

BILL NUMBER: HB 464				DATE: 3/7/2023
COMMITTEE: Healthcare Reform	n			•
TESTIFYING:	<b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: BEN SANDERS			PHONE NUM	MBER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			•	
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT 3/7/20	DATE: 123 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CH	APTER 610. RSMo.



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COMMITTEE: Healthcare Reform	1				
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSE	s
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: CASEY WASSER			PHONE NUME <b>573-291-9</b> 8		
REPRESENTING: MO SOY			TITLE:		
ADDRESS: 734 S. COUNTRY (	CLUB DR.				
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65109</b>	
EMAIL:		ATTENDANCE:	SUBMIT D 3/7/202	OATE: 3 12:00 AM	
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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: CHRIS BRUNDICK			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:			•	
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT I 3/7/202	DATE: 13 12:00 AM
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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORI	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: EMMA ALEXANDI	≣R		PHONE NUI	MBER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT 3/7/20	DATE: 023 12:00 AM
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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: GARRETT HAWKI	NS		PHONE NUME <b>573-893-1</b>		
REPRESENTING:			TITLE:		
ADDRESS: 701 S COUNTRY C	LUB DR		·		
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: <b>65109</b>	
EMAIL:		ATTENDANCE:	SUBMIT 0 3/7/202	DATE: 13 12:00 AM	
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james@thejharrisco.com

#### MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

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TESTIFYING:	<b>☑</b> IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: JAMES HARRIS			PHONE NUME <b>573-761-7</b>		
REPRESENTING: OPPORTUNITY SC	DLUTIONS PROJECT		TITLE:		
ADDRESS: 122 E. HIGH ST., S	STE. 200				
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65101</b>	
=14411	·	ATTENDANIOE	OLIDANT S		

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

Written

3/7/2023 3:38 PM

My client, Opportunity Solutions Project, is a national group that is working to help promote opportunity for the people of America by supporting common-sense reforms in the welfare, professional licensing, and healthcare sectors. Health care coverage continues to be one of the most expensive annual purchases a family makes, and they often have no choice regarding which plan to purchase.HB464 offers an opportunity to create more choice and lower costs for Missouri families by allowing non-profit associations, like the Farm Bureau, to develop and offer customized health plans to meet their members' needs. The plans are lower cost because they are not subject to insurance regulations. Without the red-tape requirements of traditional health plans, and with the ability to let associations customize plans for their membership, the price of these plans can be kept low - 30% to 50% less, on average, than traditional plans, and with lower deductibles. Other states have adopted similar language, and with great results. Tennessee has had Farm Bureau plans for many years. Iowa. Kansas, and Indiana have recently adopted these plans, and in 2021 Texas and South Dakota did, as well. These health care plans have a benefit to the states that have embraced them. In lowa, a state analysis showed that 80% of the people who signed up would otherwise have gone without a health care plan. Missouri should join our neighboring states of lowa, Kansas, and Tennessee by allowing these health plans to serve Missouri families.



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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: JEREMY CADY			PHONE NUME <b>573-799-3</b> 2		
REPRESENTING: AMERICANS FOR	PROSPERITY		TITLE: STATE DI	RECTOR	
ADDRESS: P O BOX 94					
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65102</b>	
EMAIL:		ATTENDANCE:	SUBMIT 0 3/7/202	OATE: 3 12:00 AM	
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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORMA	TIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: KEVIN L. FISCHER	R		PHONE NUMBE	ER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT DA 3/7/2023	ATE: 3 12:00 AM
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	MATIONAL PURPOSE	S
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: MEGAN RICHNER			PHONE NUM	MBER:	
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL:		ATTENDANCE:	SUBMIT 3/7/20	DATE: 123 12:00 AM	
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: REBECCA EICHEL	BERGER		PHONE NUMB <b>573-659-3</b> 4	
REPRESENTING: ASSOCIATION OF MISSOURI ELECTRIC COOPERATIVES			DIRECTOR RELATION	R OF GOVERNMENT
ADDRESS: 2722 EAST MCCAF	RTY STREET			
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65101</b>
EMAIL: reichelberger@am	ec.org	ATTENDANCE: Written	SUBMIT D 3/7/202	ATE: <b>3 2:41 PM</b>
THE INFORMAT	TION ON THIS FORM	IS PUBLIC RECOR	D UNDER CHAI	PTER 610. RSMo.



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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: STAN CODY			PHONE NU	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:		ZIP:
EMAIL:		ATTENDANCE:		T DATE: <b>023 12:</b> (	00 AM
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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	MATIONAL	PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: TERRILL LANE			PHONE NU	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIF	):
EMAIL:		ATTENDANCE:		T DATE: 023 12:00 /	ΔM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CH	APTER 6	10. RSMo.



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: TYLER BRUNS			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT D 3/7/202	ATE: 3 12:00 AM
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: WYATT HOLDER			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT D 3/7/202	ATE: 3 12:00 AM
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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STAT	TE PUBLIC ADVOCATE	PHONE NUM	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:			·		
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT 3/7/202	DATE: 2 <b>3 11:46 PM</b>	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610. PSMo					

I am Opposed to this Bill. The Farm Bureau shall be treated like all of Missourians Insurance Companies. The Farm Bureau MUST Follow All State Rules and Regulations.



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		WITNESS NAME		
REGISTERED L	OBBYIST:			
WITNESS NAME: EMILY KALMER			PHONE NUME <b>314-455-8</b>	
REPRESENTING: AMERICAN CANC	ER SOCIETY CANCER	ACTION NETWORK	TITLE:	
ADDRESS: 1001 CRAIG RD. S	SUITE 350			
CITY: CREVE COEUR			STATE: MO	ZIP: <b>63146</b>
EMAIL:		ATTENDANCE:	SUBMIT E 3/7/202	OATE: 3 12:00 AM
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	WITNESS NAME			
REGISTERED LOBBYIST:				
WITNESS NAME: LARRY CASE		PHONE NUMBI 573-893-43		
REPRESENTING: MISSOURI ASSOCIATION OF INSURANCE	CE AGENTS	TITLE:		
ADDRESS: 3315 EMERALD LANE				
CITY: JEFFERSON CITY		STATE: MO	ZIP: <b>65109</b>	
EMAIL:	ATTENDANCE:	SUBMIT DA 3/7/2023	ATE: <b>3 12:00 AM</b>	
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		WITNESS NAME		
REGISTERED L	OBBYIST:			
WITNESS NAME: MAURA GRAY			PHONE NUME <b>314-596-1</b> 4	
REPRESENTING: AMERICAN HEAR	T ASSOCIATION		TITLE:	
ADDRESS: 11628 OLD BALLA	AS RD, ROOM 215			
CITY: CREVE COEUR			STATE: MO	ZIP: <b>63141</b>
EMAIL:		ATTENDANCE:	SUBMIT 0 3/7/202	OATE: 3 12:00 AM
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TESTIFYING: IN SUPPO	ORT OF IN OPPOSITION 1	TO ☐FOR INFORM	MATIONAL PURPOSES
	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL HENDERSON		PHONE NUM <b>573-893-</b>	
REPRESENTING: MISSOURI INSURANCE COALIT	ION	TITLE:	
ADDRESS: 220B EAST HIGH STREET			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: SHANNON COOPE	₽		PHONE NUME 660-890-14	
REPRESENTING: AMERICAN HEALT SHIELD OF KANSA		S, BLUE CROSS BLUE	TITLE:	
ADDRESS: 208 MADISON				
CITY: JEFFERSON CITY			STATE: MO	ZIP: <b>65101</b>
EMAIL:		ATTENDANCE:	SUBMIT 0 3/7/202	DATE: 13 12:00 AM
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		WITNESS NAME		
REGISTERED L	OBBYIST:			
WITNESS NAME: BILL ANDERSON			PHONE NUME <b>573-893-3</b>	
REPRESENTING: MISSOURI HOSPI	TAL ASSOCIATION		TITLE:	
ADDRESS: 4712 COUNTRY C	LUB DRIVE			
CITY: JEFFERSON CITY	•		STATE: MO	ZIP: <b>65109</b>
EMAIL:		ATTENDANCE:	SUBMIT D 3/7/202	OATE: 3 12:00 AM
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