

BILL NUMBER: HB 283				DATE: 2/7/2023	
COMMITTEE: Children and Fami	lies				
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ANGELA HIRSCH			PHONE NUM	BER:	
BUSINESS/ORGANIZATION NAME:			TITLE: EXECUTIV	TITLE: EXECUTIVE DIRECTOR	
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL:		ATTENDANCE:		SUBMIT DATE: 2/7/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					



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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: PHONE NUMBER: PHONE NUMBER:			BER:		
BUSINESS/ORGANIZATION NAME: TITLE:					
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: kortniehuddleston@gmail.com		ATTENDANCE: Written		SUBMIT DATE: 2/4/2023 2:09 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					
I urge you to support HB 283. I strongly agree that it should be unacceptable for any health care provider or student trainee to perform a prostate, anal, or pelvic examination on a patient without the					

provider or student trainee to perform a prostate, anal, or pelvic examination on a patient without the patient's informed consent. Not only should those that violate this bill be disciplined by any licensing board, but I would go as far to say it should be a crime. Our health care providers should always honor their patient's bodily autonomy. The thought of being taken advantage of by someone you should be able to trust while in an unconscious state is appalling. Please support this bill.



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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
BUSINESS/ORGANIZATION:					
WITNESS NAME: MATTHEW HUFFMAN				PHONE NUMBER: 870-324-0598	
BUSINESS/ORGANIZATION NAME: MISSOURI COALITION AGAINST DOMESTIC SEXUAL VIOLENCE				CHIEF PUBLIC AFFAIRS	
ADDRESS: 217 OSCAR DR SUITE A					
			STATE: MO	ZIP: 65101	
EMAIL:		ATTENDANCE:		SUBMIT DATE: 2/7/2023 12:00 AM	
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COMMITTEE: Children and Families					
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		IATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: MICHAEL DREYER	8		PHONE NUM	BER:	
BUSINESS/ORGANIZATION NAME: TITLE:					
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL: mdreyer93@gmail.com		ATTENDANCE: Written		SUBMIT DATE: 2/4/2023 2:07 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
WITNESS NAME				
INDIVIDUAL:				
WITNESS NAME: SUSAN GIBSON			PHONE NUM	BER:
BUSINESS/ORGANIZATION NAME: TITLE:				
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: Onesuegibson@p	EMAIL: ATTENDANCE: SUBMIT DATE: Onesuegibson@protonmail.com Written 2/3/2023 11:54 AM			
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				



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COMMITTEE: Children and Families					
TESTIFYING:	▼ IN OPPOSITION TO	FOR INFORMAT	IONAL PURPOSES		
	WITNESS NAME				
INDIVIDUAL:					
			PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:	TITLE:	TITLE:			
ADDRESS:					
CITY:		STATE:	ZIP:		
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 11:21 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					
I am in Opposition to this Bill. If the Doctor is Assisting and Helping the Patient with Tests, these examines are necessary while under anesthetic.					