



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AARON WEINZETTEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: weinzett@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:54 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
I support this bill to increase the delivery of anesthesia services by CRNA's throughout Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ABBY HOYER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ahoyer2004@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALAN JENSEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: alanpj@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in full support of this bill



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALDA DEL PORTO-DAHMS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aldadahms@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALEXIS BORELLA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: alexisborella@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALFRED W MAINA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: alfmaina@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:01 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ALICIA ROGERS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: aliciarogers.rn@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 6:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALLAN SCHWARTZ, DDS CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ddscrna@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:37 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALLISON CAILOTTO DYSART		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ajc05d@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:15 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALLY RUGGERI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ruggeriallison@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:41 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ALMEDIN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: drmacak@me.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:25 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALYSA BARCUS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: abarcus6@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: AMANUEL GEBEYEHU		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: aman0076@gmail.com		ATTENDANCE: In-Person	SUBMIT DATE: 2/6/2023 6:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: AMBER LEWIS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: amberlinneman@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:04 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMY BROWN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: amybrown6174@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/7/2023 4:34 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: AMY O'BRIEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMY WOOTTEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lesseralto@att.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:27 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Certified Registered Nurse Anesthetists have been giving quality, safe, cost-effective anesthesia for more than 150 years. They are masters and doctorate level trained advanced practice nurses and are frequently the sole anesthesia providers in rural communities. They should be allowed to practice at the level of their education and abilities like the professionals they are.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANDREA NEWPORT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: twins_plus_one@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANDREW DEAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: andrew.dtri@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:18 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANDREW PALMISANO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANDREW RICHARDSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Richardsonag87@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANDREW RUSSELL HATCH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arhatch1@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:12 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANDREW SCHULMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: andys440@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANDREW SHEPARD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: andrew.e.shepard@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANGELA FRITSCHLE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: angief2006@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANGELA TEMME		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: angelatemme@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 4:18 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Please increase access to proven safe anesthesia care by removing CRNA supervision. I have delivered anesthesia care for 22 years safely as an autonomous provider. I was educated & trained to practice independently.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANGELIQUE CHAVERRI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: adaughteroftheking@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 9:40 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Help save rural healthcare! Please vote yes on this bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANITA BARNI, MS CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: akbarni@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNA's are safe anesthesia practioners. We give good, safe, and competent anesthetics nation wide every day of the week and hour of the day. Medical doctors would argue otherwise, due to the need to maintain control over anesthesia practice, but we are the ones in the rooms delivering most anesthetics in this country. We like the physicians we work with, but we also want to be recognized for the essential work we do in anesthesia, and be rightfully recognized for who we are.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANN E FARRIS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: anniemerson@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANN LEWIS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: all16@sbcglobal.net		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANN LEWIS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: all16@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 5:15 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANN MCCONNAUGHAY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arm.drm@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:09 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANTHONY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: abr3355@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:27 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this initiative.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ASHLANN CASEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arcasey96@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:33 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ASHLEY JAMISON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aperisho01@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:36 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ASHLEY MCWILLIAMS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ashley.mcwilliams@rocketmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 8:02 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: AUSTEN GENTNER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: awgentner@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:59 PM

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

As a SRNA I am in full support of this bill and the changes it brings to our profession.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AUSTIN CHAMBERS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: austin.chambers917@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:38 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

During a past hospital stay, which required sedation and surgery, my experience dealing with CRNAs was exceptional. I underwent surgery twice over a 3-day period and had zero issues during either the anesthetics process. I fully support CRNAs wish to practice as independent providers.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AUSTYN P BELLE ISLE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: austynbelleisle@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 3:30 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BARB MEESKE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: barbmeeske@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 7:10 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BARBARA GREMAUD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: barbaragremaud@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 1:23 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BASSAM HODI		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BAXLEY BRYAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: baxley.baxley.bryan@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 6:53 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
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: BEN TRAVLOS		PHONE NUMBER: 573-893-1400	
REPRESENTING: MISSOURI FARM BUREAU		TITLE: DIRECTOR OF STATE & LOCAL LEGISLATIVE AFFAIRS	
ADDRESS: 701 S. COUNTRY CLUB DR.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: bentravlos@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 5:36 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BERNADETTE HENRICHS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bhenrichs@bjc.org	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRAD CALBERT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bradcalbert@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 6:27 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this bill because our local rural hospital provides a necessary service to my family and rural farmer neighbors using an all CRNA anesthesia staff. My surgical experience has been amazing, and the level of compassion and care is much better than care I've received in larger corporate hospitals that use Dr. Anesthesiologists. Having past surgeries in these metro hospitals have left me disappointed in getting questions answered before and after the procedures. The CRNA staff are more in tune to patient questions and concerns by a large margin.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRADEN KIDD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bradenkidd@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:23 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRANDIE DUNCAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: brandieduncan1@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 6:21 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRANDON ALBRECHT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: balbrecht@nice-nap.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:07 PM

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

This bill is important in order for CRNAs to be able to provide anesthesia care without fear of jeopardy from adverse interpretation of regulations or statutes. It would streamline healthcare and reduce bureaucracy



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRANDON HILL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: branhill316@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:33 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BRANDON SELLER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: b.seller119@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 1:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRENTEN DOWELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dowellbrenten@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:54 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRIAN HINKEBEIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Brianhinkebein@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:09 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BRIDGET LE MOORE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bridgetmoore@live.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 3:31 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

CRNAs are very safe and affordable and essential to the health care access in our state! Most of the anesthetics that are performed are performed by us! Physician supervision is an unnecessary burden and most surgeons are not trained in anesthesia!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRITT LEHR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bclehr@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:34 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs are highly educated and trained healthcare providers. They are cost effective and help to ensure access to quality care for Missouri citizens. Allowing CRNAs to practice to the full extent of their educational abilities will ensure future continued access to great anesthesia care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRITTANI SMITH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: britsmith316@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am testifying in support of HB 329. I have had six surgeries in my lifetime. In all six of them I had a CRNA conducting my anesthesia. In four of these surgeries I had the same CRNA who I believe has been practicing for over 20 years. He has kept me, my parents and my brother safe through multiple surgeries. That CRNA worked in a small rural hospital that met the needs of the community. It allowed patients to have necessary procedures done without having to drive two hours to a major health system costing both time and money. I ask that you please support HB 329 for rural Missourians.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRITTANY WOODALL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bdonnan18@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:37 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BROOKE HORRIDGE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: brookehorridge96@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 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 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRYCE SCOTT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bryce.scott10@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a crna that has worked and trained in states that have no supervision. I now work in Missouri feel that the best way to serve the people of Missouri, in particular the rural areas, is to allow CRNAs to practice without supervision to their full capacity.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CALEB COCKRUM		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cockrum02@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 5:50 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CARMON ALLEN COLLIER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: crna6698@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 7:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CARNAHAN MARLENE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: marlenecrna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:41 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CAROL KEMNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rossandcarol@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support HB 329 and respectfully ask legislators to support this important bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CAROLINE EVANS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Miss_c_17@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:36 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CAROLYN CONSTANT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wheresyourheadat@msn.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CASEY MILLER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: clmaloney11@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 3:28 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CASSANDRA DECKER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cassdecker@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:44 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHAD VAUGHT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rebuilders@centurytel.net	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:05 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHARLES H GOSHEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cgoshen@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 8:53 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHARLIE KRONE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: chuckkrone@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHARLIE WILSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: wilson71506@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 9:33 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHEREE TATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tatecrna@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHERYL PILSL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: pilscl3@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:47 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHRIS HESS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hesster74@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHRIS HOLIFIELD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: chrisholifield@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Let's help Missouri join the over 20 states since 2001 that have removed supervision from CRNAs. Multiple studies have shown no difference in supervised vs unsupervised anesthetics as they relate to safety and outcome of patients. Removing supervision will allow CRNAs to provide even more coverage, especially in the more rural facilities as well as being more cost effective to the patient or entity that is responsible for payment of services.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHRIS-ANNE CRABTREE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cacrabtree@me.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHRISTI HUGUET		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: chuguet@charter.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHRISTIAN THOMAS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Thomas2311@live.missouristate.edu	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 6:12 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHRISTOPHER BLACK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cmb4642@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/6/2023 3:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHRISTOPHER HUCKSTEP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: chuckstep1@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 7:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHRISTOPHER THOMAS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cthomaspb@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:41 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHRISTY BREWER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ivypetals@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHUCK MIX		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: chuckmixcrna@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 6:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CINDY HOLLIS-KEENE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cynthiahollis@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 10:51 AM

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

Good morning Representative I am writing asking your support for HR 329 as this will improve healthcare access to care in our state and also reduce healthcare care costs. Please support and allow APRNs (Advanced Practice Nurses) to practice to the full extent of their education and training. I am a dual boarded APRN in who practices in family practice and psychiatry. Additionally, I have over 10 years of collegiate education. The need for healthcare providers continues to be NEEDED. Points to Consider FPA (Full Practice Authority) or TTP (Transition To Practice) 1. increases healthcare access, provider choice and competition 2. reduces healthcare costs, decreases ER visits, and improves health 3. improves healthcare outcomes and reduces healthcare disparities •

Critical Missouri healthcare deserts exist statewide. for primary care, mental health, and women’s healthcare. • Health care deserts increase when rural hospitals close, clinics close, and providers leave. • Economic issues of health care job losses have a disproportionate effect on the local economy. 1. Closure of hospitals can cause death or unnecessary complications with lifelong results. 2. Increased travel time and money for patients to travel, time off from work, childcare. 3. New condition refers a patient back to collaborator which also includes another co-pay. Who are APRNs (Advance Practice Registered Nurses)? • Practicing in America for between one half to a century (certified nurse midwives/CMN certified registered nurse anesthetists/CRNA, nurse practitioners/NP and clinical nurse specialists/CNS) • Research demonstrates APRNs provide safe, high quality health care (over 50 yrs.) • APRNs in Missouri have excessive regulation limiting the ability to provide care to Missouri citizens. • The education model for APRNs is cost effective and saves the system money. • There is increased growth in nurse practitioner programs especially in family health – a primary care specialty. • Have Masters and/or a Doctoral degree in nursing building upon knowledge gained in undergraduate RN education. APRNs have strong clinical and educational experience as an RN. • APRNs 6 – 8 years of education compares favorably with other professions such as optometrists, pharmacists, dentists, and lawyers, all of whom practice without being required to collaborate with another profession. • APRNs are educated for this advanced level of nursing practice by other APRN faculty, not educated by physicians. Student’s clinical hours are usually done with both APRNs and physicians. I am always available to explore and discuss healthcare items in our area and state further. I feel we truly need to improve healthcare access and reduce healthcare costs in our underserved areas. I truly appreciate you taking the time to help improve the Missouri Healthcare Process all while improving quality and reducing costs. Cindy Hollis-Keene DNP, FNP-BC, PMHNP-BC cynthiahollis-keene@perimeterhealthcare.com cynthiahollis@yahoo.com Cell: 417-268-7952 Perimeter Healthcare Organization



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: 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!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CLIFFORD HALES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: djader@mac.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:44 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNA's function well and safely in large and small practices. The removal of the supervision rule for zCRNA's can increase availability to allow more access to patients needing anesthesia care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CODY HAERTHER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: codyhaerther@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 6:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CODY MURPHY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: c.v.murphy@icloud.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:33 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNA's administer the majority of anesthesia across the country. I have never actually seen an anesthesiologist intervene in a case being administered by a CRNA when working in a collaborative practice model. They just sign the charts saying they're available. This causes over billing for patients because they have to bear the cost of a provider who doesn't actually perform any services.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: COURTNEY BATCHMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: courtneysbatchman@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:39 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: COURTNEY HENDERSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: courtneydiederich@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:26 PM

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

As a provider this bill will allow me to provide the best care possible to my patients.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CURTIS ROBISON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cranrob11@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a CRNA that has worked in rural Missouri for the majority of my career. In much of the rural areas when being supervised by a physician who does not do anesthesia, there is very little knowledge of the drugs being administered and they are required to supervise and sign off on the orders for these medications. There is much reluctance for them to do so because they simply don't have any anesthesia knowledge to properly supervise what would be required to do so. CRNAs essentially already practice independently in the rural settings due to this very point. The physicians sign off but don't really know/understand anesthesia practice or the medications being administered. Many of the surrounding states that touch Missouri have already adapted to this philosophy and have been successful removing supervision along with approximately half of the states in our country. CRNAs have been practicing safe anesthesia care in our country for over 150 years and there have been many studies showing there is no difference in anesthesia safety when provided by a physician or a nurse. Removing supervision would also give hospitals the option to not use 2 providers in the metropolitan areas of the cities and community hospitals and would increase access and decreasing costs. The current model utilizes physician anesthesiologists to supervise CRNAs in the metropolitan areas and removing supervision only 1 provider would need to be present when providing anesthesia and decrease costs to insurance hospitals, insurance companies, and in turn to the patients. I fully support the removal of supervision in the state of Missouri as this is the best answer to decreasing health care for the constituents in the state of Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DANIEL EDDINS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dan.eddins@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 4:47 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

In the state of Missouri, certified registered nurse anesthetists (CRNAs) are highly valued members of the healthcare team. They have the necessary education and training to safely administer anesthesia and provide pain management to patients. The Missouri Board of Nursing recognizes the CRNA credential and allows them to practice independently, without physician supervision. This support for CRNA practice in Missouri by way of opting out of the physician supervision requirement provides patients with access to quality anesthesia care and allows healthcare facilities to utilize the skills and expertise of CRNAs as part of their patient care team, without the burden of the current model being employed in Missouri. I urge you to support this bill and opt out.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DANIEL GRAUL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dgraul98@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12:38 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DANIEL MCGEE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: pb857w87@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 4:58 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DANIEL OH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: doh89@outlook.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:09 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DANIELA ENGELKES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bretsella@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DANIELLE BENEMATTI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dbenematti@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DAVID BREITENFELD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dbreitenfeld@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 8:46 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DAVID HANS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dhans2000@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:58 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DAVID PATRICK BATES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dav476@mail.rockyriver.co	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DAVID SCHREINER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: davidschreiner_mayo@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DEANNA GISH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dmgish72@comcast.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DEANNA SWEANEY CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: deannatyson@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DEBORAH M. JOHNSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: djshots921@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am writing in support of HB329. I have had 7 surgeries in the last 40 years and have been cared for by CRNA's for all of them, thus allowing me to have my surgery close to where I live which is in a very rural area at our local hospital and surgery center. CRNA's have been giving anesthesia in my area for as long as I can remember. My experiences have all been good and positive. I ask that you support HB327. I think it would benefit our more rural areas that are always in need.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DEBORAH MCGLASSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: d1m242s@missouristate.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:22 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a student in the Missouri State University's CRNA program. I am in support of the the bill HB 329. I moved to Missouri to attend school and wish to be able to practice at the top of the scope of my practice after I graduate. This is will play a major factor in where I decide to live after graduation. If this bill does not pass, I will most likely move out of Missouri to a state where i can practice at the top of my license.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DEBRA FICKENWIRTH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: pickle4u@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 9:57 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DEBRA J. SWANGER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Lupe1961@Yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:12 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DECARLA BUSH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Db29s@missouristate.edu	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
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: DENIS E. PERCELL D.O.		PHONE NUMBER: 920-264-2405	
REPRESENTING: PREGNANCY SUPPORT CENTER		TITLE:	
ADDRESS: 128 RACK ROAD			
CITY: LEBANON		STATE: MO	ZIP: 65536
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DENISE SACHECK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: denisesacheck@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 1:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DENISE STUIT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DESIREE LAUBERT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Dlaubert09@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 9:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DIANA OLIVE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: olived@umsystem.edu	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DIANA OLIVE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: olived@health.missouri.edu	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DIANA OLIVE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dolive4@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. Please support CRNAs and HB 329!!		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DONALD FOUST DNAP, CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bigdon97@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:36 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a CRNA in this state in favor of allowing Educated CRNAs practice independently to the full scope of their education and training. Not only will it be a huge service to the states residents, it will also allow surgical healthcare to be much more cost efficient. CRNAs have been working in surrounding states independently for several years. There are no adverse outcomes from these arrangements there. High quality, cost effective surgical healthcare is the result.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DONALD KIDD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: donkatkidd@outlook.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in support of HB 329. Passing this bill would allow Missouri CRNA's to practice at a level equal to their education and experience. We need to pass this bill to catch up with the rest of the country, and bolster our struggling rural health care facilities.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DONALD LAYMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: DonnyLayman@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I fully support registered nurse anesthetists and their right to practice without supervision.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DONNA JO SPANTGOS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dojo36@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 11:32 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

They provide a great service to the great people of the State of Missouri



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DONNA VANDERHOEF		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dkgonzalez@comcast.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DONNA VANDERHOEF		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dkgonzalez@comcast.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DOUGLAS MASON WESTBROOK, JR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: douglas.m.westbrook@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:47 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Please help us provide better, more extensive, and less expensive care to our constituents. I spent 20 years in the Army with 6 of those as a CRNA. This included a deployment for 5 months where I was the only Anesthesia provider in a combat zone. We are trained and qualified to provide unsupervised anesthesia and need to be allowed to do so.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DR GARY D CLARK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: clarkgd48@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:23 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DR. JOHNATHAN LECK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: leckjk@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:40 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DR. REBECCA FELDMANN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: rsfeldmann@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 5:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DR. TRACY BECKHAM		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tbeckham@missouristate.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:50 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I have been a Certified Registered Nurse Anesthesiologist for 29 years. I have absolutely loved my job providing anesthesia to the residents of Missouri. For the last 20 of those years, I have worked at small rural hospitals and surgery centers where I am the sole anesthesia provider, without any physician anesthesiology supervision. During this time I have provided anesthesia services and cared for patients using my own training, knowledge, and experience in anesthesia. However, after each of these cases, my chart had to be signed by a physician. Most of the time the surgeon will sign the chart, but sometimes it is an emergency room physician or a physician who is not even in the operating room. In all of the cases, these physicians were unfairly asked to sign an anesthesia chart that they personally had no bearing on the decisions or medications that I administered. This burdens the surgeon unnecessarily and does nothing to improve patient safety or quality of care. Please support HB-329 and allow us to continue providing incredible anesthesia services to the residents of Missouri and improve access to care for all of our residents.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DR. YULIA PENISTON (D.O)		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: EDWARD DEAN STEIL JR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: EddieSteil35@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I would like to openly support the above proposed bill for Certified Registered Nurse Anesthetists (CRNA). By adopting legislation to allow CRNAs to practice to their full scope of practice and training we would be able to increase access to healthcare for many Missourians.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: 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. 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



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ELIZABETH A. HUGHETT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: eaumer@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 7:40 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Allow CRNAs to practice to the full extent of their education and licensure.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ELIZABETH KOOB CLYNE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ekoobclyne@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:30 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: EMILY BOCK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ehancock1989@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:12 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ERIC PFITZINGER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ericpfitz@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Re: Support of HB 329 To Whom it May Concern, As a Certified Registered Nurse Anesthetist (CRNA), I am writing today in favor of HB 329. This bill will provide clarification of medications administered in the perioperative period by a CRNA and removes the unnecessary supervision language. CRNAs are highly trained and educated anesthesia professionals that provide all types of anesthesia in any setting. Every CRNA is required to work in an Intensive Care Unit (ICU) prior to applying to CRNA school and upon graduating earn their Doctorate degree. CRNA's past experience and extensive training prepares them to practice independently without supervision or oversight. To date, 43 states including many of our neighbors such as Arkansas, Kansas, Oklahoma, Nebraska and Iowa have recognized this and removed the requirement for supervision of CRNAs. It is time for Missouri to do the same. Missouri is falling behind – now ranking 47th in overall state health performance, and 48th for highest number of health professional shortage areas. Our state statues have remained unchanged for the past 19 years, but healthcare is not the same as it was 19 years ago. HB 329 on its own will not fix all of Missouri's healthcare problems, but they are a step in the right direction by removing unnecessary regulations such as supervision and restrictions on controlled substances administration. These changes will not change patient safety or outcomes. Patients will continue to receive the same excellent anesthesia that Missouri CRNAs have been providing them for more than 85 years. CRNAs have proven themselves to deliver safe quality care without direction or supervision in many states now and for years in the U.S. military. Missouri should feel confident to follow this course. I ask you to vote in support of HB 329. Sincerely, Eric Pfitzinger, CRNA Columbia, MO



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ERIC WHITE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: thegasspasser2000@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:18 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ERIK JOSEF GLASSL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: erik.glassl@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:37 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ERIN HANCOCK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: twins1and2@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:12 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: EVA SCHULTE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: eva.c.luck@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:36 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: FELISTER MWANGI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: felisterm@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

"in support of"



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: FRANCE BRUN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: fb35s@missouristate.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: GALE MARIE SCHLOGL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: gschlogl@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:54 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

**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.**



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: GARRETT L. HAGER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: glhkv6@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:23 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: GARRICK PROCTER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: garrick.procter@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: GARY T. STURTEVANT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tok2sturt@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 8:27 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I believe this bill to be in the best interests of Missourians and their healthcare.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: GIUSEPPE GALATI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: gjalati@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:47 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: GRANVILLE WACO JOHNSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wackybass@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:57 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am writing in support of HB329. I have had 3 surgeries in the last 40 years. I live in a small rural town with a hospital and a surgery center and all my surgeries have been attended by CRNA's And I was very happy with their treatment. If not for the local CRNA's, I would have had to have traveled to a larger city to get an actual anesthesiologist. I am in support of this bill HB329 and I hope that you support this.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: GREGG BUSH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bushg@health.missouri.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 8:14 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I'm a Registered Nurse with nearly a decade of experience in Acute Care nursing. I see our overworked physicians and the professionalism of our dedicated CRNAs. It's time to end the pointless restrictions on CRNAs. For the sake of our physicians and the sake of our patients.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HANNAH O'BRIEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hloyd1@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: HARDY CLEVELAND		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: hardy.cleveland@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HARKIRAN MARQUEZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hjkaur01@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 4:32 PM

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

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



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HAYDEN MILES HINTON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: haydenhinton@ymail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:01 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: HEATHER LOBOUGH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lobough32@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 10:11 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HOLLY KIRKPATRICK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hollybeth226@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:57 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs provide safe, cost effective care throughout Missouri, and the rest of the country. By eliminating supervision and allowing CRNAs to practice to their full scope, we can better ensure Missourians have access to needed healthcare services.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HUNTER NIEMEYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: huntern@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: IDA ASEGA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ida.asega@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ISREAL JACOB TANNEHILL, CRNA, MAJOR, USAFR, NC		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ijtannehill@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 1:02 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As an independent provider for the federal government and military it is important for CRNAs to be able to provide full services to patients in their care. This includes optimization of patients before upcoming surgery, Intraoperative and postoperative. There are times that anesthesia can manage pain better for the patient than some surgeons. Managing complications from surgery and anesthesia by prescribing medication to relieve patient pain after surgery is part of total care offered by CRNAs in a lot of states, government and military.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: J DAVID O'DONNELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: davida2917@embarqmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:10 PM

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

As a practicing Missouri RN since 1980 as well as a practicing CRNA since 1989, I support HB 329. Presently Missouri is only 1 of 7 states without this type of legislation. With the passage of HB 329, CRNAs, anesthesiologists, and most especially patients in rural hospitals would benefit.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JACE KEMP		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jacekemp34@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:30 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JACK SEIGEL		PHONE NUMBER: 573-636-4623	
BUSINESS/ORGANIZATION NAME: MISSOURI NURSES ASSOCIATION		TITLE: OUTREACH MANAGER	
ADDRESS: 3340 AMERICAN AVENUE SUITE F			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JACKIE FERGUSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: nursejacque24@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 2:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Decreasing limitations for Nurse Anesthetists 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JACOB CHERRY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Jacobcherry1110@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 1:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

CRNAs are extremely important in the Healthcare field. CRNAs provide anesthesia to a vast majority of rural hospitals that are in desperate need of anesthesia providers. We are independent practioners who have the skills and knowledge to practice completely independently in any setting. This Bill 329 will remove any restrictions that CRNAs face in MO. This will be extremely significant because it will allow numerous facilities to have access to anesthesia providers. These rural areas then can provide safe effective care to their communities. If this bill passes, people who typically have to drive an hour or two to have surgery, will have the option to stay close to home.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JACOB HAY CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jacobhay@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:44 PM

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

I fully support this bill as I believe it will improve access to healthcare in our rural communities by eliminating barriers created by requirements of supervision. As an anesthetist, I have provided care in small, rural hospitals as well as large metropolitan hospitals. My main concern is to provide the highest level of competent care to all my patients. I believe that my education and experience have provided with with the vital foundation to make decisions to achieve that goal.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JACOB WELLS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jacobw5544@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JACOB WOLPERS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jswolpers1s@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:38 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JACQUELINE SHEEHAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jdrntsheelan@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMES CLANCY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: clancyjamesm@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I want to make sure that myself and my patients have access to care whenever I need it. The safety and quality of anesthesia care provided by solo CRNA practice models is equal to that of physician led anesthesia teams according to the latest research.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMES EDWARD MILES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jamesedwardmilesii@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:34 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This bill will make right several inconsistencies and inappropriate restrictions on the way CRNAs are allowed to practice and will bring Missouri into line with most other states in lifting egregious restrictions and oversight requirements. CRNAs are well trained and capable practitioners and should be allowed to practice in Missouri at the top of their professional capabilities.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMES PATRICK BROOKS, MD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: patrickbrooks@missouristate.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMES S SPANTGOS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jspantgos@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 8:10 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I feel the passage of this bill will help keep to reduce the cost of healthcare in the great state of Missouri It will help to reduce barriers so CRNAs can practice to their full extend of their education and training



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMES WOODFORD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aneswood@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:39 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
I support the minor changes in the proposed bill HB329.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMI CRUMP		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Ladycrump@utexas.edu	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JAMIE HANAGAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jamielhanagan@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 2:04 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMIE RICH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: blondeandblade@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:08 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JAMIE SELLER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jlewis282@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMIESON WISHMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jamiesonwishman@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:30 AM

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

I support this recommendation



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JANELL MARTIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: 4806martin@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support the ability of CRNAs to practice independently without need of direct supervision. Closed case data supports the long standing history of safe anesthesia care provided by CRNAs.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JANET HEATH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jh354s@login.missouristate.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:19 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Having been a CRNA for over 13 years, as well as having been a patient receiving care from a CRNA multiple times, I am more than confident in their ability to provide safe, compassionate, and economical anesthesia care WITHOUT the supervision or direction of a physician.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JANET MEYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: janetmeyer71@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JANET OSTENDARP		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jostendarp1@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:29 PM

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

CRNAs provide safe effective anesthesia all across the country. It is an important element of surgical care to have nurse anesthetists. Please support us and Missouri surgical patients. Thank you Sincerely Janet Ostendarp, CRNA, ARNP-MS



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JARED BARTON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mx3gs@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JASON GRANT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jgrantdu@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 1:57 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JASON WELLEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jrwellen@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:16 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

It never made sense to me that CRNA's with their training and experience using medications are not able to write their own prescriptions. I am a practicing transplant surgeon and would feel more comfortable with my CRNA's writing prescriptions than I would most of my NP's Or surgical residents etc....



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JASON ZUECK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jmzueck@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This bill can only help MO citizens with there healthcare.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAYME VIVIAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jayme.vivian@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 1:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JEAN COVILLO		PHONE NUMBER: 816-807-9333	
BUSINESS/ORGANIZATION NAME: EXCEL ANESTHESIA, LLC		TITLE: DNAP, CRNA, MANAGING PARTNER	
ADDRESS: 3310 W 10TH ST			
CITY: SEDALIA		STATE: MO	ZIP: 65301
EMAIL: jcovillo@eakc.net	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 5:34 AM	

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

I am testifying in support of HB 329 as the owner of Excel Anesthesia, LLC . Excel Anesthesia provides CRNA services to more than 20,000 patients. Although Excel Anesthesia is a Kansas Corporation, most of its facilities are located in Missouri. Removal of unnecessary restrictions will enable our company to continue to care for the 14,000+ Missouri patients we currently serve per year. In 2022 Excel CRNAs provided services for more than 20,000 patients of which nearly 14,000 were Missouri patients. Services are provided by independently practicing CRNAs at hospitals and surgery centers. These services include all forms of anesthesia, i.e. general, monitored anesthesia care, and regional anesthesia. In Missouri, these CRNAs are currently required to be supervised by the operating practitioner- a practice that interferes with patient access to care because surgeons don't want to work in facilities that require them to take on additional responsibility for services that CRNAs are trained and educated to provide. The following is a list of facilities contracting with Excel Anesthesia CRNAs. Missouri's antiquated laws serve no meaningful purpose other than to limit competition in the market at the expense of its citizens. Excel Anesthesia CRNAs have been providing safe anesthesia services to your patients for the past 25 years. It is becoming increasingly difficult for our company to compete in this market mainly due to restrictive legislation that offers competitive advantage to anesthesiologist groups, yet these same groups aren't interested in providing services in our facilities because there isn't enough volume to offset the cost of an anesthesiologists. In summary, removing unnecessary supervision requirements will enable Excel Anesthesia to continue providing these services to patients in need. Sedalia Surgery Center (Multispecialty) 3310 W 10th St, Sedalia, MO 65301 Ray County Memorial Hospital (Multispecialty) 904 Wollard Blvd, Richmond, MO 64085 The Highlands Surgery Center (Reconstructive) 17000 E US Hwy 40, Independence, MO 64055 Mercury Surgery Center (Urology) 901 Heartland Rd # 1820, St Joseph, MO 64506 Murphy Watson Surgery Center (Ophthalmology) 5202 Faraon St, St Joseph, MO 64506 Discover Vision Center (Ophthalmology) 9401 N Oak Trafficway Ste 200, Kansas City, MO 64155 Novamed Surgery Center of Warrensburg (Ophthalmology) 506 Burkarth Rd # B, Warrensburg, MO 64093 Cedar Oaks Surgery Center (Multispecialty) 706 Burkarth Rd A, Warrensburg, MO 64093



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JEANETTA STOMER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jeanetta.stomer@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 4:34 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this bill



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JEANIE SKIBISKI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jskibi2@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:37 PM

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

This bill allows Certified Registered Nurse Anesthetists (CRNAs) to provide anesthesia services more easily, without the barriers to care that are currently in place. This would be especially beneficial in rural areas and critical access hospitals, where CRNAs are often the sole anesthesia providers. This bill requires that a physician, dentist, or podiatrist request the administration of the anesthetic without the burden of supervision which opens up liability, and the CRNA would select, order, and administer the necessary medication for the procedure and in the perioperative period. This bill would reduce the facility's administrative burden and would follow current regulations in Section 195 RSMO.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JEANINE ATWELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: j9bowers@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 8:09 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JEFF CALDWELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: by4mnts@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I think nurse anesthetists should have full practice authority. I've personally had anesthesia with CRNA's. They were compassionate and professional. I wouldn't have anyone else do my anesthesia. Please vote yes on HB 329



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JEFFREY DILLARD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dillardcrna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 4:34 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JENNA SCHEER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: j_scheer1362@hotmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/6/2023 3:52 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

My name is Jenna Scheer and I have worked as an ICU nurse for over three years and now have been in a doctorate of nurse anesthesia program for almost one year. I am in huge support of this bill. We are highly skilled professional who were trained at the top of our game in the intensive care units and now went through more years of schooling to learn even more and work at the top of our license. We are the main airway management teams in rural areas and are the main professionals who know about airway management and what do in an emergency. This bill being passed would make more of the Missouri residents in my class stay in practice in Missouri once we graduate because they want to work at the top of their practice. Thank you for considering the bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JENNIFER HAWKINS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jennihawkins@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 6:30 AM

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

CRNAs have graduate degrees and possess the education and skill to provide anesthesia care without supervision.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JENNIFER MCCULLOUGH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jennifermccullough89@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 10:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in favor of HB 329 because nurse practitioners provide outstanding care to patients and should not be restricted to practice in any way.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JENNIFER STEPHAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jss1296@bjc.org	ATTENDANCE: In-Person	SUBMIT DATE: 2/6/2023 8:55 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
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: JEREMY CADY		PHONE NUMBER:
REPRESENTING: AMERICANS FOR PROSPERITY		TITLE: STATE DIRECTOR
ADDRESS: P O BOX 94		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2023 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JEREMY DAVES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jeremydaves.crna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:10 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This bill will help advance the care or MO rural healthcare.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JEROLD S JARCHIW		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sol227@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:41 PM

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

CRNAs are the original advanced practice nurse. It is unconscionable that we still have no prescriptive authority.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JEROLD S JARCHOW		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sol227@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 5:34 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JESS CAIRNS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Jesscairns@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:06 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JESS COLLINS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jscowee@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JESSE CARTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jmcarter030413@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:22 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JESSICA DOERR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: doerr_jessica@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JESSICA GREENE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jesilu21@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 3:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
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: JESSICA PABST		PHONE NUMBER: 573-690-4553	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION, UNIVERSITY OF MO HEALTHCARE SYSTEM		TITLE:	
ADDRESS: 217 E CAPITOL			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JESSICA SHAH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: shahjessica15@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 11:31 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JILL HALL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jillkmoos@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:47 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JILL LAYMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lv2run01@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:09 AM

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

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JIWON LEE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jleepriority@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOCELYN UECKER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: josieu@me.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 3:26 PM

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

I would like to testify in support of HB 329 as a resident of Jackson County Missouri. CRNA's provide anesthesia independently in both urban and rural settings in Missouri and should not require the supervision of an MD to do so. Due to the safety record of nurse anesthetists, the shortage of anesthesia providers across the state and our country, and the reality of our practice settings the requirement tends to be lived out on paper record only. I have been practicing anesthesia as a CRNA in suburban Kansas City and rarely see an anesthesiologist in my room when we are going to sleep and waking up, despite the fact that they attest to being present on induction and emergence on the anesthesia record. The paperwork is fulfilled, but if you were to look at when the attestations are made in electronic medical recordkeeping they often "attest" to being present from another computer elsewhere in the hospital (happy to give more information regarding this upon request). Thank you for your consideration. Let's make the law reflect what is actually happening out there in the real world already, rather than according to what financially benefits physician providers.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOE DIETRICK, CRNA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOHN B REINKER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: breinker@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:33 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOHN FITZGERALD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: glass-will0e@icloud.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 8:18 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOHN RICKETTS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: johnrickettscrna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:15 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Patient care in rural areas have always been compromised by restrictions on CRNA's to Practice to there full ability. Passing this bill will Make an improvement in patient care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOHN ROBERTSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: spartan22.doc@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JORDAN TAYLOR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Jtaylor0531@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 9:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOSEPH BALASSI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Joseph.balassi@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:31 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in support of Greater autonomy for Nurse Anesthetists in the provision of High quality anesthesia care in the state of Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOSEPH HASSLER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: joehassler84@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:23 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support removal of supervision of CRNAs. They are highly trained anesthesia providers capable of carrying out all aspects of anesthesia care delivery independent of physician supervision. CRNAs are prepared by their rigorous training programs to practice indecently



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOSEPH MEYEROTT. CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jwmeyerott@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:01 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Nurse Anesthetists help Missourians access surgical services outside the major metropolitan sectors. CRNA care is safe and effective as physician anesthesia care. CRNAs are less costly. Supporting this bill will ultimately be perceived by some as a “turf battle”, HOWEVER THE ONLY LOSERS ARE TAXPAYERS AND PATIENTS! There is and will always be more work for every anesthesia professional (CRNAs & Physicians). Supporting this bill allows for CRNAs to practice to their full licensed scope of practice and relieves surgeons, podiatrists, and dentists from unnecessary “supervisory” roles when the procedural isn’t is not the TRAINED EXPERT in anesthesia delivery.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOSH DEBROCK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: debrockjosh@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:53 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: JOSHUA DELOZIER		PHONE NUMBER: 573-529-0668
BUSINESS/ORGANIZATION NAME: DELOZIER ANESTHESIA, LLC		TITLE: DNAP, CRNA, NSPM-C
ADDRESS: 1962 DOSS RD		
CITY: MEXICO		STATE: MO
		ZIP: 65265
EMAIL: joshua985@Live.Missouristate.edu	ATTENDANCE: In-Person	SUBMIT DATE: 2/6/2023 6:56 PM

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

I support this Bill because it supports what all conservatives stand for: Free Competitive Market, Reduced Bureaucracy, and Quality Services in Healthcare to Missourians who seek care in one of the worst ranked healthcare systems in the country.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIA MERLO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: merojulia2@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 10:52 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIE COOPER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: juliemc1@charter.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIE CRAMER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wildchick3100@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIE KUEHLE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: julieakuehle@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:50 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JUSTIN STUIT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: j_stuit@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 1:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in full support of HB 329



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JUSTIN THOMAS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: justinth04@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:49 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KAITLYN BROWN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kaitlyndk7@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:01 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Certified Registered Nurse Anesthetists are highly trained advance practice nurses that, when allowed to practice at their full scope, can function as independent providers. This can improve access to anesthesia services, particularly in rural Missouri communities, and decrease anesthesia costs when compared to Anesthesia Care Team models that include anesthesiologists.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KALEENA BAUCK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kaleena.bauck@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:13 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KARA MILLER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: karawhitney13@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 9:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KAREN GREGORY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: karen.m.gregory@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KAREN MARQUARDT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: karenmarquardt.photos@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:46 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KAREN MORRIS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kmor71@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KAREN SILVERTHORN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: silver63801@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Having a thirty year experience in providing anesthesia as a CRNA along with my advanced education has shown that the care of patients are equal to that provided by anesthesiologists. I have worked in a rural area my entire career and most emergent cases after regular working hours were solo. It is so funny that when my call would start and the day would end that my ability to take care of patients alone would increase exponentially. My ability to care for the gun shot wounds or ruptured aneurysms among many other life or death cases show that CRNAs are trained to provide great care for patients autonomously . This bill would help provide this service especially for rural patients and maintain the great anesthetic care that patients deserve



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KARI HENKELMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kms6x6@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 8:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KARL VIVIAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kjv3stripe@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:22 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KARLA CLUBINE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KATE MANUEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kate.battig@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:27 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KATHERINE BURLAND		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kateburland17@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 2:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KATHERINE KEENEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: katy.keeney94@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:10 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support the passage of this bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KATHLEEN BLACK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kmc5521@outlook.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KATHLEEN KIDD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kidd3@me.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:13 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a CRNA and a veteran of the USAF, I am requesting support of HB 329. It is past time for Missouri to remove the barriers for CRNAS to practice to the full scope of their education and training. Studies confirmed CRNAs provide safe and cost effective care. This aligns with Medicaid/Medicare rules and 43 other states that do not require supervision. This is especially important for rural healthcare in Missouri. It is time for Missouri to do the right thing. Thanks for your support.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KATHRINE STIPANOVICH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: katie.jean.np@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:54 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

This would increase access to healthcare at no additional cost.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KATHRYN LEA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kathrynb16@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 9:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KATHRYN THURMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: stantonkatie03@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 8:31 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KATIE JOLLIFFE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jolliffe.katie@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/6/2023 6:27 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KATIE LANDIS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: katielandis94@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:47 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KAYLEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: langfordkayley@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KEATON TODD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ktodd1487@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KELLI HEACOCK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kellireinkemeyer@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:01 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KELLY FLERI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kfleri@siue.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:25 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KENNETH J MEYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kenmeyer49@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:13 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KERRY BLAIR MSN, CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jacolbree@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:39 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs successfully administer anesthesia without any assistance in many hospitals, surgery centers, dentist and doctor offices across this nation. The data is available that CRNAs can safely develop an individualized plan and administer anesthesia. Please vote to allow CRNAs to no longer need a physician's signature to practice. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KERRY KNIGHT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: knight24501@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12:29 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KEVIN CALLAHAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: gasman66@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:48 PM

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

CRNA's are a quality, cost effective means to provide anesthesia care to Missourians and in fact already provide much of the anesthesia in Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KIMBERLY ABELN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: liikimrn7@aol.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:39 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KIMBERLY KINKEAD-AMIOT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kimamiot@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:39 PM

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

I fully support this Bill, I have been a CRNA for 30 years, this I long overdue. Working in Rural Hospitals makes not having prescriptive authority a thorny situation between surgeon, anesthesia and primary providers.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KIRK VITO DENTI		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ksdenti@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KRISTEN LIEBIG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kbal82@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:04 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KRISTIN DOBBS CRNA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dobbskristinl@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 10:38 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am a MO CRNA with 20 yrs of practice experience. Our care has been proven time and again to be as safe and reliable as that provided by Anesthesiologists. We are efficient, competent, compassionate and willing to work in areas where they are often not. Please vote YES for increased practice rights and autonomy, so that CRNAs can continue to provide quality care in our state.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KYLIE JENNINGS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kylievaught.kv@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/6/2023 3:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a student registered nurse anesthetist (SRNA) in my 1st year at Missouri State University School of Anesthesia. The process leading up to this point has been challenging. After spending four years earning my Bachelors in Nursing I worked for 3 years as a nurse in the Intensive Care Unit (ICU). During this time I learned how to adjust ventilator settings on respiratory failure patients, commonly called life support. Take over the care of open heart surgery patients, directly from nurse anesthetists (CRNA) and surgeons, manage multiple medications including vasopressors to raise or lower blood pressure, and titrate pain and sedation medications to keep patients asleep and comfortable until their bodies were healed enough to wake them up. I also was in the thick of it during the COVID pandemic, as a travel nurse. This expanded my experience to include managing paralytics, drugs that CRNA's use to keep patients from moving during surgery. For us nurses in the ICU during this time, we were using paralytics to prevent patients from breathing inadequately on their own so that we could do it with the ventilators. This ICU experience tailored very well into my current anesthesia training. As a nurse, I learned of holistic care – caring physically, psychologically, socially, and culturally for another. It means embodying current philosophy and research, communicating with and for patients, and adapting my care specific to each patient depending on their needs. Put simply, anesthesia involves the removal of awareness and pain. Meaning when a patient is unable to speak for themselves, it is my job to speak for them – recognizing unspoken signs of pain during a procedure and maintaining adequate levels of anesthesia so they are comfortably unaware. As you can see, the practice of nursing and anesthesia mesh seamlessly. After graduation and passing boards, I cringe at the thought of being limited in my practice. We are not taught how to provide anesthesia and then ask permission. We are taught to be critical thinkers, responding to patient needs without hesitation because in some scenarios there is no time to spare. Within the last few years, two more of our neighboring states have removed restrictions on CRNA practice allowing them full scope of practice authority. I hope Missouri follows this trend along with the 43 states who do not have supervision in their state nurse practice acts. Eliminating practice restrictions would encourage myself and fellow SRNAs to stay and practice in our home state of Missouri. There are several CRNA spots needing filled in many of our local hospitals including Monett, Aurora, Springfield, Bolivar, Branson and many more. Based off of conversations with current nurse anesthesia professionals, our current practice restrictions are contributing to this staffing crisis. Please help our profession and local hospitals. I ask for your support of SB 27 and HB 329. Thank you, Kylie Jennings Email: Kylievaught.kv@gmail.com



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KYLIE STOTTLEMYRE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kbstottlemyre@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:02 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LARRY D STEPHENS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: larrydstephensjr@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LARRY RAGSDALE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lpragsdale@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:36 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LAURA D. MURER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ldmurer@att.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LAURIE SPARR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: laurie_js@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/5/2023 8:02 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LAWRENCE FOURNIER JR.		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: fournilw@sbcglobal.net		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:53 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I fully support in order to provide safe and adequate anesthesia care to our aging population



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LEAH D. BOLTEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: leah.bolten@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:18 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LEANN HAGER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: blhager5@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:35 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a Missourian from Jefferson City, and I am asking for your support of HB 329. These bills remove restrictions on our CRNA advanced practice providers. Rural hospitals in Missouri continue to close and many Missourians are at risk of losing access to nearby surgical and anesthesia services. CRNA's provide 78% of the anesthesia for Missouri rural hospitals. Without CRNA's we would be in an even worse state than we are now.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LESLIE GLOE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lgloecrna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:09 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LESLIE RAY WALTMAN III		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: darth_scooter@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LINDEN HENDRICKS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hendrickslinden@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:18 AM

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

Please vote in favor of this bill so that MO state CRNAs can be part of the solution for expanding care to MO residents. We have the experience, knowledge, and skill to practice without physician oversight. MO is surrounded by states who have already realized this and passed their own bills removing the supervision requirement.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LINDSAY WALTMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: momofmany96@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I'm in support of this Bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LINDSAY ZIMMERMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lindsayzimmerman@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:02 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LISA BILYEU		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Inolle1989@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 1:36 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LISA DURAKO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lisadurako@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:15 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LISA NOVAK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Inovak4392@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LUCAS MAXEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lam5196@bjc.org	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:41 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MAKAYLA UMPHREYS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: makayla2200@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:08 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MANDY THOMPSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mandyjo50@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 9:06 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
Nurse Anesthetist provide safe and effective anesthetics all over the state of Missouri and the USA.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARC OLIVE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: marcolive4@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:57 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARCIA JANE ROBINSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: hijaneerob@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 5:15 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Our scope of practice and extensive training should afford us the autonomy to practice as licensed independent providers. We are more than qualified and have proven that we are able to deliver not only safe but excellent anesthesia care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARGARET DELANEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mdelaneycrna@aol.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 5:15 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Do not restrict the practice of CRNA's. They have proven their clinical excellence and safe patient for 100 years!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARGO SHEPARD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: margoshepard@kc.rr.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARISSA TUCKER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tucker.marissa@outlook.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As one of the country's first anesthesia specialists, CRNAs are fully trained and educated to provide safe and cost-effective anesthesia care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARK RUTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: r2restore@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in full support of HB 329. This bill is vital for access to care in areas of the state that are chronically underserved. CRNA's have practiced independently in many parts of the country for decades. CRNAs have a proven track record on providing safe and effective care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARK TIMOTHY KIRKPATRICK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kirko226@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:18 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARLA NICHOLS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: marlakbup@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 1:10 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARY ELLEN FRANTZ		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mefrantz100@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARY JANE LOEFFLER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mjl5243@msn.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARY LEE VIVIAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mlvivian130@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:06 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARY LOUISE PONDER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mlouponder@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 9:51 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MASON UMPHREYS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: masonumphreys@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 8:58 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support the independence of Certified Registered Nurse Anesthetists.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MATTHEW BAECHLE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Baechle90@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MATTHEW MARTEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mmarten23@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a Certified Registered Nurse Anesthetist, this bill would help to administer anesthesia to our full scope of training and reduce regulatory burdens.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MATTHEW P LINDQUIST		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: thew_man@msn.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Nurse anesthetist's were first to the table to anesthetize patients. Physicians learned from them and took it over. Nurse anesthetists are still Uniquely qualified to do this job, and don't need a physician looking over their shoulder to do it well.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MCKENZIE ADAM-HAGER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mckenzie.adam.hager@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 8:38 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MEGAN CHAMBERS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: megcham16@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 3:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MEGAN KELLY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: megan.kelly5@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:09 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MEGAN THOMAS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: megankellon@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:22 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MEGHAN ALDERTON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mmcateer10@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MEGHAN WOODHAM		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wright.meghank@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:47 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MELANIE MORRIS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: m1994morris@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MELANIE REED		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: reedrn94@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:40 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Please support CRNA practice.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MELINDA GREEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: little.green.bean24@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:37 PM

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

Practicing independently would allow me, a CRNA with a DNAP degree of over 5 years experience and over 20 years in the medical field, to utilize the full scope of my skills in the state of Missouri. This follows suit with what other states have already done in recognizing CRNAs as safe providers, also able to work independently in rural areas and military settings, who have done so for over 150 years in the United States.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MELINDA PENDERGRAFT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: melgre1879@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MELISSA EDWARDS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: brinkergirl3@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:47 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I, Melissa C Edwards, BSN, CRNA, am in full support of removing physician supervision from CRNA practice. This is common practice in many rural areas of Missouri already, where a surgeon co-signs in collaboration, but the CRNA completes the pre operative evaluation, perioperative anesthetic, and postoperative care without real input from surgeon collaborators. This will also be beneficial in metropolitan areas to help alleviate the shortage of anesthesia providers by lifting supervision or direction ratios from staffing requirements. CRNAs have been delivering equally safe anesthesia care to patients for many decades when compared to anesthesiologists. Studies verify this claim. CRNAs also safely administer narcotics and other scheduled drugs safely in all stages of anesthesia care. Requirement for a physician to prescribe or co-sign these scheduled drugs is unnecessary and redundant. This bill will also help to decrease health care costs by allowing CRNAs to practice to their full potential and decreasing the need of costly oversight. Thank you for your consideration. The CRNAs of Missouri will continue to deliver exceptional anesthesia care while awaiting the decision of our state legislative body.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MELISSA JEAN MILNOR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: reinersman.melissa@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICAH WALDEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: micah.walden@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 3:12 PM

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

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL BURNS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL D MUELLER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mdmna@aol.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:44 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL E SHEPARD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mikehpkc@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:40 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL J SCHUSTER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: m.schuster1340@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 6:13 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHELE CLEMENTS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: micheleleigh62@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a CRNA practicing in the state of Missouri. Due to the change in how our practice is now interpreted. We need this change to ensure we can provide safe, pain free anesthesia with in the state. This change has negatively affected my practice and requires me to practice under specified protocols that do not offer individualized care. Please ensure that is bill is passed. I practice as an individual provider in the State of Kansas and so not have these limitations. If not passed, I am afraid providers will chose to bypass the state of Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHELLE GRIMES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mgrimes330@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MORGAN GILKERSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: gilkinsonmorgan@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 4:59 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MORGAN ROBERTS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NANCY FOREMAN, CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: gasupis@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 10:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a practitioner for 40 years, in Missouri, I am a Certified Registered Nurse Anesthetist. I agree with the purposed HB 329. The education and internship process of school and continuing education, provides knowledge base to prescribe and deliver narcotics to patients under our care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: NATALIE MILLER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: collinn@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 6:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: NICHOLAS ALDERTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: awaffle572000@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 9:18 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NICHOLAS PETELIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: petelinnjp@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NICK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nickkoval@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support and stand with fellow CRNAs



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NICK LYONS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nicklyonsrn@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:09 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NICOLE BETHMANN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nbethmann1@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:32 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NICOLE WICKOREN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nwickoren@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:46 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This issue is important to me personally because while I reside on the Kansas side of the state line with my family, I have chosen to work at Research Medical Center in Kansas City since I became a nurse in 2005. I continued to work at Research Medical Center while I attended graduate school and obtained my Doctor of Nursing Practice degree, specializing in anesthesia, from UMKC/Truman Medical Centers School of Nurse Anesthesia in 2020. In all my years of taking care of patients at both Research and Truman (now known as University Health) I have witnessed an increasing number of people being forced to travel many hours from rural parts of Missouri to the city for routine surgeries or procedures requiring anesthesia. Patients and their families are often unhappy to be required to drive for hours and then be stuck in an unfamiliar city with nowhere to rest, and certainly one large reason behind it is that CRNAs are leaving rural MO because of the regulatory burdens we face as medical practitioners.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NIKKI HAZELWOOD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nikkirhazelwood1@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NISAR SYED POWER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nspower77@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 4:33 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: OLIVIA MIDIROS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: omidiros@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:14 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ORISIA KIRKPATRICK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: orisia@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PAIGE WILLIAMS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: paigemeanytime@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PATRICIA W NIGRO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: pwnigro@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 10:04 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PAUL J GASS JR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: gasspj@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 5:53 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PAULINE WALDECK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: prgaerl@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 3:31 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PEGGY RAGSDALE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: pIragdale@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:38 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PETER MAHER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: maher3@swbell.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:02 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RAJ BINDRA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sheenarajbindra@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 1:51 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I vote in favor of CRNA independent practice



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RAYMOND N EISENMANN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: reisenmann71@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:37 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a CRNA I have practiced for over 20 years in all variety of settings. The most relevant practice situation that focuses on the current issue at hand is my multiple deployments with the Army as a solo practicing CRNA. I have had the privilege of leading a Forward Surgical Team in some of the most remote austere environments imaginable with no other anesthesia backup available. I am looking forward to Missouri updating the CRNA's ability to provide safe, competent anesthesia care. Sincerely,
COL Raymond N Eisenmann CRNA, MSNA, USA, ANC



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: REBECCA BOUCK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: 57bouck59@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:27 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: REBECCA MAUL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: steerrj@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:31 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: REBECCA RANGE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: rebeccarange@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 7:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: REENA RAJAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: rrijan2020@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:41 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

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."



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: REGAN HASTERT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: reganhastert@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:13 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: REGINA THOMAS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: reggielt@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:39 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RICHARD BUSHNELL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: wayne@northsidechristianchurch.net	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 8:41 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RICHARD HILL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: vcortex@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNA's easily can take care of patients with a anesthesiologist sitting in your or room while you do the care or when they ask you to take care of a patient while they browse the internet. Supervision is only a way for anesthesiologists to make money with no work behind it.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RICK HEUERMANN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rheuermannbusiness@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: RILEY MCATEER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: rileymcateer25@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ROBERT ANAYA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Chefrob101@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ROBERT COATS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: r.coats.74@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 6:23 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RON DONALDSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rondon0518@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SAHAR ARNAOUT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: s_arnaout@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs are vital part of the healthcare system and an affordable and safe anesthesia providers with a record to prove such claim. CRNAs are the sole providers in rural areas to our veterans out on the line and they are the ones tending to patients in most of the operating rooms across the US Giving CRNAs the ability to practice to their fullest capabilities only improves access to healthcare to all Americans and decrease the overall cost.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SAMUEL BIEG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bieg.samuel@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 11:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Great way to help all Americans receive quality healthcare



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SANDRA KIM		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: skimmypoo@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SANDRA UHLMANN, CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: uhlmann07@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:32 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs have been delivering quality anesthesia care for over 50 years. CRNAs make up more than half of the anesthesia workforce. Nurse anesthetists have been the main providers of anesthesia care to American soldiers on the front lines since World War I and even provided anesthesia care to wounded soldiers during the Civil War. Today, they continue to be the primary anesthesia providers in the U.S. military. CRNAs are the primary and sometimes sole providers of anesthesia care in many rural and underserved areas of the country. The AANA reports that CRNAs represent more than 80 percent of anesthesia providers in rural counties. Many of these rural counties rely on CRNAs to provide anesthesia to these small community hospitals as they often are unable to attract anesthesiologist to these small communities. Without CRNAs, these small hospitals would be unable to provide surgeries, colonoscopies and other procedures that require anesthesia. These areas are in critical need for supervision to be removed. Please consider these small, rural towns and community hospitals when you vote on this bill. I am quite sure that if you spoke to the hospital administrators in these areas they would be very pro CRNA and ask you to opt out of the supervision requirement for CRNAs.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SARA NICOLE CLARKSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: saranicoleclarkson@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 7:44 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SARAH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sarahs628@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:27 PM

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

It would be a grievous injustice to deny CRNAs the right to independent practice. Many of us already practice this way, regardless of how the supervisory language reads at their institutions.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SAVANNAH CLARK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sclark041@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SCOTT LEA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: scottalanlea@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 8:47 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SCOTT BROUGHTON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: swbroughton@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:35 PM

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

I would like to express my support for HB329. It simply makes the anesthesia provider that is carrying out the anesthetic the one held responsible for the anesthetic.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SCOTT SAVIS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: gotmach@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SCOTT SUMMERS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Scottsds@att.net	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 1:10 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHANE HAGEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: shagen02@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 11:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHARESE A DIXON-BANKS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sharese.ameka@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 11:11 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHARON E. GILLARDI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sgcrna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHAWN JEFFREY STEWART		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: shawnjstewart@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:08 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHAWNEE GLENN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: shawnee.kay86@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:58 PM

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

As a CRNA in a critical access hospital I support this bill. Surgeons who have very limited training in anesthesia should not be required to sign off on our medications given in the perioperative setting. CRNAs are advanced practitioners who specialize in anesthesia with a masters or doctorate degree in anesthesiology. This bill will ensure surgical services in Missouri critical access hospitals.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHEENA BINDRA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sheena1singh@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 1:32 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
CRNA play a pivotal role in anesthesia care of the patients. They provide safe care at efficient cost.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHELBY DENICKE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: shelbydenicke@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:05 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Health care costs are too high to continue paying two people to do one job. CRNAs are already providing the majority of anesthesia care to patients across the state and lifting supervision requirements would allow for a reduction in costs without negative patient outcomes. According to a May/June 2010 study published in the journal Nursing Economic\$, CRNAs acting as the sole anesthesia provider are the most cost-effective model for anesthesia delivery, and there is no measurable difference in the quality of care between CRNAs and other anesthesia providers or by anesthesia delivery model. An August 2010 study published in Health Affairs showed no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHERRY BREEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sherryh824@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 6:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHIRLEY ARNOLD DNP FNP-C		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: flowernrs92@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:13 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in favor of full practice authority for APRNs



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SLOAN SHEFFIELD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sloansheffield13@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:19 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: STAN AVERY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: stanavery2@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: STEFFANIE DOKE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: srdoke77@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 5:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: STEPHANIE JENKINS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: stephiec89@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:25 PM

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

CRNAs are the backbone of rural surgery. Their support is crucial to hospitals keeping their doors open in rural communities.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: STEPHANIE OLOMUKORO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: stephanieowei@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:33 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: STEPHANIE RUTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: msruters@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:36 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I absolutely support this bill. Nurse Anesthetists are Nationally Board Certified Anesthesia providers. CRNA's practice in rural areas and have Bernie for years where anesthesiologists have Refused to practice!! And have been doing so for decades! If practicing rural independently has yielded amazing rural anesthesua healthcare, how can the same not be true everywhere including cities. It's the most cost effective, safest and accessible way to offer anesthesia. CRNA's have been independent around the country and should be in Missouri. We are just always last /behind the times to do things.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: STEPHANIE VAUGHT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: csvaught1994@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 11:50 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: STEVE MARQUARDT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: skmarquardt1@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I have been a CRNA in MO for 21years, 17 in a rural hospital. "Supervision" is truly red tape, a hurdle, that my hospital and many like it have to deal with in order to legally utilize CRNA's. Every day I work as a member of a Healthcare team. Nothing about this bill changes that! It only removes unnecessary legal language and hospital expenses that are incurred to meet that language.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: STEVEN BOUCK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bouck59@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: STEVEN R MCCLURE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: smcclure2010@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN BULLINGTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: susan.bullington@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:38 PM	

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

Date 2/6/2023 Re: Support of SB 27 and HB 329 To Whom it May Concern, As a Certified Registered Nurse Anesthetist (CRNA), I am writing today in favor of SB 27 and HB 329. These bills provide clarification of medications administered in the perioperative period by a CRNA and removes the excess regulatory supervision language. The Missouri healthcare system, along with the rest of the country, experienced many trials during the COVID-19 pandemic. During this time, Missouri CRNAs rose to the challenge – intubating sick patients, placing central and arterial lines, teaching rural physicians and nurses how to manage ventilators and prone patients. We did this in addition to our standard duties of anesthetizing patients needing surgery, responding to airway emergencies in the trauma bays, and placing epidurals or spinals for moms in labor. But this was not enough. Unclear and outdated Missouri statutes prevented CRNAs and rural hospitals from utilizing the intended helpful steps included in the federal COVID-19 emergency orders. As a result rural hospitals continue to struggle; in 2022, two more hospitals closed citing funding and operational control as a major factor. One solution is for Missouri to encourage the full scope of practice of advanced practitioners, such as CRNAs. CRNAs provide safe, efficient, and competent anesthesia at a more affordable rate. Updating the Missouri statutes would provide hospitals with the option to choose the model of anesthesia that works best for their patients, possibly saving money and avoiding further closures. The changes in this bill will not reduce patient safety or outcomes. Patients will continue to receive the same excellent anesthesia that Missouri CRNAs have been providing them for more than 85 years. I ask you to vote in support of SB 27 and HB 329.

Susan Bullington, CRNA

Thank You,
St. Louis, Mo.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN LANGLEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: langley.susan.e@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:21 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUZANNE DUFEK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: suzannedufek77@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SVETLANA REZNICHENKO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: virgo12@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SYDNEY ANAYA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sydney.anaya@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:25 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SYDNEY ARNOLD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sydney@sydneyarnoldhealth.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:04 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support CRNA!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SYDNEY LAUREN DOWELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sydney@dko-law.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SYDNEY MELUGIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sydneymelugin9@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNA's are the primary anesthesia providers in rural areas. Their extensive education and vigorous clinical training, which now requires a doctorate degree, prepares CRNA's for any situation. It is ignorant to have a physician provider not trained in anesthesia to be required to sign off on the anesthesia record, when an anesthesia expert is the one providing the anesthetic (podiatrists, surgeons, etc). CRNA's are the solution to anesthesia shortages in providing the citizens of Missouri with excellent care in rural areas, while also being cost-effective as opposed to hiring physician anesthesiologists at twice the salary. CRNA's must have prior intensive care experience before being accepted into school, which means they have a solid base on how to care for patients at the most vulnerable times. Having the caring hand of a nurse with the extensive education of pathophysiology and pharmacology is what sets CRNA's apart from physician anesthesiologist or anesthesia assistants.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SYLVIA GLENN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sylviaglenn123@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SYLVIA MONIKA FEENEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Firecracker826@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/7/2023 10:14 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TALMAGE EDWARD PIKE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tepike85@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:34 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TAMARA MITCHELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tamara0412@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 6:11 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I have full confidence in their training and knowledge that equates to their Ph.D counterparts, anesthesiologists. I have had nothing but good experiences and they seem much more invested than their Ph.D counterparts



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TANYA BREWER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tanya.brewer11803@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TERRI MORGAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: morganst2@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:38 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TERRISSA NEIMEYER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: terrissad@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 7:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in support of HB 329. I am currently a full-time working CRNA. It is so imperative that we have the ability to work to the full scope of our practice. Missouri is currently one of the most restrictive states in the US, causing many people to move outside the state of Missouri in order to expand their scope of practice. This is causing a shortage of CRNAs in the state, which is specifically detrimental to our rural critical access hospitals.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TERRY SUMPTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: terrysump@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:03 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support the CRNA HB 329 in an effort for CRNA's throughout the state to practice in full authority of their education.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: THERESA BRANDS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tbrands2016@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: THERESA R BAUGHMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tfertic@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:28 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: THOMAS BOZADA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tombozada@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:11 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: THOMAS J. ORTBALS, II		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tjortbals@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:25 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a full-time practicing CRNA in Missouri. I have been providing high quality anesthesia care for 12 years now in central Missouri. Missouri has some of the most restrictive regulatory policies in the nation. These policies limit my ability to serve my community to the full scope of my training. These limits also affect our ability, as healthcare providers, to attract colleagues to come to Missouri and care for our citizens. I supported SB329.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TIA FRANCISCO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tia0013@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:06 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TIM D VIVIAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: timdvivian@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 7:42 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TIM LOBOUGH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lobough33@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:49 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TINA WOMACK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tinawomack@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TODD OTTE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: toddotte@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:28 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		
A must for safe and fair for the citizens of Missouri		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TOMMY SAMPSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tommy.sampson@bryanhealthcollege.edu	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 8:46 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TONYA MARIE WINFREY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tonya.winfrey@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 7:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TRACIE KLOEPPPEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tkloepfel@charter.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:13 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TRACY D ELBERT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tracye11@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in support if this bill



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TRACY LANES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tilanes@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs are trained as critical care nurses before attending a 3 year doctoral program to perform anesthesia in a wide variety of settings. Restrictions to their full competent practice can harm patients or delay care. I have had CRNAs do my anesthesia and felt safe in their care. We are prudent practitioners who work as a team with physicians. Please allow us to practice at the level of our experience and education.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TREY GRAVIETT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: trgraviett@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs should be able to practice to the full extent of their license and training like in multiple other states. Doing so would bring safe anesthesia care to underserved communities, bring costs down, and help with staffing shortages that are affecting all Missouri hospitals at this time.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TYSON TRPKOSH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: shinedc@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:36 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNA patient care has proven to be safe and effective. CRNAs have been providing care in smaller rural settings without anesthesiologist supervision. Removing the regulation of supervision will allow for more cost effective health care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: VAN GUNDY KIMBERLY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kkprivette@mac.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 6:40 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a CRNA working in the rural area. I function independently and practice in northern Missouri rural critical access hospitals. This bill will allow CRNA's to practice and care for patients in their community to their full capacity without regulatory issues.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: VICKI CALLAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: vccoop@charter.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:49 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: VICTORIA SANFORD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sanfordtori0@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:52 PM

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

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: WANDA REHAGEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rehagenw@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 1:19 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: WHITNEY HAKE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: whitneyjhake@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:57 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: WILLIAM SMART, CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: williamsmart2@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 3:27 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Safe, professional, economic anesthetic option for rural Missouri



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: WYATT VAUGHT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: wyattvaught22@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:36 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ZACHARY SMITH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: zps53050@live.missouristate.edu	ATTENDANCE: In-Person	SUBMIT DATE: 2/6/2023 2:35 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

My name is Zach Smith. I grew up in the small rural town of Clever, MO. My dad was a lineman for Ozark Electric and my mom taught 4th grade Missouri State history for 25 years. I am married and have 3 beautiful daughters. After graduating with a nursing degree, I worked for seven years exclusively in the Intensive Care Unit. I have worked in multiple hospitals in Missouri from level I trauma centers to small community hospitals. I was admitted to Missouri State University's CRNA school where I am currently a Student Nurse Anesthetist and will graduate in 2025. As a former ICU nurse, I was trained to be extremely vigilant in the care of my patients and this carries over to my current education. When literal seconds matter, CRNA students are being trained on what to do, when to do it, and how to keep our patients safe and alive. Upon graduation I will have approximately 2,400 hours of training on top of my 13,000 clinical hours as an ICU nurse. I talk to my fellow students all the time and they are facing the same dilemma as I am. (Some of them are here today, please raise your hand if you are a CRNA student). We all struggle with where we are going to work after graduation and raise our families. We have 43 other states to choose from that do not require burdensome supervision for the surgeon or the CRNA. 73% of Missouri residents currently in CRNA school plan to leave Missouri due to the current law. I love the idea of providing care to my family, friends, neighbors, and those in desperate need of healthcare in rural Missouri. My family has deep ties with family and friends and are involved in our community. I desire nothing more than to work as a CRNA in Missouri upon graduation, but unless the law is changed in Missouri I will be forced to move to another state. /Politicians always talk about wanting to make Missouri a great place to live, work and raise a family. You have the opportunity to do that for my family, while at the same time easing regulatory red tape by updating Missouri law in a manner which will continue to allow for safe anesthesia care. I live less than 125 miles from Arkansas, Oklahoma, and Kansas, 3 of the 43 states that have updated laws that reflect how anesthesia care is actually provided in an operating room. Please support HB 329 so that myself and all my fellow students can stay in Missouri and provide healthcare in the communities we love. And I certainly implore you to not oppose the bill because of some big city anesthesiologists who will never live near or work in Clever, MO. Thank you for your time and I'm happy to take any questions.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ZANE HARTGRAVES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: zane.hartgraves@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 9:11 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ABRAM ELSENRAAT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aelsenraat@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:36 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ALEXANDER R HOVER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: alexrhoover@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/5/2023 8:15 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

My opposition is similar to the testimony submitted for HB271



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
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 12:36 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

My opinion stems from both a personal level as a patient and from a professional level as a resident physician in training. Right off the bat, if YOU need to be put under general anesthesia tomorrow, would you ne confident about going under with a CRNA who does not have a board certified anesthesiologist available if complications occur? Are you willing to risk those complications when you wake up? If there's any trouble when you are out to sleep, or getting you back, or during the procedure? 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



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: AMY CABBABE, MD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: amymariealvarez@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 2:22 PM

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

My name is Dr. Amy Cabbabe, and I am from St Louis in the Ladue area. I am writing to share my thoughts on House Bill 329 with you. If this bill were to pass, the negative effects on patient care would be abundant, dangerous, and extremely concerning. I am very opposed to this bill. My fellow physician anesthesiologists and I are guardians of patient safety, who are uniquely educated and trained for the critical moments in health care. I trained as a midlevel provider before deciding to pursue medical school. I recognized the knowledge gap and decided I wanted to continue my education. I attended Emory for my masters for 2 years then going on to 4 years of medical school, 4 years of residency and 1 year of fellowship. I wouldn't give up 1 year of my training. It has made me the physician I am today. Due to the years of rigorous education and training, physician anesthesiologists' ability to navigate life -and-death moments in patient care is unmatched by other practitioners. Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients' lives. Numerous studies have highlighted the importance of physician-led anesthesia care. I am a believer in the anesthesia care team. I have been part of the team as a midlevel provider and now as the leader of the team as a physician. I have a unique background to understand the differences and feel it is dangerous to allow CRNAs to practice independently. One study found that the odds of an unexpected disposition were 80 percent higher when a nurse anesthetist provided the care than when a physician anesthesiologist provided the care. A different study found that the odds of death were 8 percent higher and the odds of preventable deaths due to a complication were 10 percent higher among patients whose anesthesia was not provided by a physician anesthesiologist. If the purpose of these bills is to save money, the reality is they do the opposite by costing more dollars and lives. It is found that physician-led anesthesia reduces mortality and saves costs via improved outcomes. Ultimately, in states that have allowed this, increased access to rural healthcare did not expand. CRNA graduates ultimately ended up in urban areas. Thank you for working tirelessly to improve Missouri. Please consider these findings as we work to reach the gold standard in patient safety and care. I appreciate your time. Please feel free to reach out to me with any questions. I'd love to discuss this further if you would like. Sincerely, Amy Cabbabe, MD314-315-6412 cell1 Bridle Creek Road St Louis, MO 63124



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANDREW JAMES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: andrewjames519@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:43 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANDREW PECK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: andrew.peck@meritashealth.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:51 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As an Anesthesiologist at a community hospital in Missouri, I am very concerned about CRNAs practicing independently. Although doctors and nurse practitioners can work well together, I believe patients are at significantly increased risk when not treated under the care or supervision of a physician. I agree with the information published by the American Society of Anesthesia below. • Nurse anesthetists are trained to administer anesthesia, but do not have the medical education or clinical training to make critical decisions during surgery. • There are no independent studies that show nurses can ensure the same outcomes as physician anesthesiologists. • Recent research also shows that removing physician supervision does not increase patient access to surgery, procedures or anesthesia care. • Current laws in 46 states and the District of Columbia all require physician involvement for anesthesia care. • The Department of Veterans Affairs (VA) recently decided to maintain its patient-centered, physician-led model of anesthesia care where physicians and nurse anesthetists work together as a team. • Allowing nurses to administer anesthesia without physician supervision does not save patients or taxpayers money. Medicare, Medicaid and most third-party insurers pay the same fees for anesthesia whether it is administered by a nurse anesthetist or physician anesthesiologist. • Eliminating the physician anesthesiologist can actually cost more, as other physicians may be needed to consult or provide the services a physician anesthesiologist would: assessing pre-existing conditions or handling emergencies and other medical issues before, during and after medical procedures. This issue is extremely important. Then people of Missouri should have appropriate and safe health care, that is led by a physician.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANJALI PATEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: unjipatel@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:24 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANJU ANTONY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: anjuraju.m@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 4:12 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

My name is Dr. Anju Antony. My fellow resident anesthesiologists and I are worried about the impacts House Bill 329 has on patient care, as it modifies provisions relating to certified registered nurse anesthetists and nurses. Physician anesthesiologists go through rigorous years of education and training in order to have the unique ability to navigate life-and-death situations as we administer anesthesia based on patients' medical histories. We are guardians of patient safety in the operating room, in the delivery room, in the intensive care unit, and in a crisis. Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients' lives. Numerous studies have concluded that anesthesia cannot be provided equally effectively and safely by nurse anesthetists as by physician anesthesiologists. It is found that the evidence to support full practice authority related to nurse anesthetists is insufficient and at a high risk of bias. As the demand for surgery increases, it is imperative that physician-led anesthesia is the only anesthesia being administered. When the collaboration among physicians and nurses is removed and the scope of practice widens for nurse anesthetists and nurses, dollars and lives are at risk. Please vote for quality and vote no on House Bill 329. I appreciate your time and consideration.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARMAND MOREL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: morel.an@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:52 PM

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

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



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BENJAMIN J NEWELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: newell.benjamin@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:04 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

These bills represent a dangerous turn for patient safety in MO. The anesthesia care team is the foundation of the safest care possible. The unrelenting attack on medical practice by the CRNA lobby has taken time, money, and attention away from meaningful healthcare reform. I practice anesthesiology full time in Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRANDON TAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: brandon.k.tan@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:18 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BRIAN BOWLES		PHONE NUMBER: 573-634-3415	
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 1423 RANDY LANE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: brianb@maops.org	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 1:20 PM	
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 329. This bill would alleviate the collaborative practice requirement for a certified nurse anesthetist. When undergoing anesthesia, patients are at their absolute most vulnerable. Physician oversight is imperative. Physician anesthesiologists not only complete four years of medical school, but also four years of postgraduate residency training, and often additional training in fellowship programs. As a patient yourself someday, I ask you, "who do you want to be in charge of your anesthesia? A board-certified physician anesthesiologist who continuously updated their certification requirements? or a CRNA who lacks the training and oversight of a trained physician anesthesiologist?".



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
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 DATE: 2/7/2023 2:19 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I've been a practicing Anesthesiologist in Missouri for over 31 years. The Nurse Anesthetist training of 2-3 year after Nursing school isn't equivalent to my 4 years of college, 4 years of medical school and 4 years of residency. While the Nurse Anesthetists can deal with some of the coexisting disease states arising during anesthetics, they are not equipped to deal with the full myriad of medical conditions and diagnosis that do occur. Several times a year I intervene to avoid a choice that would have missed a diagnosis, an incorrect diagnosis or potentially lead to a worse outcome due to delayed diagnosis. The Nurse Anesthetists don't know what they don't know. This gives them a false sense of security. Their board exams are to show minimal competency. The physician Anesthesiologist boards are more difficult and intentionally designed to have a percentage fail, because it is an exam of excellence, not minimal competence. A recent example was an air embolus that I immediately diagnosed and treated, and the patient awoke without incident. The Nurse Anesthetist knew there was an issue, but no idea what the data was telling them. This is not that difficult of a diagnosis. I've seen this 3 times in my career. Twice with CRNAs and neither time did they make the diagnosis. Nurse Anesthetist independent practice is not in the patient's best interest.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHRISTY MORGAN, MD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: christylmorganmd@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/6/2023 12:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

As an anesthesiologist who works with a wonderful group of CRNAs, I urge you to not remove anesthesia physician supervision requirements. CRNAs are a wonderful addition to the anesthesia care team but they are no replacement for the breadth and depth of information that an anesthesia physician brings. It is essential for SAFE healthcare that a physician anesthesiologist continues to oversee and direct the anesthesia care team. The very foundation of nursing education vs physician education is drastically different - physicians have a true understanding of the complex body processes that someone with a nursing education will never have. This makes a dramatic difference with complex patients or when something goes awry in surgery. Please do not put people's lives at risk by supporting this bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CLAUDINE MANSOUR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: claudinemansour@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:39 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CONNIE CAFFREY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: conniecaffrey@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/5/2023 12:31 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in opposition to HB 329 which allows a CRNA to administer anesthetics without physician oversight. I have undergone 3 surgeries in the last year alone, five in the last 3 years, and would not want CRNAs giving me these very powerful drugs without physician supervision. As someone over the age of 70, I know that medically something could go wrong very quickly during one of these surgeries. When that happens I want a physician to be in charge of the outcome.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CURTIS FOX		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mcfcs235@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 8:33 AM
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 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DAVID D CARR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dauiddcarr@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**



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID JACKSON		PHONE NUMBER: 314-406-2933	
REPRESENTING: MISSOURI SOCIETY OF ANESTHESIOLOGISTS		TITLE:	
ADDRESS: PO BOX 1865			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2023 12:00 AM	

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



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DR JOHN D GISI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jdgisi@msn.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 1:22 PM

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

CRNAs and other advanced practice registered nurses are "physician extenders." I estimate that 90% of medicine could be practiced by these providers without a problem. However, it is the remaining 10% that a foundation of a medical school education makes the difference. The critical thinking developed in medical school and physician residency training provides separates physician anesthesiologists from nurse anesthetists (CRNAs). Losing physician supervision of CRNAs will lead to decreased patient safety and poorer outcomes.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DR. DANIEL TIVENER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Dtivener@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:41 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This bill would have a significantly negative impact on the safety of all patients in Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DR. JOSH FERGUSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jfergusondo@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:05 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DUSTAN AFSHAR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dusty2431@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 9:39 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
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 12:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: EMMA SKORNIA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: emmaskornia@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:35 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ERIC KALHOEFER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ekalhofermd@oaaweb.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 4:10 PM

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

Greetings Legislators My name is Eric Kalhoefer and I am a physician anesthesiologist practicing in Springfield and living in Springfield and in Douglas County, outside of Ava where I grew up dairying and went to high school. I am writing to speak out against HB329 which will not increase access to high quality anesthesia care for critically ill patients in our communities but in fact will do the opposite as it will discourage highly trained physicians from moving to and working in smaller Missouri communities. Furthermore, it will necessitate the staffing of hospitals by expensive temporary staffing agency care and create shortages when those needs are not met. HB329 will encourage the opening of "interventional pain management" clinics (aka "block shops") staffed by poorly, indeed inadequately trained CRNAs and funded for profit by outside entrepreneurial for profit entities. Inevitably this will result in a massive increase in cost for performance of services which do not result in long term clinical improvement but do blow out healthcare budgets, as well as contribute to opioid dependency in rural communities. I could expound on my concerns but I believe you understand my concerns. I am available to discuss at any time, and would welcome all communication. In short, I am an experienced physician with extensive training and experience in clinical anesthesia and am authoritative in this area. I am also a proud Missouri citizen who believes strongly in the opportunity for my neighbors, especially in Douglas County, to receive top notch health care and have ready access to care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: FREDERICK O'DONNELL, M.D.		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: fodonnell73@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/3/2023 9:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I oppose HB 329 for two reasons. First, it will dismantle physician-led, team-based anesthesia care, which, as I know from my experience as a physician, is the safest way to deliver care to patients undergoing surgery. Secondly, it would allow nurse anesthetists to operate their own pain clinics where they would perform invasive procedures, as well as prescribe and administer i.v. infusions of controlled substances without any physician oversight, which is not something they're qualified to do.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HAN PAIK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: stoiler@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:56 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

The current practice arrangements are beneficial for patients and practitioners alike. The experience, training and education of physicians cannot be easily replaced, but it can be assisted by certified nurses. The teamwork model has worked well for generations, and will continue to serve patients well. Especially in areas of the state where there is not a shortage of physicians, there is no advantage to disrupting a beneficial model for patients and providers alike.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMES D. WIRTHLIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jdworthlin@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:59 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMES SHELTON	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: jasmd@embarqmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/5/2023 4:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Members of the House Health Care Reform Committee, My name is James Shelton and I am writing to you today to communicate my strong opposition to House Bill 329. I have been a practicing anesthesiologist for over 30 years. I have cared for patients in both rural and urban private practice groups and am currently on staff at as an academic anesthesiologist at the University of Missouri-Columbia. I have been both a provider and a consumer of health care my entire career and, during that time I, nor anyone with whom I have ever spoken, have never once wished that during my most critical hours of need I was only under the care of a nurse. The presence of a directing physician, specifically an anesthesiologist, not only elevates care to the highest level, but it gives comfort and peace of mind to patients knowing that they will be attended to by individuals who have completed a rigorous course of medical education and additional specialized training which just isn't true of nurse anesthesia provider's. Physicians are simply better equipped to manage the increasingly complicated necessities of perioperative patient health care. Numerous studies have concluded that independent nurse provided anesthesia neither saves money, increases patient access nor improves quality. In fact, in each case, the opposite is true. So, I am at a loss to understand what value, if any, does HB 329 have to offer. I submit that it is simply a giant step in the wrong direction and Missourians deserve better than that. So, I strongly urge committee members to vote NO for HB 329 and let us put this issue to rest once and for all. Thank you. Respectfully, James A. Shelton, MD



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JASON HAHN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jhahn03slu@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JEFF HOWELL		PHONE NUMBER: 573-636-5151	
REPRESENTING: MISSOURI STATE ORTHOPEDIC ASSOCIATION		TITLE:	
ADDRESS: 113 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JEFFREY D. DAVIS, DO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jeffreydavis@atsu.edu	ATTENDANCE: In-Person	SUBMIT DATE: 2/6/2023 9:08 PM

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

Good afternoon, my name is Dr. Jeff Davis, DO, and I write in opposition to HB 329 and the provision of the independent 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 year 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. In my practice I supervise and collaborate with CRNAs while performing colonoscopies, upper endoscopies, labor and delivery and other surgical procedures. I do not believe it is in the best interest of patients in Missouri for CRNAs to be able to independently provide controlled substances including opioid narcotics without oversight and supervision during the provision of anesthesia. This allows for a check and balance to the provision of dangerous controlled substances including opioids to the people of Missouri when receiving anesthesia care by non-physicians. We even require our nurses in our hospitals to have a second individual double-check their choice to make sure it is accurate and the safest for the patient. We should require the same safety measure during anesthesia in an operating room or procedure suite. Thank you for your time and consideration.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
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
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JIANBIN ZHENG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jianbinzheng@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOHN CISETTI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cisettij@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:25 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a Missouri resident, I oppose this bill.. 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. Having a physician involved in anesthesia is important to me.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JOSEPH LEO BORUP		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: joeborup@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JOSHUA ZINNER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: josh.zinner@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Representative, My name is Josh Zinner. I'm a physician anesthesiologist working in Springfield, MO. I was raised in Cape Girardeau and trained at UMKC. I am writing in opposition to HB 329 because after 8 years of practice in the Army with independently practicing CRNAs, I can attest to the fact that they practice substandard care. At my last duty station we had only 2 physician anesthesiologists for a 7 OR facility. It was not uncommon for us to be 'called in' by surgeons to assist our CRNA colleagues 2-3 times per week. Much of the assistance I rendered was treating preventable problems that could have been avoided with a proper anesthetic plan. I would not consider such care adequate for my family or for the citizens of Missouri. I strongly recommend you support continuing CRNA supervision in Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIA FITZER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: julia.n.fitzer@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIE MARSHALL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: juliemarshall2000@yahoo.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/3/2023 6:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

My name is Dr. Marshall and I am from Columbia. I am writing to you as a physician anesthesiologist who is concerned about House Bill 329, as it removes physician supervision for certified registered nurse anesthetists (CRNAs) and decreases the current standard of care in Missouri. This bill removes the requirement for physician-led care by CRNAs during surgery and allows non-physicians to practice independently in pain management. This includes Schedule II to V controlled substances such as fentanyl and OxyContin. Right now, every surgery in Missouri is supervised by a physician. Often this is an anesthesiologist, or at times, a surgeon in conjunction with protocols for CRNA care. This bill will not increase access to anesthesia care. Surgery is not without risk. When complications or critical events occur during an anesthetic, patients deserve a physician to be part of their anesthesia care team. The American Society of Anesthesiologists opposes any policies that eliminate physician-led anesthesia care, which not only saves lives but reduces costs. Research supports the importance of physician-led anesthesia care. For instance, one study found that the odds of death were 8 percent higher and the odds of preventable deaths due to a complication were 10 percent higher among patients whose anesthesia was not provided by a physician anesthesiologist. A Remington Research Group poll in Missouri during January 2023 shows that 80% of Missourians want a physician to respond if a medical complication or anesthesia emergency occurred during surgery, and 85% want a physician-nurse care team for anesthesia (5% want only a nurse for anesthesia care). Please consider these safety concerns and the desires of Missourians when reading House Bill 329, and keep patients' lives in the best care. I appreciate your time and consideration. Sincerely, Dr. Marshall



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JULIE MARSHALL		PHONE NUMBER: 573-823-9318	
BUSINESS/ORGANIZATION NAME: MISSOURI SOCIETY OF ANESTHESIOLOGISTS		TITLE: PRESIDENT	
ADDRESS: 113 MADISON ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KAITLYN HILL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: 1kaitlyn@charter.net	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:17 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KALEB AFSHAR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kalebafshar@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 3:18 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KARA SETTLES, MD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: karasettles@jcloud.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:04 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am an anesthesiologist who has practiced in Missouri for over 30 years at an institution in Kansas City that trains both CRNA's and Anesthesia Residents. I fully support the team model of anesthesia practice and have worked with many accomplished CRNA's. Having said that, on a daily basis the importance of having an anesthesiologist involved and primarily directing the patients care is vital to making the critical decisions needed both pre, intra and postoperatively. To equate the two knowledge basis is foolhardy. I would liken this decision to allowing critical care nurses who can become quite effective at delivering ICU care doing so without direction/orders from the board certified critical care physician. It is not sound and not in any patients best interest. The team/collaborative approach is a proven model for both safety and patient satisfaction for best anesthesia care. Physician led anesthesia care has the overwhelming support of Missouri physicians and residents. Your responsibility is to those constituents/ potential patients.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KAREN BARANSKI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kjbaranski@charter.net	ATTENDANCE: Written	SUBMIT DATE: 2/5/2023 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



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KATHRYN SMOCK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: klang12@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:04 AM
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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KATHY PERRYMAN		PHONE NUMBER: 573-636-6905	
BUSINESS/ORGANIZATION NAME: MISSOURI SOCIETY OF ANESTHESIOLOGISTS		TITLE: MD	
ADDRESS: 113 MADISON ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KEITH M RATCLIFF		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kratcliff@yhti.net		ATTENDANCE: Written	SUBMIT DATE: 2/4/2023 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 FAAFP Washington Missouri



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KEITH OPAT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: keith.m.opat@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:03 AM

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

Anesthesiologists are necessary, highly trained, and work well with both care team models or solo. To remove them from ORs and let CRNAs practice on their own is not in the best interests of patient care and safety.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KENNETH R. VELLEMAN, M.D.		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kvelleman1@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 11:28 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Missouri State Legislators, My name is Dr. Kenneth Velleman, a pediatric anesthesiologist from Columbia, and I work at University of Missouri Hospital. First, I'd like to thank you for your hard work in improving life and safety in Missouri. I am writing to express my grave concern about the harmful impact on Missouri citizens if House Bill 329 were to be allowed to pass. This bill removes physician anesthesiologist supervision of nurse anesthetists, putting lives in jeopardy. Nurse anesthetists have significantly less training-- a 27 month program after an undergrad nursing degree, vs. a physician anesthesiologist going through four years of medical school (post undergrad degree) learning about all aspects of medicine, then four years of anesthesiology residency training. Some anesthesiologists do an additional year or two in fellowships, including pediatric, cardiac, intensive care, obstetric, or pain anesthesia. My pediatric anesthesiology fellowship taught me the special care involved with babies and children, including taking care of babies with severe congenital heart defects. This eight to ten years of training of a physician anesthesiologist (vs only about two years by a nurse anesthetist) enables us to better navigate the life-and-death situations that arise in the practice of anesthesiology. Removing physician supervision lowers the standard of care anesthesiologists have worked hard for in improving patient safety. In the gold standard of Anesthesias Outcomes Study, results found that per 1000 cases in which an anesthesia or surgical complication occurred, a physician anesthesiologist prevented 6.9 deaths, and that overall among patients whose anesthesia was NOT provided by a physician anesthesiologist, death rates were 8% higher and preventable deaths due to a complication were 10% higher. A 2012 study on outpatient surgeries found unexpected disposition (unplanned admission or death) was 80% higher with nurse anesthetists than with physician anesthesiologists. A Remington Research Group poll in Missouri in January, 2023, showed 80% of Missourians want a physician anesthesiologist to respond if a medical complication or anesthesia emergency occurs during surgery, vs. only 10% said a nurse anesthetist would suffice; 10% had no opinion. This bill will not result in more access to anesthesia in rural areas, as studies from the four opt-out states have shown 95% of nurse anesthetists staying in urban hospitals and surgicenters. Of note, costs have been found to NOT decrease in opt-out states without physician supervision. Insurance companies and Medicare/ Medicaid pay out the same amount to nurse anesthetists as to physician anesthesiologists. Studies actually found 8-10% increased costs with nurse anesthetists, because when physician anesthesiologists are involved, medical consultation pre-op requests were reduced by 75%, costs of laboratory tests were reduced by 59%, and medically-related surgical cancellations were reduced by 88%. Additionally, with the opioid crisis, is it a good idea to give non-physicians prescription authority in chronic pain clinics of schedule II narcotics including oxycodone, methadone, morphine, Demerol, et al? To give you an example of serious complication by a nurse anesthetist not under physician anesthesiologist supervision, when I had worked extra shifts at a rural hospital, a nurse anesthetist there placing a labor epidural had punctured the dura covering of

the spinal cord, causing a spinal fluid leak so severe that this young mother developed a subdural blood clot between her brain and her skull, severely incapacitating her and requiring a neurosurgeon to evacuate that hemorrhage. A physician anesthesiologist would have known to place an epidural blood patch one or two times to prevent the brain from sagging down and breaking epidural vessels. Objectively, the American College of Surgeons are strongly against nurse anesthetists working without physician anesthesiologists, and oppose this bill, also. Countless times in the OR when a patient has a sudden blood pressure crisis or an oxygen desaturation the surgeon immediately calls out to the OR nurse to get the physician anesthesiologist in the OR to help deal with the crisis. In summary, for the continued safety of Missourians, I implore you to not pass House Bill 329. The current care team model of physicians supervising nurse anesthetists works well; there is not a need for change, especially with studies showing more complications and deaths, as well as increased medical costs, when physician anesthesiologists are not supervising nurse anesthetists. Thank you again for your time and effort in reviewing this issue. Sincerely, Kenneth R. Velleman, M.D.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KENT SCHALLER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kschallerdo@oaaweb.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 3:28 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
Removal of physician anesthesiologists from collaboration with CRNAs will jeopardize safety. It will not reduce cost



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KRUPA DESAI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: krupadesai@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:38 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KYLE HARLAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kharlan87@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:05 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARK SNYDER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: snydmab1@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:47 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am an anesthesiologist and have worked collaborative with CRNA's for 30 years and am opposed to both of these bills. The bills will not increase access to healthcare in rural areas and will harm patient care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARY PATONAI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mary.cisetti@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MATTHEW CASEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MATTHEW V. SATTERLY MD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mattsatterly@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 11:07 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a physician anesthesiologist living in Glendale/Kirkwood and working in many locations throughout the state including St. Louis County, Washington, Lincoln, Cape Girardeau, and Rolla. I am writing to oppose HB 329 which would remove doctors from the operating room in the provision of anesthesia. I am in no way "anti-nurse". I work with CRNAs (nurse anesthetists) every day and I value their contribution to the anesthesia care team. I feel that Missouri residents deserve to have the highest qualified and best trained person taking care of them during a critical time, while they are under anesthesia. A recent poll published in MOScout indicated that MO residents want a physician involved in their care. The majority of states also feel the same way. Please support the status quo and oppose HB 329.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MEGAN GAUTHIER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: meabn7@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2023 7:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Subject: Keep Patients' Lives in the Best Care by Voting No on HB 329 Dear [Legislature], My name is Dr. Gauthier and I am from Columbia, I am writing to you as a physician anesthesiologist who is concerned about House Bill 329, as it modifies provisions relating to certified registered nurse anesthetists (CRNAs). This bill removes the requirement for physician-led care for anesthesia provided by CRNAs during surgery and allows non-physicians to practice independently in pain management. This includes Schedule II to V controlled substances such as fentanyl and OxyContin. Right now, every surgery in Missouri is supervised by a physician. Often this is an anesthesiologist, or at times, a surgeon in conjunction with protocols for CRNA care. This bill will not increase access to anesthesia care. Surgery is not without risk. When complications or critical events occur during an anesthetic, patients deserve a physician to be part of their anesthesia care team. Removing physician supervision from anesthesia in surgery jeopardizes patients' lives. The American Society of Anesthesiologists opposes any policies that eliminate physician-led anesthesia care, which not only saves lives but reduces costs. Research supports the importance of physician-led anesthesia care. For instance, one study found that the odds of death were 8 percent higher and the odds of preventable deaths due to a complication were 10 percent higher among patients whose anesthesia was not provided by a physician anesthesiologist. A Remington Research Group poll in Missouri during January 2023 shows that 80% of Missourians want a physician to respond if a medical complication or anesthesia emergency occurred during surgery, and 85% want a physician-nurse care team for anesthesia (5% want only a nurse for anesthesia care). Please consider these safety concerns and the desires of Missourians when reading House Bill 329, and keep patients' lives in the best care. I appreciate your time and consideration. Sincerely, Dr. Gauthier



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL HESSELER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mikehesseler@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2023 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 physician 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL JOHN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mjg2f@umsystem.edu	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 11:38 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Hi, my name is Dr. Michael Johnson and I am from St. Charles. I am a physician anesthesiologist writing to you to express my concerns on House Bill 329. As you strive to make Missouri a better place, doctors strive to do the same in the healthcare setting. This bill would do just the opposite as they modify provisions relating to certified registered nurse anesthetists and nurses. When the collaboration among physicians and nurses is removed and the scope of practice widens for nurse anesthetists and nurses, lives are put in jeopardy. I can tell you from experience that physician anesthesiologists are prepared for the critical moments in health care. Due to the years of rigorous education and training, physician anesthesiologists' ability to navigate life-and-death moments in patient care is unmatched by other practitioners. Removing physician supervision from anesthesia in surgery lowers the standard of care that we work so hard to improve. The American Society of Anesthesiologists opposes any policies that eliminate patient-centered, physician-led anesthesia care, which not only saves lives but reduces costs. The odds of death are found to be 8 percent higher and the odds of preventable deaths due to a complication (failure to rescue) are 10 percent higher among patients whose anesthesia is not provided by a physician anesthesiologist. When receiving anesthesia, patients want it to be physician-led because physician anesthesiologists are the most trained for critical healthcare moments. Help honor our commitment to save lives and improve the healthcare system. Vote no on House Bill 329. Thank you for your time and consideration.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL STADNYK, MD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: docstads2@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2023 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NATHAN FARKAS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nathan.farkas@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/5/2023 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 practitioners, 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 independent of a collaborative environment.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NATHANIEL LATA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: njlata@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:57 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am writing in opposition to HB 329. This bill sacrifices patient safety by eliminating the physician from the anesthesia care team. Missouri patients deserve the highest standard of care, and that involves the important leadership of a highly trained doctor.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NEESHA DHANAK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: neeshabuchmann@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12:03 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 HB 329. Anesthesia without a physician-led model is extremely detrimental to patient safety and care. We physicians work closely with certified registered nurse anesthetists 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 extra testing and referrals. 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 this proposal by CRNAs. Thank you. Dr. Neesha Dhanak, Anesthesiologist, Bridgeton, MO



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NICOLAS PATONAI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nicolaspatonai@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NORMA SANDROCK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nsand208@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2023 11:47 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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?") Anesthesiologists require extensive medical knowledge for the decision-making necessary in the critical care of patients undergoing anesthesia and surgery. There is no substitute for the years of medical school, internship, residency and fellowship, no shortcuts. 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, CRNAs 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 CRNAs, with no recourse for the patient victims or their families--not even the loss of a nursing license.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: OLEKSIY (ALEX) ZYERNOV		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: zyernovo@umsystem.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:24 AM

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

1 / 8Legislative EmailsTemplate 1Subject: Keep Patients' Lives in the Best Care by Voting No on HB 329Dear [Legislature],My name is Dr. [Last Name] and I am from [Hometown]. I am writing to you as a physician anesthesiologist who is concerned about House Bill 329, as it modifies provisions relating to certified registered nurse anesthetists (CRNAs).This bill removes the requirement for physician-led care for anesthesia provided by CRNAs during surgery and allows non-physicians to practice independently in pain management. This includes Schedule II to V controlled substances such as fentanyl and OxyContin. Right now, every surgery in Missouri is supervised by a physician. Often this is an anesthesiologist, or at times, a surgeon in conjunction with protocols for CRNA care. This bill will not increase access to anesthesia care. Surgery is not without risk. When complications or critical events occur during an anesthetic, patients deserve a physician to be part of their anesthesia care team. Removing physician supervision from anesthesia in surgery jeopardizes patients' lives. The American Society of Anesthesiologists opposes any policies that eliminate physician-led anesthesia care, which not only saves lives but reduces costs.Research supports the importance of physician-led anesthesia care. For instance, one study found that the odds of death were 8 percent higher and the odds of preventable deaths due to a complication were 10 percent higher among patients whose anesthesia was not provided by a physician anesthesiologist. A Remington Research Group poll in Missouri during January 2023 shows that 80% of Missourians want a physician to respond if a medical complication or anesthesia emergency occurred during surgery, and 85% want a physician-nurse care team for anesthesia (5% want only a nurse for anesthesia care).Please consider these safety concerns and the desires of Missourians when reading House Bill 329, and keep patients' lives in the best care. I appreciate your time and consideration.Sincerely,Dr. [Last Name]Template 22 / 8My name is Dr. [Last Name] from [Hometown] and I would like to share my thoughts on House Bill 329 with you. The detrimental outcomes this bill has, as it modifies provisions relating to certified registered nurse anesthetists and nurses, cannot be overlooked.As a physician anesthesiologist, I am uniquely educated and trained for the critical moments in health care - in the operating room, in the delivery room, in the intensive care unit, and in a crisis. Nurse anesthetists and nurses cannot match physician anesthesiologists' ability to navigate life-and-death moments in patient care. When the collaboration among physicians and nurses is removed and the scope of practice widens for nurse anesthetists and nurses, the odds of patient deaths rise. For example, one study found that the odds of death were 8 percent higher and the odds of preventable deaths due to a complication were 10 percent higher among patients whose anesthesia was not provided by a physician anesthesiologist.When I took the Hippocratic Oath, I swore to do no harm. I cannot stand idly by and refrain from voicing my opinion on House Bill 329. Please consider my thoughts and vote against jeopardizing patients' lives. Thank you for your time and consideration.Sincerely,Dr. [Last Name]Template 3Hi, my name is Dr. [Last Name] and I am from [Hometown]. I am writing to share my thoughts on House Bill 329 with you. If this bill were to

pass, the negative effects on patient care would be abundant, dangerous, and extremely concerning. My fellow physician anesthesiologists and I are guardians of patient safety, who are uniquely educated and trained for the critical moments in health care. Due to the years of rigorous education and training, physician anesthesiologists' ability to navigate life-and-death moments in patient care is unmatched by other practitioners. Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients' lives. Numerous studies have highlighted the importance of physician-led anesthesia care. One study found that the odds of an unexpected disposition were 80 percent higher when a nurse anesthetist provided the care than when a physician anesthesiologist provided the care. A different study found that the odds of death were 8 percent higher and the odds of preventable deaths due to a complication were 10 percent higher among patients whose anesthesia was not provided by a physician anesthesiologist. If the purpose of these bills is to save money, the reality is they do the opposite by costing more dollars and lives. It is found that physician-led anesthesia reduces mortality and saves costs via improved outcomes.^{3 / 8} Thank you for working tirelessly to improve Missouri. Please consider these findings as we work to reach the gold standard in patient safety and care. I appreciate your time.

TEMPLATE 4 My name is Dr. [Last Name] from [Hometown]. I am writing to you to express my concerns on House Bill 329, as a physician anesthesiologist. The modifications to provisions relating to certified registered nurse anesthetists and nurses are concerning and life-threatening. Physician anesthesiologists are guardians of patient safety. We are uniquely educated and trained for the critical moments in health care - in the operating room, in the delivery room, in the intensive care unit, and in a crisis. No other type of practitioner can match our ability to navigate life-and-death moments in patient care. Physician anesthesiologists are made for these moments. Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients' lives. The American Society of Anesthesiologists opposes any policies that eliminate patient-centered, physician-led anesthesia care, which not only saves lives but reduces costs. My sentiments are supported by an abundance of research. One study found that the odds of death were 8 percent higher and the odds of preventable deaths due to a complication were 10 percent higher among patients whose anesthesia was not provided by a physician anesthesiologist. Dollars are also at risk if these bills were to pass. It is found that physician-led anesthesia reduces mortality and saves costs via improved outcomes. Savings range from \$4,410 to \$38,778 for each year of life saved. Do not cost dollars and lives. Vote against House Bill 329. I appreciate your time, effort, and consideration.

Sincerely, Dr. [Last Name] Template 54 / 8 Subject: Vote No on SB27 and SB79 to Save Lives Dear [Legislature], Hi, my name is Dr. [Last Name] and I am from [Hometown]. I am writing to you to thank you for your tireless effort in working to improve Missouri. As a physician anesthesiologist, I feel as though I should bring the harmful potential impacts that House Bill 329 has on health care to your attention. When the collaboration among physicians and nurses is removed and the scope of practice widens for nurse anesthetists and nurses, lives are put in jeopardy. I can tell you from experience that physician anesthesiologists are prepared for the critical moments in health care. Due to the years of rigorous education and training, physician anesthesiologists' ability to navigate life-and-death moments in patient care is unmatched by other practitioners. Removing physician supervision from anesthesia in surgery lowers the standard of care that we work so hard to improve. The American Society of Anesthesiologists opposes any policies that eliminate patient-centered, physician-led anesthesia care, which not only saves lives but reduces costs. It is found that the odds of an unexpected disposition are 80 percent higher when a nurse anesthetist provides the care than when a physician anesthesiologist provides the care. The odds of death are found to be higher among patients whose anesthesia is not provided by a physician anesthesiologist. House Bill 329 do not even save money. It is found that when physician anesthesiologists are involved, medical consultation requests are reduced by 75 percent, cost of laboratory tests are reduced by 59 percent, and medically related surgical cancellations are reduced by 88 percent. Please keep these findings in mind when considering House Bill 329. I appreciate your work at the Capitol and your effort in the fight to save lives.

Sincerely, Dr. [Last Name] Template 65 / 8 My name is Dr. [Last Name] and I am from [Hometown]. My fellow physician anesthesiologists and I are worried about the impacts House Bill 329 has on patient care, as it modifies provisions relating to certified registered nurse anesthetists and nurses. Physician anesthesiologists go through rigorous years of education and training in order to have the unique ability to navigate life-and-death situations as we administer anesthesia based on patients' medical histories. We are guardians of patient safety in the operating room, in the delivery room, in the intensive care unit, and in a crisis. Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients' lives. Numerous studies have concluded that anesthesia cannot be provided equally effectively and safely by nurse anesthetists as by physician anesthesiologists. It is found that the evidence to support full practice authority related to nurse anesthetists is insufficient and at a high risk of bias. As the demand for surgery increases, it is imperative that physician-led anesthesia is the only anesthesia being administered. When the collaboration among physicians and nurses is removed and the scope of practice widens for nurse

anesthetists and nurses, dollars and lives are at risk. Please vote for quality and vote no on House Bill 329. I appreciate your time and consideration. Template 7 Hello, my name is Dr. [Last Name] and I am from [Hometown]. As a physician anesthesiologist, I have seen the growing demand for surgery and anesthesia. House Bill 329 does not address this demand, in fact they do the opposite. When anesthesia is administered by nurse anesthetists, it is found that there are more unexpected dispositions. When a physician anesthesiologist is involved, medical consultation requests are reduced by 75 percent, cost of laboratory tests are reduced by 59 percent, and medically related surgical cancellations are reduced by 88 percent. Physician-led anesthesia reduced mortality and saves costs via improved outcomes. Savings range from \$4,410 to \$38,778 for each year of life saved. When the collaboration among physicians and nurses is removed and the scope of practice widens for nurse anesthetists and nurses, dollars and lives are put in jeopardy. 6 / 8 Initially, it may seem like House Bill 329 saves money but when one takes the quality of care into consideration, dollars are spent addressing issues physician-led anesthesia care avoids. Please consider these facts and the lives of patients when reading House Bill 329. Thank you for your time and effort. Template 8 Hello, my name is Dr. [Last Name] from [Hometown] and I hope you are doing well. I am writing to express my concern on the impacts of House Bill 329 if it were to pass. As a physician anesthesiologist, I swore to do no harm and the harm that this bill would unintentionally cause is abundant. Physician anesthesiologists are guardians of patient safety. We are uniquely educated and trained for the critical moments in health care - in the operating room, in the delivery room, in the intensive care unit, and in a crisis. No other type of practitioner can match our ability to navigate life-and-death moments in patient care. Physician anesthesiologists are made for these moments. Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients' lives. The American Society of Anesthesiologists opposes any policies that eliminate patient-centered, physician-led anesthesia care, which not only saves lives but reduces costs. Numerous research studies support the importance of physician-led anesthesia care. For instance, one study found that the odds of death were 8 percent higher and the odds of preventable deaths due to a complication were 10 percent higher among patients whose anesthesia was not provided by a physician anesthesiologist. Please support us in doing no harm by voting against House Bill 329. Thank you for your time and consideration. 7 / 8 Template 9 Hi, my name is Dr. [Last Name] and I am from [Hometown]. I am a physician anesthesiologist writing to you to express my concerns on House Bill 329. As you strive to make Missouri a better place, doctors strive to do the same in the healthcare setting. This bill would do just the opposite as they modify provisions relating to certified registered nurse anesthetists and nurses. When the collaboration among physicians and nurses is removed and the scope of practice widens for nurse anesthetists and nurses, lives are put in jeopardy. I can tell you from experience that physician anesthesiologists are prepared for the critical moments in health care. Due to the years of rigorous education and training, physician anesthesiologists' ability to navigate life-and-death moments in patient care is unmatched by other practitioners. Removing physician supervision from anesthesia in surgery lowers the standard of care that we work so hard to improve. The American Society of Anesthesiologists opposes any policies that eliminate patient-centered, physician-led anesthesia care, which not only saves lives but reduces costs. The odds of death are found to be 8 percent higher and the odds of preventable deaths due to a complication (failure to rescue) are 10 percent higher among patients whose anesthesia is not provided by a physician anesthesiologist. When receiving anesthesia, patients want it to be physician-led because physician anesthesiologists are the most trained for critical healthcare moments. Help honor our commitment to save lives and improve the healthcare system. Vote no on House Bill 329. Thank you for your time and consideration. Template 10 My name is Dr. Zyernov and I am from Columbia, MO. I am a physician anesthesiologist who, like my colleagues, is extremely concerned about the impacts of House Bill 329 if it were to pass. Physician anesthesiologists are guardians of patient safety. We are uniquely educated and trained for the critical moments in health care - in the operating room, in the delivery room, in the intensive care unit, and in a crisis. Nursing school curriculum and training can not even remotely match medical school education and hours of hand on training off a physician, and his ability to navigate life-and-death moments in patient care. When a physician anesthesiologist is involved, medical consultation requests are reduced by 75 percent, cost of laboratory tests are reduced by 59 percent, and medically related surgical cancellations are reduced by 88 percent. Physician-led anesthesia reduced mortality and saves costs via improved outcomes. Savings range from \$4,410 to \$38,778 for each year of life saved. When the collaboration among physicians and nurses is removed and the scope of practice widens for nurse anesthetists and nurses, dollars, and lives are put in jeopardy. Please ease our worries and join us in our commitment to save lives and dollars in health care by voting NO on House Bill 329. I appreciate your time and consideration.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PATRICK M. COONEY, DDS,MD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: patcooney169@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:43 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PETER PARK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: peterkypark@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/5/2023 2:23 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Oposing the bill allowing for independent practice by certified nurse anesthetists is crucial for ensuring patient safety. Unsupervised practice by nurse anesthetists has been shown to increase the risk of adverse outcomes and patient harm. A study published in *Anesthesia & Analgesia* found that patients undergoing surgery with nurse anesthetists had a higher risk of complications, including death, compared to those treated by anesthesiologists. Another study published in the *Journal of Clinical Anesthesia* found that patients who received anesthesia care from nurse anesthetists had a higher risk of prolonged hospital stay and other adverse events. These findings clearly demonstrate that allowing nurse anesthetists to practice independently and without adequate supervision is harmful to patients and should not be permitted.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: QUINN JOHNSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
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.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: QUINN LAMAR JOHNSON, MD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: johnsonql@health.missouri.edu	ATTENDANCE: In-Person	SUBMIT DATE: 2/7/2023 10:28 AM
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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL 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 DATE: 2/7/2023 11:54 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

It is my experience that most CRNA practitioners do not want independent practice and most are not to be in this role. It is the few that are more likely to desire this independent practice in smaller less taxing practices.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RANDALL CLARY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: oto4kids@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RENEE STALLINGS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: renee.swackhammer@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2023 10:20 AM
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 HB329. 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. The care team model allows access while maintaining the safety a of all patients.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RICHARD VAN TRUMP		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: richard.vantrump@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ROBERT BORSHESKI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: borsheskirr@umsystem.edu	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 9:40 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

My name is Dr. Robert Borsheski from Columbia, Missouri. I am writing to you as a physician anesthesiologist to express my grave concerns on House Bill 329. The modifications to provisions relating to certified registered nurse anesthetists and nurses are highly concerning and put patients' lives at risk. Physician anesthesiologists are guardians of patient safety. We are uniquely educated and trained for the critical moments in health care - in the operating room, in the delivery room, in the intensive care unit, and in a crisis. No other type of practitioner can match our ability to navigate life-and-death moments in patient care. Through extensive medical education and specialty training, physician anesthesiologists are made for these moments. Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients' lives. The American Society of Anesthesiologists opposes any policies that eliminate patient-centered, physician-led anesthesia care, which not only saves lives but reduces costs. My sentiments are supported by an abundance of research. One study found that the odds of death were 8 percent higher and the odds of preventable deaths due to a complication were 10 percent higher among patients whose anesthesia was not provided by a physician anesthesiologist. Although the proponents of House Bill 329 may reference proposed cost savings, the reality would be quite the opposite. It is found that physician-led anesthesia reduces mortality and saves costs via improved outcomes. Savings range from \$4,410 to \$38,778 for each year of life saved. Do not cost dollars and lives. Vote against House Bill 329. I appreciate your time, effort, and consideration. Sincerely, Dr. Robert Borsheski



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ROBERT BUCHMANN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: robertbuchmannmd@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 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 HB 329. Anesthesia without a physician-led model is extremely detrimental to patient safety and care. We physicians work closely with certified registered nurse anesthetists 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 extra testing and referrals. 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 this proposal by CRNAs. Thank you. Dr. Robert Buchmann, Anesthesiologist, St. Louis, MO



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ROBIN FINKENKELLER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: robinfink@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/7/2023 10:19 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RYAN C GUFFEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ryanguffey@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 3:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Patients want an Anesthesiologist in charge of their care because it improves outcomes. No physician means lower quality care and higher long term costs.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RYAN DEBOEF		PHONE NUMBER: 417-234-5046	
REPRESENTING: MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS		TITLE:	
ADDRESS: 1423 RANDY LANE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SARAH VON THAER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: sarah.vonthaer@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/5/2023 8:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Hi, my name is Dr. Von Thaer and I live in Columbia. I am writing to share my thoughts on House Bill 329 with you. If this bill were to pass, the negative effects on patient care would be abundant, dangerous, and extremely concerning. My fellow physician anesthesiologists and I are guardians of patient safety, who are uniquely educated and trained for the critical moments in health care. Due to the years of rigorous education and training, physician anesthesiologists' ability to navigate life-and-death moments in patient care is unmatched by other practitioners. Removing physician supervision from anesthesia in surgery lowers the standard of care and jeopardizes patients' lives. Numerous studies have highlighted the importance of physician-led anesthesia care. One study found that the odds of an unexpected disposition were 80 percent higher when a nurse anesthetist provided the care than when a physician anesthesiologist provided the care. A different study found that the odds of death were 8 percent higher and the odds of preventable deaths due to a complication were 10 percent higher among patients whose anesthesia was not provided by a physician anesthesiologist. If the purpose of these bills is to save money, the reality is they do the opposite by costing more dollars and lives. It is found that physician-led anesthesia reduces mortality and saves costs via improved outcomes. For myself and my family, I want physician-led anesthesia care. My patients deserve the same. Thank you for working tirelessly to improve Missouri. Please consider these findings as we work to reach the gold standard in patient safety and care. I appreciate your time. Sincerely, Dr. Von Thaer



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SCOTT MORRIS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: smorris@murney.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:46 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHAAN PATEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: spatel0234@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:20 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHANNA OGDEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: shannaogden@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12:52 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SRINIVAS P REDDY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sreddy810@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:25 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am an Anesthesiologist. I work with CRNA's every day. It is not safe for patients to allow them to practice without supervision. They do not have adequate knowledge to tackle complications when they occur if they have no one to fall back on.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: STEPHEN R. SMITH MD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: ssmith@waai.net	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 4:42 PM

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

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 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 training 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 occurring, 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 329



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: STEVEN GEISS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: geiss.steven@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/5/2023 4:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am an anesthesiologist in central Missouri, and I know that this legislation is dangerous and not in line with what is safe for our patients. I work in the anesthesia care team model and have seen how successful and safe it is. Removing the requirement for physician supervision during anesthesia care will result in a lesser quality of care for our patients. Physicians receive much more training in anesthesia than our nurse counterparts, and, while I very much respect their role in our care team, I know that our knowledge and skills are not equal. Our patients want an anesthesiologist at the helm of their anesthesia care, and this has been proven with countless surveys. Surgeons want an anesthesiologist in charge, and when there is not one present, they do not wish to forego supervision in favor of nurse anesthetists. This legislation will solve no problems, as none exist with the current safe and effective model of the anesthesia care team. This is simply a power grab that will result in a compromised scope of practice and further blur the lines between what advanced practice nurses and nurse anesthetists can claim to be competent to do. Please do not fall for the attempt to equate an advanced nurse to a physician that has dedicated more than 12 years to comprehensive and extensive medical training.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TARAH COOK, MD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jacksonarahc@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

This would be an absolute disaster in my opinion. To allow a nurse to provide controlled substances without prescriptive authority is by definition malpractice. There are regulations in place for physicians and nurses alike who dispense and administer controlled substances. These substances are life threatening and often misused and overused, especially by nurses. I have had to regulate and speak with multiple nurse anesthetists in the past about giving narcotics to patients without appropriate need for such a substance. I have had multiple PACU nurses upset about how much narcotics were administered to patients by a CRNA when the CRNA took it upon themselves to administer without physician direction. The nurses follow only an algorithm to treat patients. They cannot critically think that a higher heart rate or elevated blood pressure or increased respiratory rate could be from anything other than pain and therefore administer narcotics unnecessarily very often and this is with physician oversight because they often attempt to practice independently and rarely make the correct decision on treatment plan. They often always give narcotics because the patient is "moving" and the surgeon is upset. Obviously, narcotics in this situation are of no use. The patient may require more anesthetic or a longer acting paralytic, but in order to please the surgeon, they often just administer whatever drug is easiest in the moment without thought as to how this was affect the patient's recovery. I have found that I have to keep close tabs on my nurse anesthetists when administering narcotics as they often attempt to administer without my authority and not for the benefit of the patient. I have had many CRNAs try to administer narcotics to patients with peribulbar blocks for cataract surgery for example, even dilaudid, in a patient with absolutely zero pain and who is awake for the surgery. Answers I get when asking why that decision is made.... "well, the surgeon thought the patient was uncomfortable" or "the patient was moving..."



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: THOMAS SAAK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tesaak@aol.com	ATTENDANCE: Written		SUBMIT DATE: 2/5/2023 9:20 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Vote NO HB 329 I am writing in opposition to HB 329, a bill that contains a significant amount of risk for patient safety. As a physician anesthesiologist, I work daily with nurse anesthetists (CRNAs) and anesthesiologist assistants(AAs), both of whom are highly qualified to work alongside physicians providing anesthesia care in the operating room. However, I urge you to look at the details of this bill and the significant autonomy it grants to non-physicians providing procedures in an out-patient setting. For example, on lines 22-24 of page 19 it allows a CRNA to “Order necessary tests, interpret diagnostic procedures, and apply medical devices in the period anesthesia care is provided for the procedure or treatment based on patient assessment and response to interventions.” Note this is just two lines of a 19-page bill and this would permit a non-physician to apply medical devices without proper training. - This legislation removes physician involvement from anesthesia by authorizing a Certified Registered Nurse Anesthetists (CRNA) to practice medicine without a medical degree. - This does nothing to address access to care in rural areas, but rather opens the door for unrestricted pain management clinics and access to highly addictive controlled substances such as fentanyl, morphine, ketamine, OxyContin, and many others. - Recent research also shows that removing physician supervision does not increase patient access to surgery, procedures, or anesthesia care. - Nine in 10 consumers believe that physician-led care improves health care, nearly half say empowering nurses leads to worse care. - Allowing nurses to administer anesthesia without physician supervision does not save patients or taxpayers’ money. Medicare, Medicaid, and most third-party insurers pay the same fees for anesthesia whether it is administered by a nurse anesthetist or physician anesthesiologist. - Eliminating the physician anesthesiologist can cost more, as other physicians may be needed to consult or provide the services a physician anesthesiologist would: assessing pre-existing conditions or handling emergencies and other medical issues before, during, and after medical procedures. Please consider these items and vote NO on HB 329. Thanks Thomas E Saak, MD462 Chukker Valley Ellisville, MO 63021314-606-5907



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: THOMAS W. MEYER DO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: doctwm01@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 9:59 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TIMOTHY A. SWEARENGIN		PHONE NUMBER: 573-636-5151	
BUSINESS/ORGANIZATION NAME: MISSOURI STATE MEDICAL ASSOCIATION		TITLE: DO, ANESTHESIOLOGIST	
ADDRESS: 113 MADISION ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/7/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TIMOTHY DANIEL FOREMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tdfvf6@umsystem.edu	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:41 AM

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

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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TOM SAHLI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ftsahli@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:51 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
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 11:40 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. Veronica Cisetti



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: WENDOLYN BECKER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wendolynbecker@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 6:21 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: WENDY DUCHENE, MD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wndduchene@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 12:26 PM
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 complications and admissions to hospitals increase. I am opposed to independent practice by CRNAs.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: WENI KROLL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kwendi@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 10:01 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023	
COMMITTEE: Healthcare Reform			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
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
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

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 board-certified 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 Medicine
Home: Lathrop, MO
Work: Kansas City, MO



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: WILLIAM SHULTZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: shultz@me.com	ATTENDANCE: Written	SUBMIT DATE: 2/7/2023 2:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

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 cost 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.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL 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 DATE: 2/7/2023 9:57 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 329		DATE: 2/7/2023
COMMITTEE: Healthcare Reform		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input checked="" type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: YVONNE SMITH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ylsmith@windstream.net	ATTENDANCE: Written	SUBMIT DATE: 2/6/2023 11:25 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		