



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 273		DATE: 3/21/2023	
COMMITTEE: General Laws			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BILL ANDERSON		PHONE NUMBER: 573-893-3700	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE: VP, STATE LEGISLATION	
ADDRESS: 4712 COUNTRY CLUB DR			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: banderson@mhanet.com	ATTENDANCE: Written	SUBMIT DATE: 3/21/2023 9:04 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRAD JONES		PHONE NUMBER: 573-619-3077	
REPRESENTING: NFIB		TITLE: NFIB STATE DIRECTOR	
ADDRESS: 308 E. HIGH			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: Brad.Jones@nfib.org	ATTENDANCE: Written	SUBMIT DATE: 3/21/2023 10:17 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID OVERFELT		PHONE NUMBER: 573-636-2524	
REPRESENTING: MISSOURI RETAILERS ASSOCIATION; MISSOURI GROCERS ASSOCIATION		TITLE: PRESIDENT	
ADDRESS: 618 E CAPITOL			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: dave@moretailers.com	ATTENDANCE: Written	SUBMIT DATE: 3/21/2023 3:44 PM	
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We support the medical charge update.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KARA CORCHES		PHONE NUMBER: 573-634-3511	
REPRESENTING: MISSOURI CHAMBER OF COMMERCE & INDUSTRY		TITLE:	
ADDRESS: 428 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/21/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL J. HENDERSON		PHONE NUMBER: 573-893-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE: GENERAL COUNSEL & GOVERNMENT AFFAIRS DIRECTOR	
ADDRESS: 220 EAST HIGH STREET, SUITE B			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: mike@moinsurancecoalition.com	ATTENDANCE: In-Person	SUBMIT DATE: 3/21/2023 12:13 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. The Missouri Insurance Coalition supports this legislation.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL R GIBBONS		PHONE NUMBER: 314-650-5783	
REPRESENTING: ENTERPRISE LEASING OF ST. LOUIS, LLC		TITLE:	
ADDRESS: 115 EAST HIGH STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: MGibbons@gibbonsworkman.com	ATTENDANCE: Written	SUBMIT DATE: 3/21/2023 6:00 PM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RANDY SCHERR		PHONE NUMBER: 573-636-6200	
REPRESENTING: MO ORGANIZATION OF DEFENSE LAWYERS		TITLE:	
ADDRESS: 101 E. HIGH			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/21/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RAY MCCARTY		PHONE NUMBER: 573-634-2246	
BUSINESS/ORGANIZATION NAME: ASSOCIATED INDUSTRIES OF MISSOURI		TITLE: PRESIDENT/CEO	
ADDRESS: 3234 W TRUMAN BLVD.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: rmccarty@aimo.com	ATTENDANCE: In-Person	SUBMIT DATE: 3/21/2023 11:37 AM	

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Associated Industries of Missouri supports this bill that accomplishes the intent of our original amendment to the statute: making sure everyone is dealing with actual numbers in the cost recovery part of a lawsuit.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RICH AUBUCHON		PHONE NUMBER: 573-616-1845	
REPRESENTING: THE DOCTORS CO., APCIA, MO CIVIL JUSTICE REFORM COALITION		TITLE:	
ADDRESS: 112 EAST HIGH ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/21/2023 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 3/21/2023 11:59 PM
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Bad Bill!



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JENIFER PLACZEK		PHONE NUMBER: 417-883-4000	
REPRESENTING: MISSOURI ASSOCIATION OF TRIAL ATTORNEYS		TITLE:	
ADDRESS: 2750 EAST SUNSHINE			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65804
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/21/2023 12:00 AM	
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