



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ALLAN SCHWARTZ, DDS CRNA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>ddscrna@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 8:37 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ALLISON SHAW</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>alli7shaw@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 10:32 PM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>AMY WARREN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>amy.warren@medigencehealth.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/6/2023 5:20 PM</b>

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



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANDREA ROSE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>aejones1409@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 7:46 PM</b>

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



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANJA ISMERT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>fnpanja6@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 5:29 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ANTHONY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>abr3355@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 11:27 AM</b>
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**I support this initiative.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ARIKA CROTTY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>arikawilga1@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 8:11 PM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ASHLEY OSBORNE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>aosborne8@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/6/2023 8:25 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BARBARA GREMAUD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>barbaragremaud@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 1:23 PM</b>
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Advanced Practice Registered Nurses/APRNs, including Nurse-Midwives, provide cost effective care to people living in underserved areas. We must removed the barrier of collaborative practice agreements so that APRNs can provide this care. APRNs always collaborate with physicians when the complexity of the patients require it. To make it a law for doctors to approve of and agree to sign a collaborative agreement with an APRN prevents APRNs who don't work in the hospital setting from being able to provide necessary care. Nurse midwives have almost no ability to practice outside of the hospital due to this restrictive law. Nurse midwives have been shown to reduce birth injuries and increase satisfaction for patients. Please vote to legalize full practice authority for APRNs in Missouri. Thank you!



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

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



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BEVERLY L MILLER RN, FNP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>apriidawn385@msn.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 11:34 AM</b>

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**Nurse practitioners are very capable of seeing patients without a doctor. Patients need to have access to health care.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>BRIAN HINKEBEIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>Brianhinkebein@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 6:09 PM</b>
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>CARA HOOVER</b>		PHONE NUMBER: <b>573-356-9698</b>
REPRESENTING: <b>SSM HEALTH</b>		TITLE:
ADDRESS: <b>PO BOX 2322</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CAROL HARRINGTON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>carolharrington65@me.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/6/2023 3:58 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CAROL MONROE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jcammo@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 7:25 PM</b>

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**Please support full practice for advanced practice registered nurses. This would increase health care access in rural MO without costing the state.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CHRISTIAN DALE TANNER</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>christian.tanner@hotmail.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>2/6/2023 12:31 PM</b>
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I fully support Full Practice Authority for Missouri Nurse Practitioners as this increases access to healthcare to Missourians and encourages Nurse Practitioners to build and develop practices within our state, allowing our state to gain the revenue from these practices instead of Missouri Nurse Practitioners going across state lines to open these practices. Many of our bordering neighbor states have Full Practice Authority already in effect, including Illinois, Iowa, Nebraska, and Kansas. This is causing many Missouri Nurse Practitioners to either practice out of state or open practices out of state so that we can use our training and our licensing to the fullest extent, without being held back by a paid physician oversight agreement.





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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CINDY HOLLIS-KEENE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: <b>cynthiahollis@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 10:51 AM</b>

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

Good morning Representative I am writing asking your support for HR 330 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 ConsiderFPA (Full Practice Authority) or TTP (Transition To Practice)1. increases healthcare access, provider choice and competition2. 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



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CINDY MCVEY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Mcveybc2021@outlook.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 7:37 AM</b>
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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!



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>COURTNEY BATCHMAN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>courtneysbatchman@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/6/2023 6:39 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DANA M CARTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dacart@charter.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 12:57 PM</b>
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There is a primary care provider and mental healthcare provider shortage in nearly every county in MOMO ranks 43 nationally in healthcareMO is the most restrictive state in the country for APRNsKansas passed similar legislation last year, and nurses are already crossing our western border for more favorable working conditionsGovernor Parson waived many of the restrictions on APRNs to help combat the COVID-19 pandemicThe Board of Nursing received ZERO complaints during this period – proving these archaic regulations are not necessary



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DANELLE REAGIN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>danelle_reagin@yahoo.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/6/2023 6:26 PM</b>
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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAWN MCPHEETERS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>dmgf26@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 7:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I full support this bill!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DEBORAH BLINZLER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Blinzlerdj@centurytel.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 12:16 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**It should be a separate license!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>DEREK LEFFERT</b>		PHONE NUMBER: <b>573-280-8500</b>
REPRESENTING: <b>ASSOCIATION OF MISSOURI NURSE PRACTITIONERS</b>		TITLE:
ADDRESS: <b>PO BOX 104853</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65110</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DESMA RENO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>dreno@semo.edu</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 3:19 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Thank you so his opportunity to provide testimony regarding HB 300 Advanced Practice Registered Nurses. I am a lifelong resident of Southeast Missouri. I am a Registered Nurse who was educated at Three Rivers College, Southeast Missouri State University, University of Central Arkansas and Southern Illinois University-Carbondale. I am certified as an Advanced Practice Registered Nurse in Gerontology. I recently retired from SEMO as an Emerita Professor in Nursing where I taught pre licensure, graduate and RN-BSN students. As a specialist in Gerontology I have work as a Consultant in long term and acute care. Post retirement I am involved in administering a grant on Mental Health First Aid in the bootheel area. My experiences in rural healthcare over 4 decades has demonstrated a need for an increased number of health care providers who can provide primary and specialized health care.Areas of greatest need continue to be in chronic care, mental health, and other common health care conditions. The gaps exist in the number of physicians both primary care and specialists. Because of this, the utilization of APRNs can enhance access to and quality of health care needed for the rural citizens in our region. Barriers to this has been the restrictions imposed on having a collaborator, mileage restrictions, and other barriers. As a result of this health care being provided is fragmented or non existent for the most vulnerable populations, i.e, older adults, children and those who suffer from mental health conditions. I am in support of the expansion of the APRN role because we need more health care providers in the rural areas. This legislation will help to decrease the gaps in health care that exist across the state of Missouri. Being one of the most restrictive states in providing access to healthcare is one of the major reasons for the need to revamp the regulations related to the practice of APRNs in Missouri. As an advocate for older adults and other vulnerable populations the time is now to make a change that will allow for Missouri citizens to receive quality healthcare in the most seamless way possible. I believe APRNs can help to fill that gap that exists. Please contact me if have any questions.



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

**I fully support the rights of advance practice registered nurses.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DR PAMELA ECKHOFF, DNP, FNP-BC</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>psuekorb@hotmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/6/2023 6:07 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Full practice authority for nurse practitioners would remove numerous barriers to patient care. With limited access to primary care, this bill needs to be implemented to allow for nurse practitioners to provide care without access to barriers that ultimately limit patient care, especially in rule areas where access is limited by enough barriers.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ELISA COONROD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>elisacoonrod@ATT.NET</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 9:12 AM</b>

**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  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ERIN DUVALL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rnerin2001@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 4:10 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Access to healthcare for all**



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

**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  
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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GILBERT J GUTIERREZ</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>ggutiernp@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 8:09 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**The time for APRNs in Missouri to have a bridge to open practice is long overdue. Our patients are suffering, our hospitals are suffering, all while we wait for change. Help us be the change that Midwestern medicine needs**





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>HARKIRAN MARQUEZ</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>hjkaur01@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/7/2023 4:32 PM</b>
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Having had multiple surgical procedures with the anesthesia provider being a CRNA, I am confident in their ability to provide safe, compassionate, and cost-saving anesthesia care



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>HEATHER FRIEND</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>heather.friend@gmx.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/6/2023 1:08 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

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



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

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



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JAIME RENFRO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>fit4duty@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 8:23 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JANEICE HUKILL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>janeicehukill@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 9:17 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEANETTA STOMER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>jeanetta.stomer@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 4:34 AM</b>
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**I support this bill**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JENNIFER MCCULLOUGH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jennifermccullough89@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 10:14 PM</b>
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I am in favor of HB 330 because nurse practitioners provide outstanding care to patients and should not be restricted to practice in any way.



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>JEREMY CADY</b>		PHONE NUMBER:
REPRESENTING: <b>AMERICANS FOR PROSPERITY</b>		TITLE: <b>STATE DIRECTOR</b>
ADDRESS: <b>PO BOX 94</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JOLYNN BRILES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jolynnjb@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 8:23 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JULIANNE OWEN CASE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>julianneowen@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 9:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JULIE TURNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>julieat33@outlook.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 6:36 PM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN GREGORY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>karen.m.gregory@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 6:45 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>KAREN WHITE</b>		PHONE NUMBER: <b>573-663-2313</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI HIGHLANDS HEALTH CARE</b>		TITLE: <b>CEO</b>	
ADDRESS: <b>PO BOX 157</b>			
CITY: <b>ELLINGTON</b>		STATE: <b>MO</b>	ZIP: <b>63638</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>KATHI HARNESS</b>		PHONE NUMBER: <b>573-353-4188</b>
REPRESENTING: <b>NATIONAL COUNCIL OF STATE BOARDS OF NURSING</b>		TITLE:
ADDRESS: <b>PO BOX 2302</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65109</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>
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MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KATHRINE STIPANOVICH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>katie.jean.np@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 4:54 PM</b>
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**This would increase access to healthcare at no additional cost.**





MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KELLI MARIE CASH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kellimarie@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 10:34 PM</b>
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**Advanced Practice Nurses practice nursing and therefore should be licensed by the State Board of Nursing.**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>KIMBERLEY ANDERSON</b>		PHONE NUMBER: <b>816-792-1792</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI AFFILIATE OF THE AMERICAN COLLEGE OF NURSE-MIDWIVES</b>		TITLE: <b>RN CNM MSN</b>	
ADDRESS: <b>717 RIDGEWAY DR</b>			
CITY: <b>LIBERTY</b>		STATE: <b>MO</b>	ZIP: <b>64068</b>
EMAIL: <b>kimmidwife@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 3:12 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

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



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KRISTIN ELIZABETH GROSSMAN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kristingrossman8@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 9:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LAURA KUENSTING</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>laura@kuensting.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 4:25 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**Bill Number:** HB330 **Date:** 02-07-23 **Witness Name:** Laura L. Kuensting, DNP, APRN, PCNS-BC, CPNP, CPEN **Address:** 1605 Horseshoe Ridge Rd. Chesterfield, MO. 63005 **Phone:** 314-882-2220

**TESTIMONY**  
Sample list of professionals and professional practice:  
**Medical Doctor (MD)** = education, training, licensure as an MD (may not be board certified)  
**Doctor of Osteopathy (DO)** = education, training, licensure as a DO (may not be board certified)  
**Dentist** = education, training, licensure as a DDM or DDS (may not be board certified)  
**Optometrist** = education, training, licensure as an OD (may not be board certified)  
**Advanced Practice Registered Nurse** = education, training, board certification, licensure as an RN (not APRN)

Please view this 3-minute video produced by the American Association of Nurse Practitioners (AANP) regarding Missouri's nurse practitioners: <https://youtu.be/PwagEKdZ8u8>  
Please view this 2-minute video produced by the National Council on the State Boards of Nursing (NCSBN) regarding Missouri's nurse practitioners: <https://youtu.be/-5aB6Ozvh4Q>

Good afternoon. Thank you for this opportunity to report in support of HB330. My name is Laura Kuensting. I have been licensed as a registered nurse (RN) for over 35 years and recognized as an advanced practice registered nurse (APRN) for over 30 years. I hold three board certifications and a Doctor of Nursing Practice (DNP) academic degree. Currently, I am in practice in a St. Louis County pediatric primary care office, and I am a retired professor. I was the director of the Master of Science in nursing (MSN) and DNP programs at the University of Missouri – St. Louis from 2016-2021. I currently serve as the President of the St. Louis Pediatric Nurse Practitioners (StINAP) and hold a board position for the St. Louis Pediatric Nurse Practitioners (StIPNP), and the Association of Missouri Nurse Practitioners (AMNP). I am reporting to you today about the licensure of advanced practice registered nurses (APRNs). The Missouri State Board of Nursing requires an APRN to:

- hold a master's or doctorate academic degree.
- have successful completion of graduate education and training from an accredited school in a population of focus (i.e., family, pediatrics, women's health, adult-geriatric, or psychiatric mental health).
- obtain board certification in a population of focus.

The state of Missouri is one of very few states not requiring a license as an APRN. Instead, we receive a "document of recognition". As such, third party payors for healthcare can reject payment claims because I am not "licensed" as an APRN. In addition, I am held liable for my license as a RN and provides an opportunity for liability claims for my actions to be placed upon a licensed physician, usually the collaborating provider, for actions while practicing as an APRN. With a license as an APRN, I would be accountable to the actions I provide as an APRN, not my collaborating physician. In summary, as a 35-year RN and 30-year APRN, I am asking for your support of HB330. Thank you for considering HB330.



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

Dear Chairman and House of Representatives, I am a doctoral prepared certified family nurse practitioner (DNP, FNP-C). I have worked in rural MO for a Federally Qualified Health Center. I helped open the first school-based health clinic in Waynesville, MO. I commuted from St. Louis to Waynesville weekly for 4 years. I helped increase access to healthcare for students and adults connected with the school district. In this position I was required to have a collaborative practice agreement (CPA) with a physician. This requirement limited the type of patients I was able to treat as the physician was required to agree to oversee that type of care for patients he may not typically care for, for instance patients with substance use disorder. I support HB 330 as it will increase access to healthcare for Missourians. HB 330 removes barriers to healthcare by allowing APRNs to work to the fullest scope of their practice. Removal of barriers increases access to healthcare for all Missourians which increases the health of Missourians. Increasing access to healthcare, including primary care, in turn decreases the cost of healthcare for Missouri. I support HB 330 to increase access to healthcare for all Missourians and improve the health of Missourians. Respectfully, Laurie Sparr DNP, APRN, FNP-C



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LINDA CLIMER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lclimer400@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 2:12 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LORA FEISTEL SMITH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lorasmithfnp@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 9:45 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**APRNs do not claim to be physicians. We know the scope of care we are trained to provide. We can improve access to essential care for Missourians. We are not against working with physicians, when they are available and willing, but we oppose constraints that tie our hands on providing better access to care where its needed most!**



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>LOREN M HAYES</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>lhayhayhay@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 1:38 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>MANDY HAGSETH</b>		PHONE NUMBER: <b>573-636-4060</b>	
REPRESENTING: <b>MISSOURI FAMILY HEALTH COUNCIL</b>		TITLE:	
ADDRESS: <b>1909 SOUTHRIDGE DR</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65110</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MARLEE ANN KEELE FNP-C</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>marlee123@sbcglobal.net</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 8:13 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I support FPA so we can help serve more patients in the state of MO. I serve in a rural health area and we need more FNP-C.



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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MARY SUSAN DAWSON, EDD, PMHNP-BC</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>rnprof2@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 12:42 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MELINDA BRYSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: <b>dressageriderx@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 11:27 AM</b>

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

As someone who is representing rural Missouri you need to support this bill to ensure the people you represent receive quality healthcare now and in the future. This bill also is good for all Missourians as it allows for more small independent healthcare clinics. It also allows for easier staffing in urgent care clinics in any location at a lower cost as the clinic does not have to pay the physician to be a collaborator. Please support independent practice. Compared with neighboring states, a higher proportion of Missouri counties in 2021 had a primary care provider shortage area that met the Health Professional Shortage Area (HPSA) criteria defined by the U.S. Health Resources and Services Administration. See this article for more information: <https://extension.missouri.edu/publications/mx56>

As a nurse practitioner in rural health, it is very difficult to get physicians to work in rural health. It took me two years to replace one I lost. Clinics in rural Missouri will have to shut down if there are no doctors. There will be no healthcare in rural Missouri. Nurse practitioner are the largest group of healthcare providers who are willing to work in rural areas. When there is no healthcare in rural Missouri urban healthcare will be overwhelmed. Missourians will not be able to access healthcare for days or months which will overwhelm Emergency Departments. 40% of healthcare providers in Missouri are nurse practitioners. We worked for two years during COVID very independently. We are ready for independent practice. It is currently nearly impossible to have an independent clinic as you must always have a doctor cover the nurse practitioner. So, a private physician who employs a nurse practitioner to help, must close his clinic when he goes on vacation as there is no physician coverage. This is killing small medical businesses in Missouri leading physician's work for healthcare systems. These systems are not connected to the community they do what is right of the business not the community. The time doctors spend on paperwork can be spent with patients. The money doctors are paid to check boxes just drives up healthcare cost especially in rural clinics. This is not a luxury it is necessary to be able to have healthcare in Missouri. To have affordable healthcare in Missouri nurse practitioners need to have independent practice. There is no valid reason to not allow independent practice. The physician groups can not provide a valid reason to keep them in place. We are not taking physician jobs we are filling gaps where physicians don't want to work. Please ask any physician who is opposed to this bill if they will come and work in your district, I assure you need their help, and they are not planning on living in your district. Please support this bill. Melinda Bryson Nurse Practitioner



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL HOLTZ</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mph1967@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 5:20 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I hereby support this proposal.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MICHELLE GRIMES</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>mgrimes330@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/6/2023 3:50 PM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NICK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>nickkoval@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 2:05 PM</b>
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**I support and stand with crnas**



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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>NIKKI STRONG</b>		PHONE NUMBER: <b>573-694-1112</b>
REPRESENTING: <b>MISSOURI HEALTH CARE ASSOCIATION</b>		TITLE:
ADDRESS: <b>236 METRO DR.</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65109</b>
EMAIL: <b>nikki@mohealthcare.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/7/2023 5:42 PM</b>

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

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





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RICHARD HILL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>vcortex@aol.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 6:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

Open up missouri APRN's to help more people.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SANDRA REDHAGE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sandiredhage@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 12:17 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SARA BUSCH</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>sarabusch15@gmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 9:24 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>	
COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SARA NICOLE CLARKSON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>saranicoleclarkson@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/7/2023 7:44 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>	
COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SARAH MARTIN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>szenisek@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/7/2023 11:46 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

**APRNs have shown safe practice and improved patient outcomes. Even our federal government allows APRNs to practice without MD oversight improving patient access to care and improved health outcomes especially in rural communities. Please vote in support of HB 271 and HB 330**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHANE HAGEN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>shagen02@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 11:56 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>	
COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SHARESE A DIXON-BANKS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>sharese.ameka@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/7/2023 11:11 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHEILA LEATHERS ARMBRUSTER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>defininglooks@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 8:12 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SHIRLEY ARNOLD DNP FNP-C</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>flowernrs92@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 4:13 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in favor of full practice authority for APRNs**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUSAN GARDNER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>littlepig39@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 7:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support Advanced Practice legislation.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>	
COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>SUZANNE OPPERMAN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>sokelley53@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/6/2023 7:44 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

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



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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

**I support Nurse practitioners to be able to practice independently without handcuffs in the state that they live in! We are the most restrictive state in the United States of America and we are purging our greatest healthcare ambassadors due to this archaic law!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>TIM LOBOUGH</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>lobough33@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 11:49 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>	
COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>TODD LAVERNE OSGOOD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>toddjenosgood@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 3:48 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Thank you for your leadership and willingness to serve the State of Missouri and our citizens. Nurse practitioners are trained to function independently and without physician oversight or collaboration. Allowing nurse practitioners full independent practice authority will improve access to health care and reduce cost. Approximately 25 states and the Department of Veteran Affairs have already granted nurse practitioners full practice authority, and it is working out very well. After professionally researching this, there is no evidence those 25 states or the VA are seeking to reverse the decision of granting independent practice authority. As a recently retired Hospital Administrator with nearly 22 years of military service, I highly recommend granting full independent practice authority to Nurse Practitioners. In Tampa Florida, I provided direct day-to-day leadership of Family Medicine, Pediatrics, Internal Medical, and the Women's Health Clinics. It was an extremely busy practice providing clinical services to approximately 30,000 enrollees. I directly supervised and led 110 medical providers and staff in the delivery of world-class medical services to our beneficiaries and their family members. I met daily with medical providers and sought direct feedback from patients to assess our medical organization's ability to deliver world-class healthcare. Much of my analysis came from reviewing key metrics on provider performance and patient satisfaction. Feedback from patient satisfaction surveys, and from one-on-one meetings with patients revealed Nurse Practitioners receive higher patient satisfaction scores listening to the patient, letting them participate in their care, versus making quick diagnoses. APRNs achieved the same, or higher patient quality of care. APRNs statistically are more willing to use and apply nationally recognized, evidence-based clinical practice guidelines, which lead to better health outcomes, including the minority population. Patient satisfaction survey results show nurse practitioners are highly adept at delivering world-class medical care, a level of care we all want for our families. Having reviewed countless quality of care reviews and assessments, I never once found evidence that nurse practitioners deliver a lesser standard of care compared to physicians. Both physicians and nurse practitioners are trained to consult specialists when needed. After working with hundreds of physicians and nurse practitioners over my career, my professional opinion is nurse practitioners should be granted independent practice authority. I'm not alone coming to this conclusion. In 2016, the U.S. Department of Veterans Affairs granted nurse practitioners full independent practice authority. Since then, the VA has re-examined clinical outcomes for patients seen by either a physician or a nurse practitioner and did not find any difference in clinical outcomes. They did, however, find that patients were more satisfied with the patient-centered approach delivered by nurse practitioners. As mentioned previously, 25 states, including Kansas, granted nurse practitioners full practice authority, and it is working out very well. As a side note, in 2014, the Federal Trade Commission expressed concerns limiting nurse practitioners' full practice authority, restricts competition. That could have a negative impact on health care consumers and their health care. Additionally, healthcare costs seeing Nurse Practitioners are lower than physician costs. That is a probable reason physicians in

Missouri are against this legislation. It isn't difficult to see physicians want to maintain control, power, and a financial advantage. Change isn't always easy, even when it makes perfect sense. Politics shouldn't come between the quality of care a patient gets, and their provider. I count on you doing the right thing, your authentic leadership, and putting the patients' quality/cost of care ahead of politics. Missouri is the "Show Me State", not the "slow me down state". Thank you for your service to our state, our citizens, and their health care. Todd Osgood, USAF, Colonel (Retired) Healthcare Administrator  
10710 E 233 rd St Peculiar MO 64078  
816-349-4351





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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

I am in support of this bill.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>VICTORIA SANFORD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>sanfordtori0@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 3:52 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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: <b>HB 330</b>		DATE: <b>2/7/2023</b>	
COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>YVONNE SMITH</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>ysmith@windstream.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 11:25 PM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

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



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ZACH KROENKE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nursezach@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 7:45 AM</b>

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

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



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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

**My opposition is similar to that submitted for HB 271**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>AMELIA NI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>a.y.ni@wustl.edu</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/4/2023 12:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 11:52 PM</b>
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**This Bill Puts Patient Safety in Jeopardy. I am Opposed to this Bill and waiving Testing Regulations and Reducing State Regulations in addition to proper over-sight.**





MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>BRIAN BOWLES</b>	PHONE NUMBER: <b>573-634-3415</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS</b>	TITLE: <b>EXECUTIVE DIRECTOR</b>	
ADDRESS: <b>1423 RANDY LANE</b>		
CITY: <b>JEFFERSON CITY</b>	STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>brianb@maops.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 1:20 PM</b>

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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 330. This bill seeks to create a license for advanced practice nurses, something that currently does not exist. While the creation of a license itself isn't necessarily problematic, this bill seeks to define the scope of practice of an APRN by adding the ability to evaluate a patient and determine a delivery plan without the collaboration of a licensed physician. Without the completion of the required education and training that a physician undergoes, defining a practitioner's scope through legislation is not acceptable. Last, I would recommend that any license created by the legislature for an APRN be created under the Board of Healing Arts and not the Board of Nursing. This would place APRNs under the same oversight Board as many other practitioners of the Healing arts including physician assistants, assistant physicians, physical therapists, audiologists, athletic trainers, and physicians. This will ensure that those with the highest levels of education and training are overseeing all practitioners of the healing arts.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>CURTIS FOX</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>mcfcs235@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 8:33 AM</b>
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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  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>DAVID D CARR</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>daviddcarr@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 12:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>DAVID JACKSON</b>		PHONE NUMBER: <b>314-406-2933</b>	
REPRESENTING: <b>MISSOURI DERMATOLOGICAL SOCIETY</b>		TITLE:	
ADDRESS: <b>PO BOX 1865</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ELIZABETH LUCORE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>elizabethlucore@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 4:06 PM</b>
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Please see my statement above.



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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>FARIHA SHAFI, MD, FACP</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>farihashafi2008@gmail.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 6:38 PM</b>
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I am submitting this testimony as a private citizen. As a physician in practice for over 20 yrs, majority of them being in the state of Missouri in the only safety net hospital in my area, I would be the first one to acknowledge that there is a role for everyone in medical profession. Collaborative care is what keeps our patients safe and healthy. It is for that reason that I believe our patients deserve **PHYSICIAN LED CARE!** One cannot equate 4 years of undergrad, 4 yrs of medical school, 3-7 yrs of residency, then fellowship and over 10,000 training hours to what has become an online diploma mill situation where 300-600 hrs gets you a doctorate. Knowledge is power, knowledge is what gets us our critical thinking skills and helps us make life and death decisions. It's those years of pathology, pathophysiology and thousand of hours of supervised work that lead to a Board Certified Physician. In my practice I take care of our hospital employees and by far, majority of our APRNs seek Physicians as their primary care physicians for themselves and their families. This is word to word what one of our Primary Care NPs said to me , "I know you don't have an opening but I need you to take care of my spouse because she is complicated and I don't understand what is going on." I happily overbooked her for a visit. This NP is pretty good but even they understood, you don't know what you don't know. I am a strong believer that our patients deserve the best care possible irrespective of their ability to pay. One might make the argument that this is how we will solve the primary care shortage. There is enough data out there to rebut this claim because most NPs are not going to health shortage areas. What we need is reform at the fundamental level to create more residency spots for primary care for graduating medical students. Additionally, I am sure you might have been provided with information on how NP care had the same outcomes. Those studies (especially the one from Hopkins and Vanderbilt that gets quoted) was with NPs who were taking care of simple problems **ALREADY DIAGNOSED** by physicians and had a treatment plan laid out. Medicine is complex. Who would YOU want to be taking care of yourself and your family if you found yourself in the situation? I would want the most qualified person for the job, hands down, in any field. We think it's catastrophic that a flight attendant with a few online hours of training should be able to fly a plane (an idea that was floated during the most recent crises) because they don't have the knowledge nor the experience...this is not any different. I urge you to think about the future, that of our families and society as a whole. Healthcare is important. We hope to never find ourselves in that bind but if we do, I am counting on receiving care led by a physician.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>GALE OLESON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>windywords@outlook.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/5/2023 4:46 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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



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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>GARY M. GADDIS MD PHD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>garymgaddis86@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 11:04 PM</b>	

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Public Testimony re House Bill 271 and House Bill 330 Gary M. Gaddis MD PhD, 702 Radcliffe Ave, University City, MO, 63130 February 7, 2023 I hope to persuade committee members that the Missouri Legislature should NOT adopt the following proposed legislation, and this committee should not forward these flawed bills with a recommendation favorable for their passage:?

**House Bill 271, which would eliminate the need for Advanced Practice Nurses/ Advanced Nurse Practitioners (APRN) in Missouri to maintain a “Collaborative Practice Agreement” with a supervising collaborating physician? House Bill 330, which would permit an expanded scope of practice under APRN licensure. Imagine this scenario: After next week’s Super Bowl, Kansas City Chiefs’ Tight End petitioned Chiefs’ Coach Andy Reed and Quarterback Patrick Mahomes to be allowed to play quarterback in next year’s season-opener. After all, Kelce reasons, he has seen a lot of football played and he believes he understands the role of a team’s quarterback, and how to competently execute that role. Of course, you members of the Committee would find that request not to be one to be granted, because despite Mr. Kelce’s extensive experience as a football player, he has not been sufficiently trained to be the quarterback. This model is intended to provide an important parallel to this debate! Although many APRNs have extensive experience providing medical care within their role, they lack sufficient training to capably function independently leading a team of primary caregivers. That role should be reserved for physicians, and in fact, data supports that patients want physicians to lead their care teams, and that the care given when led by physicians is more cost-effective. Don’t take my word for it. Take the word of patients who have been surveyed. Be influenced by data relevant to the question at hand: 1) Patients have spoken. They clearly prefer for their medical care to be led by a physician. a. 91% of respondents to an AMA survey said that a physician’s years of education and training are vital to optimal patient care, especially in the event of a complication or medical emergency. b. 86% of respondents to that survey said that patients with one or more chronic conditions benefit when a physician leads the primary health care team. c. 75% of respondents would prefer to be treated by a physician, even if this entailed a longer wait and cost more money. 2) Care led by APRNs is more expensive because APRNs order more tests and consults than do physicians, yet quality measures show the care by APRNs to be inferior: • In a study of emergency department care conducted by two economists, it was concluded that non-physician-led care ends up being more expensive. o Chan DC, Chen Y. The Productivity of Professions: Evidence from the Emergency Department, National Bureau of Economic Research, Nov. 2022• Simply stated, APRNs order more tests and consultations, adding needless cost to ED visits and prolonging a patient’s time in the Emergency Department. o Again, this is not physicians saying so, it is two economists who studied the data in an unbiased fashion. • Here are the “specifics”: These economists found that: APRNs are more costly than physicians to employ, even after accounting for differences in salary. ? These Nurse Practitioners required more resources to**





sites on their own? **Always** Are faculty who provide clinical training members of the  
**Seldom** degree-granting institution? **a.** I hope it gives committee members  
 pause that they are considering allowing APRNs, whose “capstone” experience with clinical  
 supervision to guide their clinical formation, is occurring with inadequate institutional oversight by the  
 degree-granting institution. If a medical school or medical residency program functioned in such a  
 fashion, they would lose their accreditation! I personally believe that through their lack of sufficient  
 oversight of the "capstone" clinical experience of APRN trainees, APRN training institutions are  
 committing a fraud against the public. **i.** Resident physicians and medical students  
 complete clinical rotations under faculty supervision at sites secured and assigned by the degree-  
 granting or certificate-granting institution. **1.** APRNs cannot make this claim because they  
 typically must find their clinical site on their own, and that site may or may not have previously  
 provided such training. **ii.** Resident physicians and medical students are evaluated by  
 faculty with a meaningful clinical appointment from the degree-granting institution. **1.** APRN  
 program cannot make this claim **iii.** APRNs typically do not experience clinical formative  
 experiences in institutions that allow them to meaningfully guide patient care. **1.** Resident  
 physicians have this, and occasionally medical students have such opportunities, too **iv.** APRNs do  
 not experience residency training. As such, there are no organizations equivalent to: **1.** The  
 Accreditation Council for Graduate Medical Education (ACGME), which accredits ALL graduate medical  
 training programs for physician education in the United States. **2.** The Residency Review  
 Committee, that accredits residency programs in each of the accredited medical specialties in the  
 United States. **b.** It is incontrovertible that an APRN who can currently work under a  
 collaborative practice agreement with a fully-licensed physician has less hours of directly supervised  
 clinical formation than a Post Graduate Year 1 (PGY-I) resident has obtained by the end of the second  
 month of their first year of training. **i.** No resident physician can apply for medical  
 licensure, to permit unsupervised practice of medicine in Missouri, until the completion of the 12  
 months of PGY-15) **Summary:** To provide medical care is a complex task **a.** Despite  
 their markedly more extensive training, physicians nonetheless commit errors **b.** It is highly  
 illogical to believe a much less-extensively trained APRN could provide medical care with similar safety  
 and effectiveness! Such claims just can't pass the “smell test”!



MISSOURI HOUSE OF REPRESENTATIVES  
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COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>GEORGE J. HRUZA</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE: <b>DR.</b>
ADDRESS: <b>113 MADISON AVE., PO BOX 1028</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JAMES D. WIRTHLIN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jdworthlin@wustl.edu</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 9:59 AM</b>
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**This is terrible legislation and a clear example of mission creep. The tendency of mission creep on the battlefield, just like in medicine with provider creep, results in outcomes that were far outside the intent of the original mission. These bills allow Nurses to provide independent care OUTSIDE the supervision of a Physician. This is especially dangerous when it comes to the practice of Anesthesiology. MULTIPLE studies have shown this practice of expanding the legal scope of Nurses has resulted in HIGHER COSTS and WORSE Patient outcomes. The training alone, between Physicians and Nurses is YEARS of training and studying. Board certifications for Physicians is dramatically more difficult than for Nurses and demonstrate a different role of providing Anesthesia care. Nurses Need Physician oversight when dealing with Life/Death medical practices. Almost all surgeons (>90%) DO NOT want nurses practicing Anesthesia without an Anesthesiologist supervising them, being able to intervene and provide critical care interventions that are Well outside the scope of All Nurses providing anesthesia. Surgeons do NOT want to take the medical legal risk of anesthesia care without an Anesthesiologist. Ask ANY patient is they'd prefer a physician or a nurse providing Anesthesia to them for ANY surgery and they will answer they want the best trained and most capable to be available. THESE BILLS UNDERMINE PATIENT CARE, PATIENT SAFETY, and INCREASE COST TO HOSPITALS. Vote NO on these dangerous expansion of scope bills.**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JASON HAHN</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jhahn03slu@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 12:14 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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



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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>JEFF HOWELL</b>		PHONE NUMBER: <b>573-636-5151</b>
REPRESENTING: <b>MISSOURI STATE ORTHOPEDIC ASSOCIATION</b>		TITLE:
ADDRESS: <b>113 MADISON STREET</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEFFREY D. DAVIS, DO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jeffreydavis@atsu.edu</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/6/2023 9:08 PM</b>

**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 330 and the provision of the independent practice of medicine by nurses including an APRN license 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. As this committee has already heard, if the legislature desires to change our laws to allow nurses to practice medicine independently, I believe they should do two additional things: 1) Allow nurses who want to remain in a collaborative practice agreement to do so under the Board of Nursing. 2) Require nurses who desire to practice the healing art of medicine to join all other healthcare providers in being regulated by the Missouri Board of Healing Arts. Thank you for your time and consideration.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>	
COMMITTEE: <b>Healthcare Reform</b>			
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JENNY PENNYCOOK, MD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>jpennycook@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>2/4/2023 2:20 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

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  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JIANBIN ZHENG</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>jianbinzheng@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 10:44 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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 a medical doctor.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KAREN BARANSKI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kjbaranski@charter.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/5/2023 6:58 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a physician, with 6 years of post graduate training, and having worked with collaborative nurses over many years in radiology, this bill is absurd. The sheer number of hours difference in training should be enough to make this committee understand how poor an idea this is. All physicians have over 10,000 more hours of training than any particular nurse. There are far reaching ramifications of this decision. The maintenance of certification of physicians and their specialized fields requires extensive, continued medical education. We were trained as physicians to be the leaders in the collaborative efforts regarding patient care. At no point of the education of a nurse, were they ever trained to be the leader of the healthcare team. They are active supporters, extremely important, but not ever trained to assume full responsibility of the patient. Other far reaching areas with passage of this type of bill would have a large impact on the malpractice companies in our state. These malpractice insurance companies are already taxed by some of the absurd claims being charged against physicians. Add untrained nurses acting individually, without collaboration with a physician to the mix, and the healthcare system as we know it will be broken from the financial side. But ultimately, the only real people that will suffer this pure attempt at a power grab, will be the patient. The lives of patients should not be sacrificed to the needs of a group of people demanding more power. I don't believe the nurses have any idea the responsibility they are trying to assume. Because they have never been trained for it



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KEITH M RATCLIFF</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>kratcliff@yhti.net</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/4/2023 11:22 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

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



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>KEITH OPAT</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>keith.m.opat@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 10:03 AM</b>
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This is confusing lettering and language.



MISSOURI HOUSE OF REPRESENTATIVES  
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL HESSELER</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>mikehesseler@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/4/2023 10:31 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL STADNYK, MD</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>docstads2@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/4/2023 11:09 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

As a physician, with 18 years of post graduate training, and having worked with collaborative nurses over many years in surgery, emergency room, and now Radiology, this bill is absurd. The sheer number of hours difference in training should be enough to make this committee understand how poor an idea this is. All physicians have over 10,000 more hours of training than any particular nurse. There are far reaching ramifications of this decision. The maintenance of certification of physicians and their specialized fields requires extensive, continued medical education. We were trained as physicians to be the leaders in the collaborative efforts regarding patient care. At no point of the education of a nurse, were they ever trained to be the leader of the healthcare team. They are active supporters, extremely important, but not ever trained to assume full responsibility of the patient. Other far reaching areas with passage of this type of bill would have a large impact on the malpractice companies in our state. These malpractice insurance companies are already taxed by some of the absurd claims being charged against physicians. Add untrained nurses acting individually, without collaboration with a physician to the mix, and the healthcare system as we know it will be broken from the financial side. But ultimately, the only real people that will suffer this pure attempt at a power grab, will be the patient. The lives of patients should not be sacrificed to the needs of a group of people demanding more power. I don't believe the nurses have any idea the responsibility they are trying to assume. Because they have never been trained for it.



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<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MILO M. FARNHAM, M.D.</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>milofarnham@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/4/2023 2:13 PM</b>
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After retiring from my specialty practice of Internal Medicine for thirty years, I became the Medical Director of first, the Boonville Correctional Center for six years, then the Medical Director of the Western Missouri Correctional Center at Cameron for 12 years. At WMCC in Cameron, the Correctional Medical Services (the corporation that governed all the medical services in Missouri prisons at that time) hired a Nurse Practitioner when it had trouble finding an appropriate physician to assist me and another Medical Doctor there. She was intelligent and eager to work, but she was not a physician, despite her desire. I needed to limit her to fairly simple cases. I review all her cases and examinations each month. I on these relatively simple situations--sore throats, colds, mild sprains, etc., she did well, and wrote quite adequate reports. However, I would never have trusted her to treat diabetes, heart trouble, strokes, hepatitis, liver failure, autoimmune diseases, and on and on. She was a well educated nurse, not a physician. I had four years of Pre-Med college education, four years of Medical School in an excellent university, an excellent Internship, and then three more years in Internal Medicine Residency. She was trained well to be a Nurse, and then had more restricted education beyond that, but no, or minimal training in Pre-Med in college, and no training really beyond that truly as a physician, although she did achieve a Master's Degree. If she were truly educated to be a physician, she would have M.D. after her name, not an APN, and would be qualified to practice without supervision. Milo M. Farnham, M.D., Independence, MO.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>MISTY TODD</b>		PHONE NUMBER: <b>217-430-1179</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI ACADEMY OF FAMILY PHYSICIANS</b>		TITLE: <b>MD</b>	
ADDRESS: <b>722 W. HIGH STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>	
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WITNESS NAME: <b>NATHAN FARKAS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>nathan.farkas@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/5/2023 12:48 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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 independant of a collaborative environment.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>NORMA SANDROCK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>nsand208@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/4/2023 11:47 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>PETER PARK</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>peterkypark@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/5/2023 2:23 PM</b>

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



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>RACHEL WELLINGTON</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: <b>AMERICAN SOCIETY OF PLASTIC SURGEONS</b>		TITLE:	
ADDRESS:			
CITY: <b>ARLINGTON HEIGHTS</b>		STATE: <b>IL</b>	ZIP: <b>60005</b>
EMAIL: <b>rwellington@plasticsurgery.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/3/2023 11:05 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

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

- Twenty NP programs had a 100 percent acceptance rate and nearly half of these schools are listed in the bottom quarter of programs on the U.S. News ranking list. One of these schools – which, not unusually, offers its courses online – received and accepted 500 applicants. Not a single applicant was rejected.
- In addition, 82 Doctorate of Nurse Practitioner programs do not even require masters’ level clinical skills, meaning the student may never have worked with patients before beginning the DNP degree; their entire patient experience may be the 500 to 1,000 hours of DNP clinical experience.

- Among NP schools, there are many that do not set up any of the rotations for their students, screen any of the precepting physicians, or even assess the students after the rotations. In fact, in a study in the Journal of the American Academy of Nurse Practitioners, NPs themselves state that formal NP education is not preparing them generally to feel ready for practice. Only the depth and duration of training provided in medical school and residency prepares a provider to safely execute all the responsibilities associated with primary care – and likely why data show that patients both want and expect the experience of a physician. A 2021 national survey revealed 68 percent of U.S. voters believe it is very important for physicians to be involved in diagnoses and treatment decisions, with an additional 27 percent of voters believing it is at least somewhat important (95 percent total). Second, even if NPs had the preparation and skillset necessary to practice independently, the entire premise behind the expansion argument is flawed. Proponents push for this expansion to improve access to primary care and fill gaps. However, the data from states that have granted independent practice clearly show that NP practice locations are in the same places that primary care physicians already practice. NPs who have been granted independent practice are not going to rural or physician-shortage areas to establish a practice. They are going to affluent, provider-

dense urban and suburban locations. Oregon provides the perfect example: while the total number of NPs in Oregon increased after gaining independent practice, there was no noticeable increase of NPs within rural, underserved areas. Finally, we are concerned that independent practice for NPs would increase costs. Ample evidence suggests increases in utilization across multiple measures when NPs are charged with decision-making. Here is a sample: •

**INCREASE IN HOSPITALIZATIONS:** A working paper published by the National Bureau of Economic Research found that NPs delivering emergency care without physician supervision or collaboration in the Veterans Health Administration increased patients' lengths of stay by 11 percent and raised 30-day preventable hospitalizations by 20 percent compared to emergency physicians. The authors also outlined that a data analysis indicated "a net increase in medical costs with NPs – even when accounting for NPs' wages that are half as much as physicians'." •

**OVERPRESCRIBING OF ANTIBIOTICS:** An Infection Control & Hospital Epidemiology study showed that NPs and other advanced practice non-physicians prescribed antibiotics 15 percent more frequently than physicians. A study limited to prescribing for acute respiratory infections found NPs prescribing 7 percent more frequently. •

**INAPPROPRIATE REFERRAL TO HIGHER-COST SPECIALISTS:** A Mayo Clinic study estimated that inappropriate referrals to specialists by NPs and PAs could offset any potential savings from the increased use of NPs and PAs. •

**OVER-UTILIZATION OF RESOURCES:** A study comparing healthcare resource utilization for patients assigned to an NP versus patients assigned to a physician found that utilization for patients assigned to an NP were higher in 14 of the 17 utilization measures examining laboratory and radiology tests, specialty, primary care, and emergency department/walk-in visits, and hospital admissions. •

**UNNECESSARY DIAGNOSTIC IMAGING:** A study in the American Journal of Emergency Medicine found that NPs and PAs recommended imaging studies when physicians had not in 34 percent of emergency department cases. A JAMA study found that NPs and PAs ordered more diagnostic imaging than primary care physicians, on both new and established patients. The first of these areas is extremely concerning due to its negative impact on patients, as well as the increase in costs. The second of the five areas of utilization are not only concerning because of cost implications, but also for the possibility of increasing the likelihood of encouraging antibiotic resistance. The last of the five areas of utilization is not only concerning because of implications for cost, but it's also important to remember that NPs are also unnecessarily exposing patients to dangerous radiation when they overprescribe diagnostic imaging. Ultimately, H.B. 271 and 330 may actually increase the cost of care while also undermining the physician-centered, team-based healthcare delivery model. The lead physician plays a critical role in determining whether the patient is a candidate for medical services, identifying potential complications before they arise, and triaging complications that may occur. The erosion of physician-centered, team-based healthcare will, in turn, negatively impact patient quality outcomes.

Thank you for consideration of our comments. Please do not hesitate to contact Patrick Hermes, Patrick Hermes, ASPS's Director of Government Relations, Political Affairs, and Health & Payment Policy, at [phermes@plasticsurgery.org](mailto:phermes@plasticsurgery.org) or (847) 228-3331 with any questions or concerns. Sincerely, Gregory Greco, DO, FACS

President, American Society of Plastic Surgeons



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 330</b>		DATE: <b>2/7/2023</b>
COMMITTEE: <b>Healthcare Reform</b>		
<b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RANDALL CLARY</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>oto4kids@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 10:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

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.



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RENEE STALLINGS</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>renee.swackhammer@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/4/2023 10:20 AM</b>
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As a patient, mother and physician I strongly request that you vote in opposition of HB330. 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.



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RYAN DEBOEF</b>		PHONE NUMBER: <b>573-634-3415</b>	
REPRESENTING: <b>MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS</b>		TITLE:	
ADDRESS: <b>1423 RANDY LANE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			





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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>SARAH SCHLEMEIER</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>MISSOURI COLLEGE OF EMERGENCY PHYSICIANS, AMERICAN COLLEGE OF OBGYNS</b>		TITLE:	
ADDRESS: <b>213 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>TIMOTHY A. SWEARENGIN</b>		PHONE NUMBER: <b>573-636-6905</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI SOCIETY OF ANESTHESIOLOGISTS</b>		TITLE: <b>DO, ANESTHESIOLOGIST</b>	
ADDRESS: <b>113 MADISION ST</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/7/2023 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WENI KROLL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>kwendi@hotmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 10:01 AM</b>
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A doctorate in nursing, isn't medical school. They shouldn't be able to perform in any capacity as or, of a Dr,



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>WILLIAM M. FOGARTY, JR., MD, MACP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>wmfogartyjr@sbcglobal.net</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 3:36 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

I have worked with a number of advanced practice nurses over the years and often find them extremely capable and professional. Nonetheless, they serve best when working in a collaborative setting and are not trained or equipped to practice independently. The post-graduate training of a physician entails more than 10,000 hours of clinical instruction. An APN has some 750 to 1000 hours. With that amount of training, it is impossible for them to have the breadth and depth of knowledge that is necessary for independent practice. An argument that is often put forward is that APNs will answer the need for primary care-givers in rural areas. The fact is that the overwhelming majority of APNs work in urban areas. Missourians deserve to be served by qualified caregivers with the depth and breadth of knowledge necessary to give comprehensive care. APNs and others have great value in the healthcare system but not as independent care-givers. William M. Fogarty, Jr., MD, MACP



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MATTHEW P LINDQUIST</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>thew_man@msn.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/6/2023 6:16 PM</b>

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



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<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>RAMON MARTINEZ</b>		PHONE NUMBER: <b>573-316-5262</b>
BUSINESS/ORGANIZATION NAME: <b>MOST POLICY INITIATIVE</b>		TITLE: <b>PHD</b>
ADDRESS: <b>238 E HIGH ST.</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL: <b>ramon@mostpolicyinitiative.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/7/2023 4:44 PM</b>

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