but in keeping with the mindset of the most exceptional patient care possible, this work should be done in collaboration with physicians and not independently on their own. Thanks for the opportunity to submit my views. Michael Handler, MD, MMM, CPS (certified professional in patient safety)



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WITNESS NAME: MICHAEL HESSELER		PHONE NUMBE	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mikehesseler@gmail.com	ATTENDANCE: Written	SUBMIT DA 2/4/2023	TE: 10:31 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

The path to being a physician is intense and competitive on purpose - this helps select individuals who have the capacity to care for patients at the high level that this country expects. Removing this path, this training and allowing anyone the role to diagnosing and treating a patient without oversight is a recipe for disaster. What this bill represents is the creation of 2 tiers of healthcare - one that is the practice of medicine by physicians and a lower tier that is a low quality service riddled with misdiagnosis, over testing and inappropriate treatment. This 2-tiered system will ultimately create an inequality in healthcare access that will model the wealth inequality in this country. In other words, the wealthy will have access to physicians and high quality care and those who are not wealthy will not. Everyone has the right to a physican and allowing any other professional to practice medicine without the adequate training and oversight is foolish. This includes your family members and friends. Every advanced practice practitioner feels "comfortable" treating patients but the moment that one of their family members comes into the Emergency Room, there is nobody more demanding for their family to see a physician and nobody else. That tells us that they don't even believe in the quality of the vetting of candidates, training and expertise of their colleagues. Why expose this to everyone else? If there is a shortage of doctors, the answer is not to allow anyone and everyone to diagnose, prescribe and operate on patients.



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INDIVIDUAL:				
WITNESS NAME: MICHAEL STADNYK, MD		PHONE N	UMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:		
ADDRESS:		·		
CITY:		STATE:		ZIP:
EMAIL: docstads2@yahoo.com	ATTENDANCE: Written	SUBI 2/4/	ит DATE: 2023 11	:09 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

As a physician, with 18 years of post graduate training, and having worked with collaborative nurses over many years in surgery, emergency room, and now Radiology, this bill is absurd. The sheer number of hours difference in training should be enough to make this committee understand how poor an idea this is. All physicians have over 10.000 more hours of training than any particular nurse. There are far reaching ramifications of this decision. The maintenance of certification of physicians and their specialized fields requires extensive, continued medical education. We were trained as physicians to be the leaders in the collaborative efforts regarding patient care. At no point of the education of a nurse, were they ever trained to be the leader of the healthcare team. They are active supporters. extremely important, but not ever trained to assume full responsibility of the patient. Other far reaching areas with passage of this type of bill would have a large impact on the malpractice companies in our state. These malpractice insurance companies are already taxed by some of the absurd claims being charged against physicians. Add untrained nurses acting individually, without collaboration with a physician to the mix, and the healthcare system as we know it will be broken from the financial side. But ultimately, the only real people that will suffer this pure attempt at a power grab, will be the patient. The lives of patients should not be sacrificed to the needs of a group of people demanding more power. I don't believe the nurses have any idea the responsibility they are trying to assume. Because they have never been trained for it.



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WITNESS NAME: MILO M. FARNHAM, M.D.		PHONE NUM	BER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: milofarnham@sbcglobal.net	ATTENDANCE: Written	SUBMIT 2/4/202	DATE: 2 3 2:13 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

After retiring from my specialty practice of Internal Medicine for thirty years. I became the Medical Director of first, the Boonville Correctional Center for six years, then the Medical Director of the Western Missouri Correctional Center at Cameron for 12 years. At WMCC in Cameron, the Correctional MedicaL Services (the corporation that governed all the medical services in Missouri prisons at that time) hired a Nurse Practitioner when it had trouble finding an appropriate physician to assist me and another Medical Doctor there. She was intelligent and eager to work, but she was not a physician, despite her desire. I needed to limit her to fairly simple cases. I review all her cases and examinations each month. I on these relatively simple situations--sore throats, colds, mild sprains, etc., she did well. and wrote quite adequate reports. However, I would never have trusted her to treat diabetes, heart trouble, strokes, hepatitis, liver failure, autoimmune diseases, and on and on. She was a well educated nurse, not a physician. I had four years of Pre-Med college education, four years of Medical School in an excellent university, an excellent Internship, and then three more years in Internal Medicine Residency. She was trained well to be a Nurse, and then had more restricted education beyond that, but no, or minimal training in Pre-Med in college, and no training really beyond that truly as a physician, although she did achieve a Master's Degree. If she were truly educated to be a physician, she would have M.D. after her name, not an APN, and would be qualified to practice without supervision. Milo M. Farnham, M.D., Independence, MO.



BILL NUMBER: HB 271			DATE: 2/7/2023	
COMMITTEE: Healthcare Reform				
TESTIFYING: IN SUPPORT	OF ▼IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOS	ES
	WITNESS NAME			
BUSINESS/ORGANIZATION:				
WITNESS NAME: MISTY TODD		PHONE NUMB 217-430-11		
BUSINESS/ORGANIZATION NAME: MISSOURI ACADEMY OF FAMILY P	PHYSICIANS	TITLE: MD		
ADDRESS: 722 W. HIGH STREET				
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101	
EMAIL:	ATTENDANCE:	SUBMIT D 2/7/202	ATE: 3 12:00 AM	
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WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING: IN SUPPORT OF	✓ IN OPPOSITION TO	FOR INFORMA	ATIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: NATHAN FARKAS		PHONE NUMBE	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: nathan.farkas@gmail.com	ATTENDANCE: Written	SUBMIT DA 2/5/2023	ATE: 3 12:48 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

As an MO physician having worked with incredible midlevel practitioners and excellent nurses I have a number of concerns regarding the elimination of collaborative practice in Missouri. I cannot understate the importance of a collaborative and unified health care team. Physicians and midlevel practitioners have incredibly unique albeit different roles on the medical team. Physicians are trained to diagnose. triage, manage complex disease courses. To do this they spend significant time obtaining scientific training as undergraduate students, a broad medical knowledge base as medical students, and deep specialty knowledge through the course of residency and advanced fellowship training. Nurse practioners, CRNAs focus instead on nursing theory, or narrowly focus on pharmacologic sedation techniques. Their roles can be instrumental in patient care as advocates for patients identifying holistic areas for patient wellness and focusing narrowly on a specific mission (anesthesia care for example). This allows physicians who lead the team in a collaborative fashion to ensure that patients are getting comprehensive care, as well as extending anesthesiologists ability to ensure safe anesthesia care to more patients than they can personally administer medications to. However, having worked with midlevels who act more autonomously with minimal supervision and collaboration I have personally had to intervene in order to ensure patient safety on more than one occasion. In my role as a neurologist I have diagnosed fatal brain tumors that had been missed for months prior, observed intraoperative mismanagement during complex cases and had to personally call patients to return to the hospital after being discharged on the wrong medication plan. These events occurred even with theoretical supervision. Eliminating this responsibility will only increase the rates of these events. One important detail to revisit is that the rigor of CRNA and NP training is not standardized, entrance rates are rarely below 100% and required shadowing (not equivalent to physician hours of supervised management) hours are routinely fabricated. Especially with recent events where whole nursing colleges have graduated students with falsified degree, we should be ensuring the rigor and quality of our midlevel graduates before permitting them to practice independant of a collaborative environment.



BILL NUMBER: HB 271				DATE: 2/7/2023	
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TESTIFYING:	\square IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPO	SES
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INDIVIDUAL:					
WITNESS NAME: NATHANIEL LATA	4		PHONE NUME	BER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:			<u> </u>		
CITY:			STATE:	ZIP:	
EMAIL: njlata@gmail.com	1	ATTENDANCE: Written	SUBMIT I 2/7/202	OATE: 23 9:57 AM	
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I am writing in opposition to HB 271. Patient safety should be the priority for Missourians. The highest standard of safety involves a physician on the patient care team. Independently practicing nurses are more costly, less safe, and don't address healthcare access concerns.



BILL NUMBER: HB 271			ATE: /7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING : □IN SUPPORT OF	☑ IN OPPOSITION TO	☐FOR INFORMAT	ONAL PURPOSES
	WITNESS NAME		
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WITNESS NAME: NEESHA DHANAK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: neeshabuchmann@gmail.com	ATTENDANCE: Written	SUBMIT DATI 2/7/2023 1	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

As a physician anesthesiologist I strongly urge you to oppose the bill regarding advanced practice registered nurses to be allowed to provide patient care without a physician-led team model. We as physicians work closely with these care providers and depend on them to assist in providing the best and safest care possible. But without our experience, years of training and critical thinking skills, we are jeopardizing patients. Not only are we putting lives at risk, but we are also spending unnecessary funds that would be used better elsewhere in the form of possible excessive testing, referrals, and consults. Please also keep in mind, in the specific realm of anesthesia, certified registered nurse anesthetists do not have any formal or informal training in pre- and post-anesthesia care, something that is vital to successful perioperative management. I thank you in advance for your consideration and strongly encourage to oppose HB 271Thank you. Dr. Neesha Dhanak, Anesthesiologist, Bridgeton, MO



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform			
TESTIFYING : □IN SUPPORT OF	✓ IN OPPOSITION TO	FOR INFORMA	TIONAL PURPOSES
	WITNESS NAME		
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WITNESS NAME: NICOLAS PATONAI		PHONE NUMBE	R:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: nicolaspatonai@gmail.com	ATTENDANCE: Written	SUBMIT DA 2/7/2023	TE: 10:00 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I oppose this bill as someone who obtains healthcare in the state of Missouri. There has been well established data that shows Physician led Anesthesia has lower mortality rates and patients have more favorable outcomes during and after Anesthesia. As the primary provider ensuring patients are safe and wake up after surgery, I feel it is vital to have a physician involved in Anesthesia. The USA already has been dropping in the worldwide healthcare stats and decision like this will do nothing to try and improve system. As a resident and employee in the state of Missouri I strongly oppose this bill. I know every government official would want nothing but the best care for themselves or their loved ones. I hope they would vote no to allow all members of the community to obtain the same and best healthcare possible.



nsand208@hotmail.com

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: DATE: HB 271 2/7/2023 COMMITTEE: **Healthcare Reform** ☐ IN SUPPORT OF **✓** IN OPPOSITION TO FOR INFORMATIONAL PURPOSES TESTIFYING: **WITNESS NAME** INDIVIDUAL: WITNESS NAME: PHONE NUMBER: **NORMA SANDROCK BUSINESS/ORGANIZATION NAME:** TITLE: ADDRESS: CITY: STATE: 7IP· EMAIL: ATTENDANCE: SUBMIT DATE

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Written

2/4/2023 11:47 AM

Nurses are nurses and physicians are physicians. Nurses are educated and trained in nursing practice and physicians are educated and trained to practice medicine. They are not the same, and allowing nurses to practice medicine would be a grave disservice to the people of Missouri. The promises of expanding care to underserved rural areas have not panned out (and do rural citizens really deserve a lower standard of "care?") and the promises of cost savings have proved to be just the opposite, with APRN care costing more in terms of more tests ordered and more specialist referrals. The AANP mission statement includes goals of "practice parity with physicians" and "pay parity with physicians" so their intentions are clear. If you do decide to approve this bill, it should contain provisions for the nurses acting as physicians to provide the same standard of care as physicians; currently, APRNs are not liable for malpractice as they are held to a "nursing standard of care" as opposed to the standard of care of the physicians they want to replace. A quick google search will show you multiple cases of tragedy in the hands of unsupervised APRNs, particularly in ER settings, with no recourse for the patient victims or their families--not even the loss of a nursing license.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	n			
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: PATRICK M. COO	NEY, DDS,MD		PHONE NUM	IBER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: patcooney169@g	mail.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 23 2:43 PM
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EMAIL:

peterkypark@gmail.com

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: DATE: 2/7/2023 HB 271 COMMITTEE: **Healthcare Reform** ☐ IN SUPPORT OF **✓** IN OPPOSITION TO FOR INFORMATIONAL PURPOSES **TESTIFYING:** WITNESS NAME INDIVIDUAL: WITNESS NAME PHONE NUMBER: **PETER PARK BUSINESS/ORGANIZATION NAME:** TITLE: ADDRESS: CITY: STATE: ZIP: SUBMIT DATE: 2/5/2023 2:23 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

ATTENDANCE:

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Expanding the scope of practice for nurse practitioners has been shown to negatively impact patient outcomes and compromise the quality of care they receive. A study published in the Journal of American Medical Association (JAMA) found that patients who receive care from nurse practitioners had higher rates of hospital readmissions and adverse events compared to those seen by physicianled teams. Another study published in the Annals of Internal Medicine showed that patients managed by nurse practitioners had a significantly higher risk of diagnostic errors and adverse outcomes. These findings demonstrate that allowing nurse practitioners to practice beyond their current scope of training and expertise may have harmful consequences for patients and should not be encouraged.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DATE: 2/7/2023
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: QUINN LAMAR JO	DHNSON, MD		PHONE NUME	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: johnsonql@health	n.missouri.edu	ATTENDANCE: Written	SUBMIT 0 2/7/202	DATE: 23 10:28 AM
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THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Physician lead care provides all citizens of Missouri with the highest quality and safest care.

Physicians oversight for advanced practice nurses ensures care utilizes appropriate protocols and is within appropriate scope of practice and ability. This bill does not increase access for any citizens in Missouri and decreases the safety of care being provided by removing the highest qualified health care provider. All Missourians deserve physicians led care, and this bill, even in rural areas will remove the current standard of physician led care and is not in the best interest of it's citizens.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			DATE: 2/7/2023	
COMMITTEE: Healthcare Reform				
TESTIFYING: □IN SUPPORT OF	☑ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
	WITNESS NAME			
BUSINESS/ORGANIZATION:				
WITNESS NAME: RACHEL WELLINGTON		PHONE NUME	BER:	
BUSINESS/ORGANIZATION NAME: AMERICAN SOCIETY OF PLASTIC SUR	GEONS	TITLE:		
ADDRESS:				
CITY: ARLINGTON HEIGHTS		STATE:	ZIP: 60005	
EMAIL: rwellington@plasticsurgery.org	ATTENDANCE: Written	SUBMIT D 2/3/202	OATE: 3 11:05 AM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Dear Chair Haden and Vice Chair Stinnett: On behalf of the American Society of Plastic Surgeons (ASPS), I am writing in opposition to House Bills 271 and 330. ASPS is the largest association of plastic surgeons in the world, representing more than 8,000 members and 92 percent of all board-certified plastic surgeons in the United States – including 163 board-certified plastic surgeons in Missouri. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety. By allowing NPs to provide medical care without any physician involvement, H.B. 271 and 330 threaten patient safety, thus we urge you to oppose it. We see several specific concerning downstream impacts of over-expanded NP scope and several specific concerns with the quality of advanced nursing education. First, NPs do not receive enough education and training to provide them with the expertise to practice outside of a collaborative agreement with a medical doctor. While a master's degree and advanced clinical experience make NPs more skilled than other nurses, those factors in no way equate to the education and training of medical school and specialty residency programs. Moreover, several facts about NPs' schooling are very concerning. For example:•

Twenty NP programs had a 100 percent acceptance rate and nearly half of these schools are listed in the bottom quarter of programs on the U.S. News ranking list. One of these schools which, not unusually, offers its courses online - received and accepted 500 applicants. Not a single applicant was rejected. • In addition, 82 Doctorate of Nurse Practitioner programs do not even require masters' level clinical skills, meaning the student may never have worked with patients before beginning the DNP degree; their entire patient experience may be the 500 to 1,000 hours of DNP clinical Among NP schools, there are many that do not set up any of the rotations for experience. . • their students, screen any of the precepting physicians, or even assess the students after the rotations. In fact, in a study in the Journal of the American Academy of Nurse Practitioners, NPs themselves state that formal NP education is not preparing them generally to feel ready for practice. Only the depth and duration of training provided in medical school and residency prepares a provider to safely execute all the responsibilities associated with primary care - and likely why data show that patients both want and expect the experience of a physician. A 2021 national survey revealed 68 percent of U.S. voters believe it is very important for physicians to be involved in diagnoses and treatment decisions, with an additional 27 percent of voters believing it is at least somewhat important (95 percent total). Second, even if NPs had the preparation and skillset necessary to practice independently, the entire premise behind the expansion argument is flawed. Proponents push for this expansion to improve access to primary care and fill gaps. However, the data from states that have granted independent practice clearly show that NP practice locations are in the same places that primary care physicians already practice. NPs who have been granted independent practice are not going to rural or physician-shortage areas to establish a practice. They are going to affluent, provider-

dense urban and suburban locations. Oregon provides the perfect example: while the total number of NPs in Oregon increased after gaining independent practice, there was no noticeable increase of NPs within rural, underserved areas. Finally, we are concerned that independent practice for NPs would increase costs. Ample evidence suggests increases in utilization across multiple measures when NPs are charged with decision-making. Here is a sample: **INCREASE IN HOSPITALIZATIONS: A** working paper published by the National Bureau of Economic Research found that NPs delivering emergency care without physician supervision or collaboration in the Veterans Health Administration increased patients' lengths of stay by 11 percent and raised 30-day preventable hospitalizations by 20 percent compared to emergency physicians. The authors also outlined that a data analysis indicated "a net increase in medical costs with NPs – even when accounting for NPs' wages that are half as much as physicians'." OVERPRESCRIBING OF ANTIBIOTICS: An Infection Control & Hospital Epidemiology study showed that NPs and other advanced practice non-physicians prescribed antibiotics 15 percent more frequently than physicians. A study limited to prescribing for acute respiratory infections found NPs prescribing 7 percent more frequently. • **INAPPROPRIATE** REFERRAL TO HIGHER-COST SPECIALISTS: A Mayo Clinic study estimated that inappropriate referrals to specialists by NPs and PAs could offset any potential savings from the increased use of NPs and PAs. • **OVER-UTILIZATION OF RESOURCES: A study comparing healthcare** resource utilization for patients assigned to an NP versus patients assigned to a physician found that utilization for patients assigned to an NP were higher in 14 of the 17 utilization measures examining laboratory and radiology tests, specialty, primary care, and emergency department/walk-in visits, and hospital admissions. • UNNECESSARY DIAGNOSTIC IMAGING: A study in the American Journal of Emergency Medicine found that NPs and PAs recommended imaging studies when physicians had not in 34 percent of emergency department cases. A JAMA study found that NPs and PAs ordered more diagnostic imaging than primary care physicians, on both new and established patients. The first of these areas is extremely concerning due to its negative impact on patients, as well as the increase in costs. The second of the five areas of utilization are not only concerning because of cost implications, but also for the possibility of increasing the likelihood of encouraging antibiotic resistance. The last of the five areas of utilization is not only concerning because of implications for cost, but it's also important to remember that NPs are also unnecessarily exposing patients to dangerous radiation when they overprescribe diagnostic imaging. Ultimately, H.B. 271 and 330 may actually increase the cost of care while also undermining the physician-centered, team-based healthcare delivery model. The lead physician plays a critical role in determining whether the patient is a candidate for medical services, identifying potential complications before they arise, and triaging complications that may occur. The erosion of physician-centered, team-based healthcare will, in turn, negatively impact patient quality outcomes. Thank you for consideration of our comments. Please do not hesitate to contact Patrick Hermes, Patrick Hermes, ASPS's Director of Government Relations, Political Affairs, and Health & Payment Policy, at phermes@plasticsurgery.org or (847) 228-3331 with any questions or concerns. Sincerely, Gregory Greco, DO, FACS

President, American Society of Plastic Surgeons



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING : □IN SUPPORT OF	✓ IN OPPOSITION TO ☐	FOR INFORMAT	IONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: RANDALL BOOTH		PHONE NUMBER	:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		•	
CITY:		STATE:	ZIP:
EMAIL: 1rkbooth@gmail.com	ATTENDANCE: Written	SUBMIT DAT 2/7/2023	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. It seems annually this is brought up. Nurses wanting a short cut to managing status without doing the

It seems annually this is brought up. Nurses wanting a short cut to managing status without doing the leg work for it. If they want independence they should have gone to medical school and a residency where this responsibility is engraved into the student.



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		•	
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	WITNESS NAME		
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WITNESS NAME: RANDALL CLARY		PHONE NUMBER	:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: oto4kids@yahoo.com	ATTENDANCE: Written	SUBMIT DAT 2/6/2023	E: 10:00 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am physician and surgeon who has practiced for 30 years in Missouri. I was one of the first to train nurse practitioners in my specialty in the St. Louis area. I have worked side by side with nurse anesthetists throughout my career. I have always supported the development of nurse practitioner providers and nurse anesthetists. In their current role, I think they are valuable assets in health care. However, I think that they best function in health care in collaboration with physicians. The training of nurse practitioners is limited. While they may develop an adequate knowledge base for many common problems, their training is not sufficient to act alone in challenging situations. When patients come to a provider for care, they do not come with an advance warning label stating that their problem is straightforward or is potentially life threatening. Advanced training in nursing is not a substitute for a medical residency. Having a physician available in challenging moments is key to continuing quality health care.



BILL NUMBER: HB 271				DATE: 2/7/2023
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INDIVIDUAL:				
WITNESS NAME: RENEE STALLINGS			PHONE NUMB	ER:
BUSINESS/ORGANIZATION NA	ME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: renee.swackhammer@	စ္ခyahoo.com	ATTENDANCE: Written	SUBMIT D 2/4/202	ATE: 3 10:20 AM
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THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

As a patient, mother and physician I strongly request that you vote in opposition of HB271. Nursing school, whether advanced degree, is not the same as a medical degree. There are numerous other classes in physiology, clinical diagnoses and hours honing the profession that mid level providers do not have. The safest and most helpful to the population of Missouri is to maintain physician oversight of all mid level providers. Please keep the integrity of medicine under the watchful eye of a medical physician.



BILL NUMBER: HB 271			DATE: 2/7/2023
COMMITTEE: Healthcare Reform		•	
TESTIFYING : □IN SUPPORT OF	✓ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: RICHARD VAN TRUMP		PHONE NUMB	BER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: richard.vantrump@gmail.com	ATTENDANCE: Written	SUBMIT D 2/7/202	OATE: 3 12:30 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I have worked in Kansas City in a combined practice setting with both CRNA students, and anesthesia residents. The discrepancy with the level of comfort, skill and basic understanding of human physiology and safety of caring for patients is not comparable between physician and nurses. Patients will have more expensive care and worse outcomes, including death on a weekly basis if allowed to practice without physician supervision. It is concerning that our state would ever consider passing laws that will provide worse care to patients. If truly there is a need for anesthesia services that aren't being met, bills encouraging medical students going into the field of anesthesia would be a better avenue to getting patients high quality care. This law would not just enable nurses to practice independently for basic small procedures in rural areas, but would allow them to practice independently in complex cases that can be difficult to manage for an entire team of physicians. Why this is even being considered is both frustrating and perplexing. I hope our law makers will vote to maintain the highest level of care to our patients provided by physicians who have dedicated their lives to learning the intricacies of medicine.



robertbuchmannmd@gmail.com

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 271				DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			·		
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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ROBERT BUCHMANN	l		PHONE NUMBI	ER:	
BUSINESS/ORGANIZATION NA	AME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL: robertbuchmannmd@	omail.com	ATTENDANCE: Written	SUBMIT D. 2/7/2023	ATE: 3 1:41 PM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

As a physician anesthesiologist I strongly urge you to oppose the bill regarding advanced practice registered nurses to be allowed to provide patient care without a physician-led team model. We as physicians work closely with these care providers and depend on them to assist in providing the best and safest care possible. But without our experience, years of training and critical thinking skills, we are jeopardizing patients. Not only are we putting lives at risk, but we are also spending unnecessary funds that would be used better elsewhere in the form of possible excessive testing, referrals, and consults. Please also keep in mind, in the specific realm of anesthesia, certified registered nurse anesthetists do not have any formal or informal training in pre- and post-anesthesia care, something that is vital to successful perioperative management. I thank you in advance for your consideration and strongly encourage to oppose HB 271Thank you. Dr. Robert Buchmann, Anesthesiologist, St. Louis, MO



BILL NUMBER: HB 271				DATE: 2/7/2023
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		WITNESS NAME		
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WITNESS NAME: ROBIN FINKENKE	ELLER		PHONE NUM	BER:
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ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: robinelfink@gmai	l.com	ATTENDANCE: Written	SUBMIT 2/7/20 2	DATE: 23 10:19 AM
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Eliminating physician oversight and collaboration in the effort to increase non-physician provider independence jeopardizes crucial patient care and safety. A collaborative, team model allows physician extenders to provide safely directed care without compromising patients' access to care or quality of care. These practitioners do not have the same extensive multidisciplinary medical school training to be knowledgeable in all possible ramifications and risks of unsupervised practice.



BILL NUMBER: HB 271				DATE: 2/7/2023
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: RYAN C GUFFEY			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: ryanguffey@gmail	l.com	ATTENDANCE: Written	SUBMIT 0 2/7/202	OATE: 3 3:59 PM
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Patients want an Anesthesiologist in charge of their care because it improves outcomes. No physician means lower quality care and higher long term costs.



BILL NUMBER: HB 271				DATE: 2/7/2023
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		WITNESS NAME		
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WITNESS NAME: RYAN DEBOEF			PHONE NUME 573-634-3	
REPRESENTING: MISSOURI ASSOC SURGEONS	IATION OF OSTEOPAT	HIC PHYSICIANS AND	TITLE:	
ADDRESS: 1423 RANDY LANI	E			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
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INDIVIDUAL:				
WITNESS NAME: SARAH E MUEGG	jE		PHONE NUMB	ER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: twin2_53@hotmai	l.com	ATTENDANCE: Written	SUBMIT D. 2/4/202 3	ATE: 3 10:43 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				

I just renewed my nursing license which I've has since 1976. I have a BSN and MSN from Mizzou. November 2022 was the last time I was actively employed in nursing. In my opinion, APNs need collaborative practice with physician over site. While there are APN who had years of experience before moving to the APN arena, a growing number today have limited experience in health care before entering the APN role to make diagnosis and treatment decisions. We need to expand services to

Missourians and APNs are part of the solution but with continued physician over site.



BILL NUMBER: HB 271				DATE: 2/7/2023
COMMITTEE: Healthcare Reform	1		·	
TESTIFYING:	☐IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: SARAH SCHLEME	IER		PHONE NUME 573-634-4 8	
REPRESENTING: MISSOURI COLLE COLLEGE OF OB		PHYSICIANS, AMERICAN	TITLE:	
ADDRESS: 213 EAST CAPITO	L AVENUE			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT D 2/7/202	DATE: 13 12:00 AM
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BILL NUMBER: HB 271			DATE: 2/7/2023	
COMMITTEE: Healthcare Reform				
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	WITNESS NAME			
INDIVIDUAL:				
WITNESS NAME: SCOTT MORRIS		PHONE NUMB	ER:	
BUSINESS/ORGANIZATION NAME:		TITLE:		
ADDRESS:				
CITY:		STATE:	ZIP:	
EMAIL: smorris@murney.com	ATTENDANCE: Written	SUBMIT D 2/7/202	ATE: 3 10:46 AM	
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I can't see why anyone with any common sense would want a Nurse with as much as 9 years less college and training do my surgery, when I could have a fully trained and educated Doctor do it for the same cost to me. People tend to look at some procedures as being less dangerous. I realize any procedure that has a person being placed under anesthesia can ultimately end in death or serious injury. I feel anyone who is reading this statement would be lying if he, or she didn't feel the same way.



BILL NUMBER: HB 271				DATE: 2/7/2023
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WITNESS NAME: SHAAN PATEL			PHONE NUM	IBER:
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ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: spatel0234@gmai	il.com	ATTENDANCE: Written	SUBMIT 2/7/20	DATE: 23 10:20 AM
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BILL NUMBER: HB 271			DATE: 2/7/2023
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WITNESS NAME: SHANNA OGDEN		PHONE NUMBER	₹:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: shannaogden@gmail.com	ATTENDANCE: Written	SUBMIT DAT 2/7/2023	TE: 12:52 PM

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I would like to start by telling a true story: A very experienced and "good" CRNA was delivering a sedation for a colonoscopy. The CRNA believed that all was well with his sedated patient except he had was having issues getting the oxygen saturation and blood pressure monitor to read. The CRNA thought the monitors were broken. The anesthesiologist checked in on him and immediately noticed the oxygen saturation was not reading. He immediately determined that the patient had no pulse and needed CPR. This was UNRECOGNIZED by a "good and experienced CRNA." This patient was resuscitated thanks to the fast action of the physician anesthesiologist. This is a serious issue of patient safety. Please do not remove physician supervision from anesthesia care. Our patients deserve to have a physician at the head of the bed. The difference in training between a nurse and a physician are striking. The CRNAs claim they have been trained equally and can practice safely - this is very far from the truth. They train significantly less hours and most of their training is in nursing, nursing theory, and is even ONLINE based. Physician anesthesiologists study medicine for 4 years prior to training as anesthesiologists another 4 years. This gives them the broad base of medical knowledge to draw from when forming and delivering an anesthetic. Patients deserve a thoughtful anesthetic that takes into account all of their medical issues. Furthermore, patients in Missouri WANT a physician in charge of their anesthetic. It is critical that physician-directed care remain the standard for our patients. Please oppose HB 271 and HB 329.



WITNESS APPEARANCE FORM

BILL NUMBER: HB 271			DATE: 2/7/2023
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INDIVIDUAL:			
WITNESS NAME: STEPHEN R. SMITH MD		PHONE NUMB	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: ssmith@waai.net	ATTENDANCE: Written	SUBMIT D 2/7/202	OATE: 3 4:42 PM

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I am a board certified anesthesiologist in private practice since 1985 providing care to patients in nearly all facets of my specialty including adult cardiovascular procedures, major vascular, neurosurgical, obstetrical, orthopedic, pediatric, trauma and most recently office based anesthesia. I served as a Commissioner on the Missouri Commission for Patient Safety, multiple patient safety committees at my medical center and am the current Chairman of the Board of Directors of the Center for Patient Safety. I have taught medical students, resident physicians, student CRNAs and student Anesthesiology Assistants, Dentists, physicians of multiple specialties and lecture at national anesthesiology annual meetings. As such, I have a large body of experience and have seen many things in medicine and a good bit in the legislature as legislative director and past President of the Missouri Society of Anesthesiologists, serving many days as the Missouri State Medical Association Physician of the Day. Two key factors that are recurrent themes as we analyze episodes of care that have gone well and those that haven't are education and training. Knowing what to do and having the training to to do it quickly are crucial to salvaging situations with potentially bad outcomes. I'll leave it to others to quote studies but just knowing the education and training differences between physician anesthesiologists and Certified Registered Nurse Anesthetists should clearly illustrate this. Physicians have 12-14 years after high school graduation to reach private practice (4 years baccalaureate + 4 year's medical school + 4 years residency trading and an optional 1-2 years of fellowship specialization training). CRNAs have as little as 5 years and up to 7 years of education and training not counting mandatory 6 or more months of work experience in ICU setting. If your child or parent was critically ill or even healthy, having a surgical procedure with the potential for a life-threatening emergency occuring, would you want the more highly trained provider involved while the surgeon operates? That is what we have now, but who benefits from degrading our current level of care? Certainly not the patient, but rather a relatively small group of providers, the CRNAs.Will you be responsible for potentially making this care decision for all patients in Missouri?I urge you to vote against HB 271



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BILL NUMBER: HB 271			ATE: 17/2023
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	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: TARAH COOK, MD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: jacksontarahc@gmail.com	ATTENDANCE: Written	SUBMIT DATE 2/7/2023 2	:29 PM

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A nurse anesthetist should never practice independent of a physician. Physicians, due to their training in medical school, have a vastly more advanced depth of knowledge than a nurse. There is a training program for CRNAs where I work and have worked since medical school and I can tell you that their training is subpar compared to the training I had in medical school and during my Anesthesia residency. Their training program is more worried about how the students are reviewing them and about the student's life style outside of school than actually training them. Over the years, it has progressively got worse and the students complain more about lengthy hours or more cases. Less and less rigorous training every year but more and more demand for them to practice without oversight. The CRNA program where I work also refuses to remove any students from the program no matter how poor they are at performing their daily duties. Without oversight many will go on to not only hurt, but potentially end the life to patient's in the future. Critical thinking skills are not a part the the program. Often, the most "confident" CRNAs are also the worst. They attempt to practice independently and often do more harm than good. Also, the procedural skills of CRNAs is by far lacking. I often have to take over spinal and epidural procedures as they struggle with even simple blocks with simple anatomy to work with. They are not capable of practicing without supervision.



BILL NUMBER: HB 271				DATE: 2/7/2023
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WITNESS NAME: THOMAS W. MEY	ER DO		PHONE NUME	BER:
BUSINESS/ORGANIZATI	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: doctwm01@yaho	o.com	ATTENDANCE: Written	SUBMIT E 2/7/202	DATE: 23 9:59 AM
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BUSINESS/ORG	ANIZATION:			
WITNESS NAME: TIMOTHY A. SWEA	RENGIN		PHONE NUME 573-636-6 9	
BUSINESS/ORGANIZATIO MISSOURI SOCIET	N NAME: 'Y OF ANESTHESIOL O	OGISTS	TITLE: DO, ANES	THESIOLOGIST
ADDRESS: 113 MADISON ST				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
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CITY:			STATE:	ZIP:	
EMAIL: tdfvf6@umsystem	n.edu	ATTENDANCE: Written	SUBMIT 0 2/7/202	DATE: 23 10:41 AM	
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A CRNA graduates with approximately 500 hours of experience whereas an Anesthesiologist physician graduates with about 10,000 hours. Experience and training is critical for the safe and effective care of our patients in the operating room. It is important to work with an anesthesiologist to continue safe and effective care for Missourians.



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WITNESS NAME: TOM SAHLI			PHONE NUMI	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
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CITY:			STATE:	ZIP:
EMAIL: ftsahli@gmail.cor	n	ATTENDANCE: Written	SUBMIT 2/7/202	DATE: 23 2:51 PM
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WITNESS NAME: VERONICA CISETTI		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: vcisetti@kc.rr.com	ATTENDANCE: Written	SUBMIT DATE 2/7/2023 1	1:40 AM

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I oppose this bill as someone who obtains healthcare in the state of Missouri. There has been well established data that shows Physician led Anesthesia has lower mortality rates and patients have more favorable outcomes during and after Anesthesia. I feel it is vital to have a physician involved in Anesthesia. The USA already has been dropping in the worldwide healthcare stats and decision like this will do nothing to try and improve system. As a resident in the state of Missouri I strongly oppose this bill. I know every government official would want nothing but the best care for themselves or their loved ones. I hope they would vote no to allow all members of the community to obtain the same and best healthcare possible. Veronica Cisetti



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WITNESS NAME: VICTORIA DAMBA, DO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: vdamba@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 6:	30 AM

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My name is Victoria Damba, DO, I am a graduate of ATSU-KCOM and have practiced medicine for 22 years. I speak in opposition to this bill. Prior to going to medical school, I was a Registered Nurse. I thought, as a nurse, I knew a lot about medicine. I was wrong! I did not know what I didn't know. The amount of knowledge I gained through medical school was astronomical. After medical school, I completed a three year residency in Family Medicine. Doctors receive thousands of hours more of post -graduate training than nurses. I feel it is inappropriate to allow someone who has not gone through similar training as physicians to basically be a "physician". What does it say to young people today, in the middle of their intense training when you allow this? They have spent hundreds of thousands of dollars, time away from family and friends and denied themselves for years to accomplish an amazing goal. It is an honor to be called a physician and these types of bills erode that title. I know and have worked with some very smart Nurse Practitioners over the years. Most of them are very content with being part of a team and having a physician they can rely on for answering questions and discussing care recommendations. I have friends who have Nurse Practitioners as their primary care provider and they are happy with that relationship. However, I don't think they realize, that behind that Nurse Practitioner is a Physician ready and available for complicated discussion regarding their care. If they become independent, they won't have that anymore, and won't realize it until there is a complication and the Nurse Practitioner doesn't have an answer. People who support this bill will argue they can help fill the need for medical care in rural and underserved areas. Studies have shown that is not true. Obviously, there are already, some Nurse Practitioners AND Physicians filling these rolls, but the numbers will not increase substantially if they get independent practice. We need to identify and support young people growing up in small town Missouri and provide information and resources for them to go to medical school. Many will come back to their roots. In closing, I would like to thank you for taking time to read my testimony and sincerely hope you will not support this endeavor.



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WITNESS NAME: WENDOLYN BEC	KER		PHONE NUME	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: wendolynbecker@	gmail.com	ATTENDANCE: Written	SUBMIT I 2/7/202	DATE: 23 6:21 PM
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WITNESS NAME: WENDY DUCHENE, MD		PHONE NUME	BER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		·	
CITY:		STATE:	ZIP:
EMAIL: wndduchene@gmail.com	ATTENDANCE: Written	SUBMIT I 2/7/202	DATE: 23 12:26 PM
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THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. I am an MD anesthesiologist that has worked with CRNAs and at a SRNA training facility since 1998.

The nurses are valuable members of the care team, but do not have the depth or knowledge, experience, training, skills, nor exposure to training with other medical physician subspecialties and clinical decision making capacity to practice independently. It is not safe for patient care, not what patients want and will not increase access to care. It is not what surgeons want either and will additionally increase medical costs as admissions to hospitals increase. I am opposed to independent practice by CRNAs.



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WITNESS NAME: WENI KROLL			PHONE NUM	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: kwendi@hotmail.	com	ATTENDANCE: Written	SUBMIT 2/7/20 2	DATE: 23 10:01 AM
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WITNESS NAME: WILLIAM COLE WRISINGER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		•	
CITY:		STATE:	ZIP:
EMAIL: cwrisinger@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11	:27 AM

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To Whom It May Concern: I am a dual board-certified anesthesiologist and critical care medicine physician practicing in Kansas City, MO, with extensive experience in both academic medicine and private practice. The intent of this letter is to express my strong opposition to HB 329 and HB 271. The basis of my opposition is in the ability of a practitioner to perform medical decision making in the name of patient safety and outcomes. While it is true that certified registered nurse anesthetists (CRNAs) are highly trained professionals capable of delivering safe anesthesia, their skillset is not without significant limitations. Having actively been involved in the training of residents (physicians in their specialty training), fellows (physicians who have graduated residency and are now training in a clinical subspecialty), and student nurse anesthetists (SRNAs) for the past several years since concluding my own training, I can without hesitation affirm that the training physicians undergo is MUCH more rigorous, intensive, in-depth, and broad than that of CRNAs. Physicians are trained to think critically about complex medical decisions and prescribe the safest path forward for a patient while maintaining the ability to quickly change and adapt. I firmly believe that attempting to make complex medical decisions without the rigorous training an anesthesiologist has performed poses a PROFOUND threat to patient safety and will ultimately lead to adverse outcomes for patients. CRNAs are required to learn and perform, at a very basic level, a number of procedures during their training including arterial line placement, epidural and spinal anesthetic placement, and airway management. While these are common, every-day procedures in the practice of anesthesiology, each carries many potential risks and complications, some of which can quickly be fatal. I have personally witnessed and had to quickly manage a number of these complications that I firmly believe without my extensive experience would have resulted in poor patient outcomes. Additionally, CRNAs are not trained to perform and interpret advanced monitoring modalities such as PA catheters and transthoracic and transesophageal echocardiography. In emergent, life-threatening situations it is vitally important that a practitioner be able to not only perform these procedures but to interpret and integrate the information provided into the clinical situation in order to prevent adverse outcomes and optimize patient safety. Only boardcertified anesthesiologists have received this level of training. As an anesthesiologist and critical care physician, my chief goal is to deliver safe, standard-of-care medicine to each of my patients. I firmly believe that the safest way this can be done is with a physician led anesthesia care team model. I deeply respect and value the CRNAs that I work with daily: however, I believe that it would be a significant and unacceptable threat to patient safety to allow CRNAs to practice independently. Respectfully, Cole Wrisinger, DOAnesthesiology and Critical Care MedicineHome: Lathrop, MOWork: Kansas City, MO



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	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: WILLIAM M. FOGARTY, JR., MD, MACP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: wmfogartyjr@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:	48 PM

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I have worked with a number of Advanced Practice nurses (APNs) over the years and have found them to be knowledgeable, caring and professional. They serve a valuable function as a part of a health care team. They do not, however, have the depth or breadth of knowledge to practice independently. Physicians have some 10,000 hours of post-graduate training. N=APNs have 750 to 1000 hours. They cannot acquire the requisite knowledge to practice independently. It is also postulated that giving APNs independent practice privileges will alleviate the shortage of practitioners in rural areas. The fact of the matter is that the majority of APNs serve in urban areas.Please do not eliminate the collaborative practice requirement for APNs. They are now a valuable part of the health care tam and should continue to serve under the supervision of a licensed physician.Thank you.William M. Fogarty, Jr., MD, MACP



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BILL NUMBER: HB 271			DATE: 2/7/2023
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	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: WILLIAM SHULTZ		PHONE NUME	BER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: shultz@me.com	ATTENDANCE: Written	SUBMIT 0 2/7/202	DATE: 23 2:16 PM

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Last week I spent time with Benny Cook and discussed the bills. I am strongly opposed to the proposed bills. allowing CRNAS to practice independently will affect patient safety and increase the cose of care. Numerous studies have shown that when a physician anesthesiologist is involved in the care of the surgical patient, outcomes are superior. The educational level of the physician is significantly higher than the nurse anesthetist. Also, the physician's ability to make clinical decisions reduces the cost of care. A nurse practicing independently will order more consults and testing for the patient. This is a solution looking for a problem. Rural access won't change. The Missouri Chapter of the American College of Surgeons is opposed to these bills.



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WITNESS NAME: MARK SNYDER			PHONE NUM	BER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: snydmab1@hotm	ail.com	ATTENDANCE: Written	SUBMIT 2/7/20 2	DATE: 23 9:47 AM	
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	WITNESS NAME					
BUSINESS/ORGANIZATION:						
WITNESS NAME: RAMON MARTINEZ		PHONE NUM 573-316-				
BUSINESS/ORGANIZATION NAME: MOST POLICY INITIATIVE		TITLE: PHD				
ADDRESS: 238 E HIGH ST.						
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101			
EMAIL: ramon@mostpolicyinitiative.org	ATTENDANCE: In-Person	SUBMIT 2/7/20	DATE: 123 4:44 PM			

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

Research Summary Biggest research question: what are the effects of relaxing APRN practice authority? In 2022, nearly 2/3rds of Missourians lived in healthcare shortage areas, most of which were rural and south of the MO river. One strategy of expanding healthcare access is relaxing APRN practice authority laws; 26 states and DC have full practice authority, meaning they can independently diagnose, treat, and prescribe to patients without physician oversight. Regarding access, service more patients on Medicare, and service more rural and healthcare shortage areas. These are often at similar cost and quality to physician services. Regarding the workforce, states with these laws see APRNs work more hours, are self-employed. APRNs are more likely to practice in full authority states, however both restrictive and full authority states have had APRN shortages, suggesting other factors effect APRN supply. However, relaxed APRN laws can also result in modest shifts in the workforce, including hospital nurses who transition to the APRN health sector. Most studies only do comparisons between full practice states and restrictive states, and changes on individual laws (such as work hours, proximity, or services provided) are still limited.