



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RUTH DOWNEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dcoolest2@att.net	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 8:39 AM

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

This bill is a welcome increase in the State guarding and protecting students and employees in the health care industry from the rapid expansion of ideology that is unproven and may cause more harm than good. Academic standards should be consistent and race - Diversity, Equity and Inclusion, "DEI" and its resultant discrimination should not be a consideration when it comes to education and health care. The increase in the transparency of the curriculum and standards in our health care and education system is long overdue.



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TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: STANLEY GOLDFARB, MD		PHONE NUMBER: 610-716-5820	
BUSINESS/ORGANIZATION NAME: DO NO HARM		TITLE: CHAIRMAN	
ADDRESS: 11357 NUCKOLS RD, RMB 115			
CITY: GLEN ALLEN		STATE: VA	ZIP: 23059
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: WILLIAM DOWNEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dcoolest2@att.net	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 8:42 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support this bill and the State guarding and protecting students and employees in the health care industry from the rapid expansion of an unproven ideology that may cause more harm than good. Academic standards should be consistent and race - Diversity, Equity and Inclusion, "DEI" and its resultant discrimination - should not be a consideration when it comes to education and health care. The increase in the transparency of the curriculum and standards in our health care and education system is very welcome.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AELIJAH M. LYNCH, MDIV		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: aelijah.lynch@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 6:31 PM

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

Mr. Chair, my mother was also born near Norfolk, Virginia and found her way to Missouri. Both she and my father pursued medicine rather than politics, and they are retired pediatricians. My father volunteered to help take care of people throughout the pandemic, despite being elderly and immunocompromised himself. They worked at children's hospitals in downtown St. Louis, where they saved the lives of countless Missourian children, many from the city and many who traveled from across the Show Me state. My mother and father instilled in me a desire to help others and take care of children; I have since moved to Chicago where I am completing my second master's degree to become a clinical mental health counselor and save the lives of as many children and adolescents as I can in a world full of violence, bullying, discrimination, and harm. I can appreciate the desire to make access to medical skills and education broader, with seemingly fewer restrictions. Perhaps the motivation is to get as many care providers out there as fast as possible; I can understand that. My own professors and supervisors are overwhelmed by the needs of children in these dark times. However, I must implore everyone on this board to oppose HB 489. Enacting this bill will rather endanger children. I have seen with my own eyes how refraining to teach medical providers adequately about ALL lives in all its glorious variety and abundance and difference actually hurts kids. Without this kind of training, and by imposing these additional requirements on DEI departments, medical providers can and do cause harm to children that results in violent self-harm and even death. For the sake of our children, we should encourage DEI trainings and reduce barriers to DEI-related grants. I urge you all to oppose HB 489 and save children's lives.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALLISON LONG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aslhn6@umsystem.edu	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 11:49 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a student at the University of Missouri-Columbia School of Medicine, I strongly believe in the importance of addressing all aspects of human health. This bill would prevent critical discussion on the impact that health disparities have on our future patients, and in doing so, produce physicians that are less competent in providing care to people that are often overlooked and underserved by our current healthcare system. By limiting the scope of topics our education is able to cover, I will be significantly less well prepared than students from other institutions who learn about the social determinants of health and therefore, lack the knowledge of how to recognize and address these barriers to care. I want to be a physician that is confident of my ability to provide care effectively and compassionately to patients of all backgrounds, and this bill would make this much more difficult. Ultimately, I personally would be very disappointed to lose such a core component of the curriculum that not only goes a long way towards ensuring Missouri has the most capable physicians, but also fosters a supportive environment for my fellow students and I as we go through our rigorous education.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMANDA FONCANNON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kisscr8tive@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 1:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Until such time as Black, Brown, transgender, and LGBTQ+ Missourians are treated with equity and inclusion at the same level as their cis-gender /heterosexual, Caucasian counterparts, then diversity, inclusion, and equity training is of paramount importance. As someone who is white, a female, in a cis-gender relationship, and that lives and works in rural areas of Missouri, I understand that continued training and education is not only necessary but not having it is a flagrant disregard of human life. Stop grandstanding on the backs of minorities and work on the important things in Missouri; access to healthcare and mental health care, the homeless situation, making sure that children in state custody have the necessary supports to be successful, and ensuring that every Missourian has a voice in policies, not just your donors. As a person that works in the mental health care field, I know the importance of making sure that we are all receiving training on how to work with populations that are diverse. Not doing so can cause great damage, especially to children.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMANDA MICHEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: amanda.michel@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 5:43 PM

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Stop the attacks on our LGBTQ community. We are tired of having to fight for the rights of our friends and family every week. Just stop.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMBER WITHYCOMBE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: awithycombe@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 10:06 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I oppose this bill without reservation.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 11:10 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am Opposed to this Bill and its Intension. This Legislation is treading on some Dangerous Waters and Territories. This Bill is pretty harsh and needs tons of Amendments and Understanding!



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ASHLEY KUYKENDALL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: amk587@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 10:19 AM

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

I stand firmly in opposition to HB 489. What this bill calls Diversity, Equity, and Inclusion "ideology" is, simply put, respect for people within institutions of care. The idea that we would ask or require institutions of higher education, and especially those training medical professionals, to attest that they are not conducting any assessment, evaluation, and education on the ways that human beings occupy their spaces or deserve health care is inexcusable and inhumane. Understanding the diversity of humans is a cornerstone of medicine - doctors must understand how to pharmacologically dose medication based on body size; nurses must understand how to navigate bedside care for people with mobility disorders; social workers must understand how to work with families who are caring for children in the foster or adoptive care systems. Eliminating the ability to understand the needs of community, to assess how well our communities are being cared for, and robbing students of the chance to learn how to best care for the people they serve will not only weaken every system of care in our state, it will cost people their lives. This resolution, ironically named, has no place in Missouri. Thank you for voting in opposition to this incredibly harmful bill.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BARBARA H. MILLER, MD		PHONE NUMBER: 918-984-5025	
BUSINESS/ORGANIZATION NAME: MISSOURI ACADEMY OF FAMILY PHYSICIANS		TITLE:	
ADDRESS: 722 W. HIGH			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BETH NEWMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Bethemilynewman@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 9:51 AM

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

As a speech language pathologist certified by the Missouri State Board of Healing Arts, I stand in strong opposition to HB 489. In order to obtain my certificate with the Missouri State Board of Healing Arts, I first had to obtain certification with my professional organization- the American Speech Language Hearing Association. (ASHA) ASHA has a very detailed code of ethics which was recently updated (3-1-23). The code of ethics states under Principle of Ethics I: "C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of age; citizenship; disability; ethnicity; gender; gender expression; gender identity; genetic information; national origin, including culture, language, dialect, and accent; race; religion; sex; sexual orientation; or veteran." If the Missouri State Board of Healing Arts is required to adopt the provisions in HB 489, this would be in direct violation of ASHA's code of ethics. Republican legislators: If you can't understand what DEI is or the need for DEI (hint: it's not what ALEC or Fox News tells you), please oppose this legislation on the basis that it's going to directly violate the code of ethics for all certified speech language pathologists in Missouri. This will most certainly lead to lawsuits from ASHA (and frankly, most other professional organizations). Please spend your time refining legislation that will actually help Missourians, not culture wars legislation from Representatives who have very little understanding of the definition or necessity of DEI. Again, you want to make lives better? Don't enact legislation that you know will lead to lawsuits in the state of Missouri.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BETHANY THOMPSON-GORDON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: Bdt4m8@health.missouri.edu	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 1:06 PM

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

My lived experience as a black woman working to get the same attention to my healthcare needs as my white counterparts has been lacking and is something I have dealt with daily. When my physician doesn't understand that erythema (redness) looks different because of my dark skin, that my pain tolerance isn't higher because I am black as was once was taught (and that remains a strongly held misunderstanding of blacks), and that dismissing my complaints by immediately attributing them as mental health issues instead legitimate physical complaints lessens my faith and trust in my medical team, it highlights the DEI work that still needs to be learned by and taught to future physicians. As a woman of color in a profession historically dominated by white males, I feel that teaching the value of diversity, equality, and inclusion (DEI) has been a major benefit to my medical school experience. Because current medical school accreditation requires inclusion of plans for diversifying their schools, I've been afforded the opportunity to learn about and share my personal experiences as as a minority due to discussion that has resulted from learning objectives at my school. In addition to DEI learning objectives that my school includes in the curriculum, I have been fortunate to learn more about cultural and gender diversity concerns because of DEI measures my institution took to accept and form a diversified student body. Removal of curriculum requirements for DEI Instruction at medical schools will be doing our future physicians and the patients they care for a tremendous disservice. While the medical school curriculum is already teaching a vast amount of information, if this requirement for DEI instruction is removed, I fear that it will be one of the first things to be removed by many schools who deem it less important. By removing DEI curriculum requirements many medical students will learn even less about working with and caring for people who are different. Without DEI instruction, physicians will lack the skills to effectively deal with people in our increasingly diverse society. I urge you to oppose House bill 489. Please prevent the removal of the requirement for medical schools to provide instruction on DEI topics. Thank you for your time and consideration. Regards, Ms. Bethany Thompson-Gordon
 Second year medical student
 University of Missouri School of Medicine



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BIANCA CHERESTAL, MD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bpcherestal@cmh.edu	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 1:50 PM

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

My name is Bianca Cherestal, I am a Black pediatric cardiologist living and working in KCMO. I am testifying on the necessity of diversity-equity-inclusion education and training in Missouri hospitals, clinics, and healthcare academic programs. I staunchly oppose HB 489 and HB 1196. When I first started working at my current hospital here in Missouri, there was a Black mother who had a chronically ill child admitted to the hospital. She previously had been labeled as "difficult" and "resisting treatment" for her child. But after instilling unconscious bias training, and DEI efforts that have been adopted in the hospital, the relationship between the mother and the hospital staff, and her mistrust of the medical staff significantly improved. DEI training and initiatives are imperative to ensure that all patients receive equitable treatment and care and aren't just broadly deemed as "difficult" without trying to understand their perspective. Thank you for reading my testimony. Your consideration of these matters and solutions is very much appreciated.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER: 573-634-0050	
REPRESENTING: MO SPEECH HEARING LANGUAGE ASSOCIATION, BJC HEALTH SYSTEM		TITLE:	
ADDRESS: PO BOX 156			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRITTANY DYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bkdyer417@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 11:13 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

DEI allows our state to progress with the rest of the world. We celebrate that we are the “great American melting pot” yet try to erase parts of our history, culture and background. I firmly stand in opposition to these bills that will encourage racism. Especially when the bill sponsor has made it clear he does not have an understanding of the bills he pushes forward.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CAITLIN UNG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cung@aclu-mo.org	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 10:32 AM

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In higher education, preserving academic freedom is essential because “to impose any straight jacket upon the intellectual leaders in our colleges and universities would imperil the future of our Nation.” Sweezy v. New Hampshire, 354 U.S. 234, 250 (1957). We urge you to vote no.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CAROL A GLASCOCK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: carolglascock@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/3/2023 7:30 PM
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These bills reduce learning, hurt patients, and contribute to negative health outcomes and health disparities.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CARRIE CROMPTON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: carriecrompton88@aol.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 9:23 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This will do irreparable harm to state institutions, staff, students and their communities. DEI work is here and needs to stay. To remove it from state institutions will remove work that has been done and protections for those who are marginalized and/or repressed. I 100% am against this as most rational people would be. Please kill this bill now.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: CASSIE BROWN		PHONE NUMBER: 573-635-6965
REPRESENTING: NATIONAL ASSOCIATION OF SOCIAL WORKERS - MO CHAPTER		TITLE:
ADDRESS: P.O. BOX 2043		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CATHERINE BETZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rosabetz@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 4:36 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

The Missouri legislature has no business determining the professional curriculum and requirements of medical higher learning institutions. That should be left to experts in their respective fields. The prohibition of programs that promote diversity and inclusion and improve equity are hateful and regressive. The people of Missouri deserve education and health care that is focused on the needs of all people. I strongly oppose HB 489.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHERYL GORVIE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cwalenta@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 10:07 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Getting rid of references to “differences” is effectively assimilation to whatever group decides what constitutes a “difference.” Acknowledging diversity of cultures, ethnic groups, languages is what makes us stronger and richer. Eliminating DEI policies is a step backward.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHEYANNE LOVELLETTE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lovellettecheyanne@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 8:30 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

The writers of this bill cannot posture in limp ignorance of the fact that medical discrimination is a reality in this country. From the forced sterilizations of people of color, to the barbaric yet lingering beliefs that non-white people magically feel less pain than white people, to the high rates of maternal mortality that skyrocket in marginalized communities. The evidence is clear that even with current DEI protocols medical discrimination is a constant barrier to a healthy life in Missouri. The idea of removing what programs and progress has been made is a fumble backwards that cannot be called ignorance but should be named for what it is, a petty resistance to progression because it makes some who are used to getting away with oppression feel uncomfortable. To the cowardly few who hold that view I ask what scares you so deeply about the truth being told? It cannot possibly be scarier than losing your life because your Doctor has been allowed to practice in ignorance to your humanity. How you vote on this issue will shape the way our state is viewed in the eyes of history to come. You have the chance here and now to make sure your names are remembered for standing with the truth. You have the chance to support an education system that builds a more just future for all humanity. Or you have the chance to be the villains in a history book your grandchildren will read with shame. You know better, now do better.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023	
COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CHRIS ROEPE		PHONE NUMBER:	
REPRESENTING: UNIVERSITY HEALTH		TITLE:	
ADDRESS: 205 E. CAPITOL AVE., SUITE 100			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023	
COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHRISTI KELLY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: christikelly22@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 7:31 PM

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I am a Missouri citizen and longtime voter and taxpayer. I am appalled at the ridiculous nature and content of this bill. It's part of the ongoing witch hunt by Missouri Republicans to attack anyone and everyone who isn't a straight, white, cis, conservative Christian -- all to appeal to an extremist base. The very title of this bill is also ridiculous, because the bill sponsors have every intention of hurting people with this legislation: people of color, queer people, trans people, and everyone else who does not fit the description above. Missouri is an embarrassment, with a long list of real life problems that affect us citizens every single day: #44 for maternal mortality rates, #42 in health care, #40 in health care access, #41 in public health, #30 in education (and failing fast), #45 in crime, etc etc. etc. Diversity, equity and inclusion work improves health care outcomes, according to the National Institutes of Health. DEI improves employee engagement, improves hiring and retention, and drives growth. Why do you think every major corporation dedicates substantial resources to DEI? It's also the right thing to do, in the spirit of respecting and including all people from a diverse range of backgrounds, identities, and abilities. I oppose this harmful bill and urge this committee to stop its progress.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHRISTINE HYMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: chrisehyman@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 7:47 AM
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These bills reduce learning, hurt patients, and contribute to negative health outcomes and health disparities. If a bill like this passes, it will set a precedent that your peers in higher ed programs in Missouri will have a significantly lesser education everyone else. It will make our state less competitive if curriculum requirements across the board ban teaching the diversity of humanity and how to treat or care for diverse bodies. I have two children remaining at home, both are looking at out-of-state colleges, and never looking back at Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CLARISSE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: twothewoods@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 9:54 PM

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Do not support HB 489 ! This legislation is harmful in it's effort to erase the individuality and diversity of our society and the need to recognize and accept those differences. VOTE NO



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: CRAIG SAPERSTEIN		PHONE NUMBER:
REPRESENTING: PROFESSIONAL CERTIFICATION COALITION (PCC)		TITLE:
ADDRESS:		
CITY: WASHINGTON	STATE: DC	ZIP: 20036
EMAIL: info@profcertcoalition.org	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 12:22 PM
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The PCC is a nonprofit association formed to address legislation that affects professional certification programs and those who hold private certification credentials. While we always seek to work with bill sponsors on legislation to remedy areas of disagreement, as we expressed in letters to this committee and to the bill’s sponsor, Rep. Baker, we must oppose H.B. 489. H.B. 489 would unconstitutionally intrude on the First Amendment right of private associations and organizations to establish and define their credentials. The bill’s content and viewpoint-based restrictions on “Diversity-Equity-Inclusion” or “D.E.I.” would unconstitutionally restrict the decisions and business contracts of wholly private organizations. Although H.B. 489 is limited in scope to health care-related professions, its content is similar to Florida’s “Individual Freedom Act” (also known as the “Stop WOKE Act”) which was recently blocked on First Amendment Grounds by a federal court in *Pernell v. Florida Board of Governors*. Further, challenges to the right of certification organizations to develop and define the content and requirements of their credentials have repeatedly failed. As the U.S. Court of Appeals for the Third Circuit stated in *Kenney v. Am. Board of Internal Medicine*, a certification organization “has the right to control who it is certifying and what standards and requirements are necessary.” H.B. 489 violates this fundamental principle. For this reason, we must oppose the bill. We are a non-partisan organization focused on protecting and promoting the certification community through public policy and would take this position regardless of the viewpoints the legislation sought to restrict. If this bill is enacted, it will certainly face legal challenges, diverting taxpayer funds to litigation – and with the expected result that the provisions of the bill will be blocked. For all of these reasons, we respectfully request that the Special Committee not advance this bill.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DANIEL JACKSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/6/2023 12:00 AM
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DANIELLE MEERT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: danielle.meert@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 6:17 AM

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I support diversity, equity and inclusion like Jesus would do. WHAT WOULD JESUS DO?



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COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DAVA-LEIGH BRUSH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dems22blue@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 5:06 PM	
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This bill is dangerous. It baffles me that people are so afraid of the words diversity, equity, and inclusion that they seek to strike the very concepts out everywhere they can. It still begs the question that if they are opposed to diversity and inclusion, who do they wish to exclude? It is scientific fact that race and gender play a huge part in healthcare. Sickle-cell anemia is more likely in African-Americans for an incredibly interesting evolutionary reason having to do with malaria. Tay-sachs is found in ethnic Jews almost exclusively. Women die more often than men from heart attacks not because we're more prone to them, but because our symptoms are often dismissed as indigestion, muscle spasm or anxiety. I myself went through over a year of cardiac trouble caused by ever-worsening anemia, but time after time was sent home from an ER and my own male doctor because it was "anxiety." Yes. I had anxiety because I had chest pains not the other way around. I had 4 invasive GI tests over 2 years. Finally, after an ambulance trip to the ER, a cardiologist was called in. He and a hospitalist trained in womens' health figured it out after a cardiac catheterization showed no reason for extreme tachycardia: pernicious worsening anemia. After a year treatment with a specialist, I have been well for the last 11 years. Diversity, equity and inclusion training would help this. Having physicians committed to these concepts would help this. Finally, MO has a terrible maternal and infant mortality rate. Women of color are more likely to experience adverse effects more for historical and societal reasons rather than physical. Diversity, equity and inclusion training would help foment recognition and understanding of this and allow problems to be mitigated and lives to be saved. This bill is reactionary because folks fear "wokeism." In fact the sponsor rails against wokeism frequently on social media. He seems to want to maintain the white patriarchal status quo. I don't think he'll read though. He told me in a hearing last week that witness testimony doesn't is not reflective of what people want.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: DAVID WINTON		PHONE NUMBER: 573-230-4602
REPRESENTING: BJC HEALTHCARE; NATIONAL ASSOCIATION OF SOCIAL WORKERS - MISSOURI CHAPTER		TITLE:
ADDRESS: PO BOX 1805		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL: david@wintonpolicygroup.com	ATTENDANCE: In-Person	SUBMIT DATE: 3/6/2023 8:01 PM
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MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DEIDRE GUBAC		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ddvx8@health.missouri.edu	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 12:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am writing this letter to express my concern with Missouri House Bill 489 as a student of the University of Missouri-Columbia School of Medicine which would prohibit our medical school from requiring students to be instructed in diversity, equity, and inclusion (DEI) ideologies. DEI principles are an essential element of our medical education and a rightfully required part of our core curriculum. This has allowed us to learn how to properly provide patient-centered care to our Missourians and understand the complex experiences of our patients. Prohibiting these requirements would discourage diversity in the healthcare workforce and exacerbate existing health disparities. It will cause Missourians to miss out on excellent minds across the country who will feel they will have limitations in their education. There are many well-established health disparities in the U.S., with minority, LGBT, low-socioeconomic-status, rural, and other underserved populations suffering disproportionately high rates of disease. DEI education is a critical component of our medical training because it teaches us about the social determinants that underpin these disparities. Our state has a large population of rural residents and they need our support. Many medical students are not coming from those backgrounds and need to be educated on ways to connect and communicate effectively. If these concepts are removed from our core curriculum, it would stifle our school's ability to train culturally competent physicians. This would prevent us from providing the best care for our patients, as cultural competency in the health care workforce is associated with better health outcomes, increased patient satisfaction, and reduced per capita costs. Prohibiting DEI requirements is also likely to reduce the diversity of our medical school community. Research shows that institutions with deeply ingrained DEI principles and practices are more likely to attract students and faculty from structurally excluded backgrounds. If our school is unable to weave DEI principles into the central fabric of its curriculum, then students from backgrounds that are underrepresented in medicine are likely to choose schools where they feel more respected (or, if they are not accepted into other programs, be forced to attend a school where they do not feel valued). This would be a problem for not only those students but also for patients, as diversity in the health care workforce is associated with reduced health disparities, improved patient care, and better financial performance. Decreasing the diversity of our student body would additionally put our school's accreditation at risk. The Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic medical schools, includes diversity requirements as part of its accreditation standards. After struggling to meet these requirements in the past, the University of Missouri-Columbia School of Medicine has made great strides in this area largely because of improvements in its DEI curriculum. As such, these bills have the potential to undo much of the progress that has been made, and the value of our future medical degrees could be in jeopardy as a result. For the above reasons, I urge the Special Committee on Government Accountability to reject this bill and protect our school's right to require DEI education. These requirements are vital to the health and safety of our future patients, especially those among groups that bear the largest burden of

disease. Please do not limit what we are able to learn. We want to be the best physician we can be and this requires us to have knowledge on how to take care of any and all patients.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: DOANNE WARD-WILLIAMS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION		TITLE:
ADDRESS:		
CITY: ROCKVILLE	STATE: MD	ZIP: 20850
EMAIL: dwardwilliams@asha.org	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 3:12 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

March 3, 2023
 The Honorable Ben Baker
 201 W. Capitol Ave.
 State Capitol, Room 403-A
 Jefferson City, MO 65101-1556
 RE: HB 489

Dear Representative Baker:

On behalf of the American Speech-Language-Hearing Association, I write to oppose House Bill 489, which would prohibit public institutions of higher education offering health care-related degrees or certifications from requiring diversity-equity-inclusion (DEI) ideologies or materials for applicants or students during the application process or education at the institution. The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 228,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive communication disorders. Over 4,500 ASHA members reside in Missouri. ASHA opposes HB 489 because it significantly limits the ability for audiology and speech-language pathology programs to appropriately educate and train students for a diverse population of clients, patients, and students. ASHA believes that representation matters, that culturally responsive care is a clinical imperative, and that quality service and optimal outcomes are best achieved by professionals who engage in self-reflection and address power imbalances inherent to (a) educational and health care systems and (b) relationships with clients, patients, students, and families. The restrictions placed by this bill lessen the value of these professional qualities and limits access for professionals assessing and treating communication disorders. ASHA maintains the critical need for development of syllabi and instructional activities with infusion of multicultural/multilingual issues at higher education institutions to prepare professionals to work with individuals who have communication disorders. While ASHA's Code of Ethics does not cover students, we know that graduating students need to be prepared to become certified members. It is the responsibility of higher education to prepare students for working with all populations, including aspects of bias, identity, language, and diversity. Thank you for your consideration of ASHA's position of HB 489. If you or your staff have any questions, please contact Doanne Ward-Williams, ASHA's director of state affairs, at dwardwilliams@asha.org. Sincerely,

Robert M. Augustine, PhD, CCC-SLP2023 ASHA President



MISSOURI HOUSE OF REPRESENTATIVES
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DON CROZIER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: doncrozier@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 6:43 PM

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This bill is another example of unnecessary government intrusion. In my 35 plus years of experience in industry, I've seen the benefits of diversity, equity, and inclusion (DEI) standards in education and training. A non-diverse workforce will not come up with the necessary creative solutions to solve problems in the 21st century. The legislature should stop trying to hold Missouri back.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DUSTIN SCHNIEDERS		PHONE NUMBER: 573-680-1816	
REPRESENTING: UNIVERSITY OF MISSOURI SYSTEM		TITLE:	
ADDRESS: 217 E. CAPITOL ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ELEANOR DESPREZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: e.w.desprez@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 2:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a citizen of a state that is lucky to have a strong state medical college and public hospitals, a strongly oppose HB489 as a bill that would actually promote harm by curtailing the sharing of the training and information it takes to try to deliver high quality health care services to a diverse population, parts of which have been chronically underserved for a long time. Under bills like this, Missouri is likely to become less competitive in the national marketplace because it's will become an more openly inhospitable place to live.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ELISA NEILSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ekatwell@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 10:44 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I oppose any bill trying to do away with education on DEI, in Missouri. This is training and education greatly impacts so many kids, teachers and individuals. It has nothing to do with CRT (which is a made up problem), it has to do with recognizing each individual with equity! Everyone that walks through the school doors should feel welcomed and safe and DEI helps find the ways to ensure we are all doing that! Students that don't feel safe and welcomed do not succeed in education and have more health and mental issues. Teachers that do not feel safe and welcomed leave the profession. I don't understand why this is so hurtful to anyone? No one is taking anything away from other students, just finding tools for ALL students!



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ELLE HOLLRAH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: krhollrah@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 12:45 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am educated as a speech-language pathologist (both of my degrees were earned in Missouri) and one of the requirements for graduation from an American Speech-Language-Hearing Association (ASHA) accredited program - which is required to pursue licensure for speech pathology - is that we learn about DEI topics in the classroom to prepare us for the culturally diverse patients we will see in our clinical rotations and professional practice. It would be a disservice to both the students and the people they will serve in the future to prevent them from learning about topics that will help them to be better clinicians in our schools, clinics, nursing homes, and hospitals. I can't imagine how I would have possibly provided appropriate and efficacious services to my clients if I had been prohibited from learning about cultural-linguistic groups and gender studies - because I would not have been able to do so except for my majority culture (white) clients. This bill will place Missouri students at a disadvantage compared to those in other states; degrees from Missouri institutions both public and private will not be viewed as sufficient preparation to enter the workforce.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ELLEN LEAR ROSE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lear.rose@slu.edu	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 9:46 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Hello, my name is Lear Rose, and I was born and raised in Missouri, and I am submitting testimony in opposition to HB 489. Diversity equity and inclusion standards and education and training are critical especially in medical and Healthcare settings where Health disparities and innate biases are prevalent. Diversity Equity and Inclusion trainings and standards help Physicians best help their patients by promoting cultural fluency. Frequently in medical practice white Physicians will not give black patients proper pain relief medicine because of the misguided belief that they can take more pain. Misperceptions about people of color and lgbtq+ people lead to people dying, or experiencing great suffering due to malpractice. diversity equity and inclusion standards are important to make Health Care More accessible and more effective. I urge you to vote no on HB 489.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ELSIE BARRY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: elsiebarry99@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 11:07 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

A huge part of DEI education in medicine discusses barriers to health care that patients may face. Missouri, especially rural Missouri, has a huge population of people who have multiple barriers to health care. This includes Mennonites, refugees, rural residents, those with poor literacy, and those of low socioeconomic status. DEI education helps future physicians, who come from a variety of backgrounds, be able to provide quality care to anyone and everyone. It is understanding that the blue-collar workers may have a harder time following a healthy diet and lifestyle. It is adjusting language to the patient's literacy level. It is respecting a patient's beliefs and respecting the modesty of certain religious groups. It is also knowing that generalizations are for populations, that we should always treat the individual and their preferences, and to leave bias at the door. It is important for our future physicians to be able to understand where people come from. In order to provide optimal care for patients and develop rapport with them regardless of their socioeconomic status, politics, race, gender, or sexual orientation, DEI education must continue be a part of our curriculum.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: EMILY HORNSTRA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: emlife@att.net		ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 9:01 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: EMILY SCHAFF		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: eschaffe25@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 11:28 PM

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

As a student of the University of Missouri-Columbia School of Medicine, I am writing this letter to express my concern with Missouri Senate Bill 410 and House Bill 489, which would prohibit our medical school from requiring students to be instructed in diversity, equity, and inclusion (DEI) ideologies. DEI principles are an essential element of our medical education and a rightfully required part of our core curriculum. Prohibiting these requirements would discourage diversity in the health care workforce and exacerbate existing health disparities. There are many well-established health disparities in the U.S., with rural, minority, LGBT, low-socioeconomic-status, and other underserved populations suffering disproportionately high rates of disease. DEI education is a critical component of our medical training because it teaches us about the social determinants that underpin these disparities. If these concepts are removed from our core curriculum, it would stifle our school's ability to train culturally competent physicians. This would prevent us from providing the best care for our patients, as cultural competency in the health care workforce is associated with better health outcomes, increased patient satisfaction, and reduced per capita costs. Prohibiting DEI requirements is also likely to reduce the diversity of our medical school community. Research shows that institutions with deeply ingrained DEI principles and practices are more likely to attract students and faculty from structurally excluded backgrounds. If our school is unable to weave DEI principles into the central fabric of its curriculum, then students from backgrounds that are underrepresented in medicine are likely to choose schools where they feel more respected (or, if they are not accepted into other programs, be forced to attend a school where they do not feel valued). This would be a problem for not only those students but also for patients, as diversity in the health care workforce is associated with reduced health disparities, improved patient care, and better financial performance. Decreasing the diversity of our student body would additionally put our school's accreditation at risk. The Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic medical schools, includes diversity requirements as part of its accreditation standards. After struggling to meet these requirements in the past, the University of Missouri-Columbia School of Medicine has made great strides in this area largely because of improvements in its DEI curriculum. As such, these bills have the potential to undo much of the progress that has been made, and the value of our future medical degrees could be in jeopardy as a result. For the above reasons, I urge the Special Committee on Government Accountability to reject these bills and protect our school's right to require DEI education. These requirements are vital to the health and safety of our future patients, especially those among groups that bear the largest burden of disease. Sincerely, Emily Schaff



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ERIN NISCHWITZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: GLORIA CLARK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: gc1237917@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 3:46 PM
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I do not support this bill. I see long term harmful repercussions for our state and I don't believe this has been deliberated well.



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HANNAH KRAMER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kramerhrh@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 9:32 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a mother-to-be and a proud Missouri resident, I oppose HB 489. Unlike the name suggests, the 'DO NO HARM ACT' will harm all Missourians. DEI is not harmful to our community, in fact, it promotes safety, personal learning and understanding, and builds community. I have participated in a lot of DEI work as a social worker working in social service organizations and public health agencies. I am better at my job and a better person because of the DEI work I've had the opportunity to access. This bill is harmful and not right for Missouri. I stand in strong opposition to its passing.



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 489		DATE: 3/6/2023	
COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: HEIDI N. LUCAS		PHONE NUMBER: 573-636-4623	
BUSINESS/ORGANIZATION NAME: MISSOURI NURSES ASSOCIATION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 3340 AMERICAN AVE. SUITE F			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: director@missourinurses.org	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 8:36 PM	

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

Dear Chairman and Committee Members: I am the Executive Director of Missouri Nurses Association – a one-hundred-year-old organization – that is the only statewide, full-service, professional nursing organization representing the more than 110,000 registered nurses in Missouri. I am here today in strong opposition to House Bill 489, the “Do No Harm Act”.What is clear is that this legislation is riddled with unintended consequences. It would certainly do more harm than good for patient outcomes and access to care in the State of Missouri. Nurses, physicians, and other health care providers don’t always agree, but I hope we can come together on this issue to stop this legislation before it cripples nursing and healthcare education in the state of Missouri. All of the major nursing accrediting bodies (Commission on Collegiate Nursing Education [CCNE], The Commission for Nursing Education Accreditation [CNEA], Accreditation Commission for Education in Nursing [ACEN]) require DEI, Health Disparities, and Health Equity an essential standard and component of nursing programs. In addition, the Standards for Quality Nurse Practitioner Education requires curricular content and policies for DEI. If Advanced Practice Nursing Schools were unaccredited this would harm Missouri’s ability to take care of patients in rural areas with severe physician shortages. Failure to include this content in theory or clinical components of a nursing course threatens the school’s accreditation. House Bill 489 would force nursing schools into an impossible choice: comply with the so called “do no harm legislation” or break the law to continue to receive accreditation. The shortage of nurses in Missouri, and nationally, means nursing schools, students, and professors need all the support they can get from the state so that Missouri Nurses can continue doing what they do best: caring for Missourians who need access to healthcare. We are on the precipice of a healthcare crisis. There is a shortage of primary healthcare providers, mental healthcare providers. We live in a time of increasing rural hospital closures, not to mention the dual pandemics of COVID-19, which is still an issue for healthcare providers, and the opioid epidemic. For all of these issues, Missouri nurses are the front line of defense. And that is why today’s bill is so important. The only way to solve any of these issues is to recruit, educate, train, and retain nurses in Missouri. It is obvious that House Bill 489 would harm nursing schools, nursing students, patients and access to healthcare in Missouri. Please oppose this bill and allow nursing schools to educate the next generation of nurse leaders in Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: HOLLY ELLEN BERNSTEIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: holly.e.bernstein@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 10:00 AM

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DEI training is essential to help medical personnel effectively do their jobs. When medical personnel accidentally make a patient from marginalized groups feel uncomfortable (just from lack of knowledge, not ill intent), there can be a lack of trust between the medical person and the patient that results in poor treatment. The state should be encouraging medical training programs to increase their DEI training, not eliminate it.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: IDA FOGLE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ida@fogles.net	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 9:20 PM
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Medical professionals can't adequately serve all communities without knowing something about other cultures. I have a reading recommendation for you: "The Spirit Catches You and You Fall Down" by Anne Fadiman. It shows what happens when there's a lack of cultural understanding in medical care. The "Do No Harm" bill would do a lot of harm if implemented.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMES THUROW		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: j.thurow@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 9:13 AM
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These bills are government overreach.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMINDA HOLMES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jamindajh@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 9:02 AM

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As a Christian wife and mother and business person I can attest that Missouri families and businesses value diversity and inclusion measures to make our community richer and our business competitive.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JAY DEVINENI		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jrdg77@health.missouri.edu	ATTENDANCE: In-Person	SUBMIT DATE: 3/3/2023 5:38 PM	

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

As a student of the University of Missouri-Columbia School of Medicine and the Legislative/Advocacy Chair of our student health policy organization, I am writing this letter to express my concern with Missouri House Bill 489, which would prohibit our medical school from requiring students to be instructed in diversity, equity, and inclusion (DEI) ideologies. DEI principles are an essential element of our medical education and a rightfully required part of our core curriculum. Prohibiting these requirements would discourage diversity in the health care workforce and exacerbate existing health disparities. There are many well-established health disparities in the U.S., with minority, LGBT, low-socioeconomic-status, rural, and other underserved populations suffering disproportionately high rates of disease. DEI education is a critical component of our medical training because it teaches us about the social determinants that underpin these disparities. If these concepts are removed from our core curriculum, it would stifle our school's ability to train culturally competent physicians. This would prevent us from providing the best care for our patients, as cultural competency in the health care workforce is associated with better health outcomes, increased patient satisfaction, and reduced per capita costs. Prohibiting DEI requirements is also likely to reduce the diversity of our medical school community. Research shows that institutions with deeply ingrained DEI principles and practices are more likely to attract students and faculty from structurally excluded backgrounds. If our school is unable to weave DEI principles into the central fabric of its curriculum, then students from backgrounds that are underrepresented in medicine are likely to choose schools where they feel more respected (or, if they are not accepted into other programs, be forced to attend a school where they do not feel valued). This would be a problem for not only those students but also for patients, as diversity in the health care workforce is associated with reduced health disparities, improved patient care, and better financial performance. Decreasing the diversity of our student body would additionally put our school's accreditation at risk. The Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic medical schools, includes diversity requirements as part of its accreditation standards. After struggling to meet these requirements in the past, the University of Missouri-Columbia School of Medicine has made great strides in this area largely because of improvements in its DEI curriculum. As such, these bills have the potential to undo much of the progress that has been made, and the value of our future medical degrees could be in jeopardy as a result. For the above reasons, I urge the Special Committee on Government Accountability to reject this bill and protect our school's right to require DEI education. These requirements are vital to the health and safety of our future patients, especially those among groups that bear the largest burden of disease. Sincerely, Jay Devineni



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JAY DEVINENI		PHONE NUMBER: 314-712-9999	
BUSINESS/ORGANIZATION NAME: MIZZOU MEDICAL SOCIETY		TITLE: LEGISLATIVE/ADVOCACY CHAIR	
ADDRESS: 1007 E. BROADWAY, APT 206			
CITY: COLUMBIA		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JEANNE SPENCER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: historyiscool654@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 9:07 AM

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I am opposed to HB 489. Our community is made up of a variety of individuals from all backgrounds. DEI education/provisions reduce discrimination in healthcare, protects patients from harm, and contributes to positive outcomes and health access. Ultimately, individuals should receive quality, non-discriminatory care from all public sector providers, employers, and institutions.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JENNA LUDWIG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jludwig832@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 2:56 PM

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

As a student of the University of Missouri-Columbia School of Medicine, I am writing this letter to express my concern with Missouri Senate Bill 410 and House Bill 489, which would prohibit our medical school from requiring students to be instructed in diversity, equity, and inclusion (DEI) ideologies. DEI principles are an essential element of our medical education and a rightfully required part of our core curriculum. Prohibiting these requirements would discourage diversity in the health care workforce and exacerbate existing health disparities. There are many well-established health disparities in the U.S., with minority, LGBT, low-socioeconomic-status, rural, and other underserved populations suffering disproportionately high rates of disease. DEI education is a critical component of our medical training because it teaches us about the social determinants that underpin these disparities. If these concepts are removed from our core curriculum, it would stifle our school's ability to train culturally competent physicians. This would prevent us from providing the best care for our patients, as cultural competency in the health care workforce is associated with better health outcomes, increased patient satisfaction, and reduced per capita costs. Prohibiting DEI requirements is also likely to reduce the diversity of our medical school community. Research shows that institutions with deeply ingrained DEI principles and practices are more likely to attract students and faculty from structurally excluded backgrounds. If our school is unable to weave DEI principles into the central fabric of its curriculum, then students from backgrounds that are underrepresented in medicine are likely to choose schools where they feel more respected (or, if they are not accepted into other programs, be forced to attend a school where they do not feel valued). This would be a problem for not only those students but also for patients, as diversity in the health care workforce is associated with reduced health disparities, improved patient care, and better financial performance. Decreasing the diversity of our student body would additionally put our school's accreditation at risk. The Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic medical schools, includes diversity requirements as part of its accreditation standards. After struggling to meet these requirements in the past, the University of Missouri-Columbia School of Medicine has made great strides in this area largely because of improvements in its DEI curriculum. As such, these bills have the potential to undo much of the progress that has been made, and the value of our future medical degrees could be in jeopardy as a result. For the above reasons, I urge the Special Committee on Government Accountability to reject these bills and protect our school's right to require DEI education. These requirements are vital to the health and safety of our future patients, especially those among groups that bear the largest burden of disease. Sincerely, Jenna Ludwig University of Missouri MD Candidate, Class of 2026



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JERE HOCHMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jhstlny@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 9:40 AM

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

As MISSOURI teacher, principal, and superintendent, I have OVER FOUR DECADES OF DIRECT EXPERIENCE with "DEI" trainings as participant and organization implementation. I oppose this bill and encourage it be dropped. "DEI" training WORKS for PEOPLE WHO WORK. PEOPLE IN TRADES, MEDICAL PROFESSIONS, CLASSROOMS, GROCERY STORES - - EVERYONE HAS BENEFITTED IN SUBTLE WAYS IN TREATING ALL PERSONS IN THE WORKPLACE AND CLASSROOMS AND PATIENTS WITH RESPECT, DIGNITY, VOICE, AND UNDERSTANDING. 1) TRAININGS prepare ALL PERSONS for the workplace. AS ELECTED OFFICIALS - you are sensitive to what you say and what others say to you that could be hurtful or misinterpreted? Doesn't that allow you to be a more effective person in your work and life? SEI benefits that.2) A TEXAS College basketball coach was just suspended for inappropriate racial comments to a player. It was not a blurt-out of a bad work, it was in a "regular" conversation that was disrespectful and crossed a line. I doubt that coach had any training in SEI. 3) TEACHERS TEACH – THEY DON'T PREACH! They teach background knowledge (example – 1 in 10-12 rate of SICKLE CELL in those with African descent). The SCIENCE paired with SEI means sensitivity, understanding, and better communication. And – yes EMPATHY. 4) TEACHERS TEACH – THEY DON'T PREACH! Kids say stupid things. Adults say stupid things. Misjudgments in HEALTH CARE are swayed by not knowing (ignorance) or never being made aware. 5) ASTHMA, AIDS, SICKLE CELL, CYSTIC-FIBROSIS, TAY-SACHS... all GENETIC (science) ANCESTRY related. DON'T YOU WANT YOUR DOCTOR? NURSE? ER DOCTOR to be AWARE and SENSITIVE to that? I participated in the first Dismantling Racism Workshop for Educators in Missouri in 2001. It was significantly "deeper" than "diversity training" or learning about equity. It was NOT for everyone. I chose to participate. It did not cause guilt, but it helped me walk in another's shoes, understand history from housing issues to court cases, see gaps in curriculum, and to lead for student achievement and preparation in the work place. As a teacher I was trained in the meaning of the then new federal INDIVIDUAL WITH DISABILITIES ACT. Can you imagine teachers and professors today NOT KNOWING ABOUT STUDENTS WITH DISABILITIES? Not just the science, but the UNDERSTANDING and COMMUNICATION WITH PARENTS. Years later, I met routinely with DISTRICT PARENTS (man ANGRY PARENTS) OF CHILDREN WITH DISABILITIES COUNCILS. I got an earful every month. We kicked up our "SEI" learning to guarantee services being served and sensitivity of principals (that's the parents' term) As superintendent of the Parkway School District, I led the development of our district-wide (EVERY adult) "Honoring All Voices" program. Schools I supervised for close to three decades participated in CHARACTER-PLUS programs (Sandy McDonnell's character education program), "A World of Difference" (ADL) programs, Anytown, and other educational programs promoting understanding, respect, and inclusion. Curriculum development in all districts incorporated culturally responsive (recognition of all cultures) pedagogy and resources. AT NO TIME EVER WAS AN ADULT OR STUDENT PROMPTED TO ACKNOWLEDGE OR FEE SUPERIORITY OR

INFERIORITY. History was history, truthful and accurate history, but NEVER TO ELICIT GUILT OR INFERIORITY about or from history. I am proud that with dozens of other teachers and leaders, we sent THOUSANDS OF STUDENTS OUT INTO TRADES and COLLEGE PREPARED FOR A WORLD WHERE PEOPLE ARE DIFFERENT. I implore you to drop this legislation; rather, support work that prepares people – all people – to work with all people in hospitals, emergency rooms, doctors' offices, urgent cares, and thousands of health and medical fields.



MISSOURI HOUSE OF REPRESENTATIVES
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JESSICA LEFTON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jess.lefton@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 9:49 AM
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These bills are discriminatory and harmful to Missourians.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JUDY HOFFMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jshoffman@swbell.net	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 2:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

On Monday, March 6 at noon, the House Special Committee on Government Accountability will hear HB 489 (Baker R-160) and HB 1196 (Richey R-39). These bills seek to eliminate diversity, equity, and inclusion (DEI) standards in education and training. Specifically HB 489 has broad healthcare-related provisions including onerous certification and compliance processes, and it restricts licensing boards, providers, and medical institutions from having DEI requirements. These bills reduce learning, hurt patients, and contribute to negative health outcomes and health disparities. We are fed up with hearing bills that attack the fundamentals of diversity, equity, and inclusion and attempt to erase the existence of Black, Brown, transgender, and LGBTQ+ Missourians. You've shown up consistently every week this session to speak out on the harm the Missouri legislature aims to cause, so we want to try something different.



MISSOURI HOUSE OF REPRESENTATIVES
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIE WHITTEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jpw522@umsystem.edu	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 7:11 PM

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

As a third year medical student at the University of Missouri, I am writing this letter to express my concern with Missouri House Bill 489, which would prohibit our medical school from requiring students to be instructed in diversity, equity, and inclusion (DEI) ideologies. I would like to be clear and straight to the heart of the matter of this bill. The discussions about diversity at the University of Missouri are not "Critical Race theory." They are not justifying any form of racial discrimination. Conversations on diversity and inclusion are about discussing pre-existing health disparities in the U.S. and the social determinants of health that contribute to these disparities. We must be aware of the health disparities that our patients are facing in order to be competent physicians and provide excellent care to all patients. Diversity is not only about race and sexual orientation, but about diversity in all forms- religion, ability level, and thought. The conversations that are held at my university are always held in a manner that allows all students to respectfully share their own experience and thoughts. Medical education has improved significantly to be more inclusive to all. As a female student, I am grateful for the improvement of treatment of women as physicians. However, there are still barriers that I face as a female medical students. In just one year of clinical work, dozens of patients have made sexist comments to me, including a recent comment made implying that as a female student I should be giving my attending physician foot rubs and back massages. I am grateful that I have the opportunity to practice medicine and care for these patients, but I still experience mistreatment at times from people. Being able to discuss diversity in medicine (both diversity in thought and physical diversities) and how it leads to better patient outcomes is of the utmost importance for teaching the next generation of physicians. Decreasing the diversity of our student body would additionally put our school's accreditation at risk. The Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic medical schools, includes diversity requirements as part of its accreditation standards. After struggling to meet these requirements in the past, the University of Missouri-Columbia School of Medicine has made great strides in this area largely because of improvements in its DEI curriculum. As such, these bills have the potential to undo much of the progress that has been made, and the value of our future medical degrees could be in jeopardy as a result. Therefore, I ask that this committee listen to the voices of those impacted most by this bill, us medical students, and reject this bill that would prevent us from being able to discuss diversity and inclusion.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KAMERON HAAKE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mizzoukam417@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 7:25 PM

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I am a current 3rd year medical student at the University of Missouri. While you may hear of all of the practical reasons this bill our harm our Medical Schools- including but not limited to jeopardizing our accreditation status- I implore you to think of the the broader impacts this would have on future doctors. Think of this in the context of yourself, when you go to a doctor you expect that that physician will get to know you as a person and offer you treatment options that are tailored to your specific needs. By removing DEI, you remove the discussion of understanding individualized medicine from our curriculum. You remove the ability for us to understand that prescribed treatments may not be possible for a given patient. Think of Saint Louis. When we ask patients to add exercise to their daily routine, patients who live in areas that are unsafe to exercise outside would obviously be unable to carry out instructions. When one asks for removal of DEI from the curriculum, one demands dehumanization of medicine. Medicine is about more than just science. Do provide for patients you have to understand their specific needs, which is what we learn from diversity and equity material. I ask for proponents of this bill to think of the kind of doctor they would like to see, what kind of doctor they would want to see Their children to see. Their parents to see. Would you want that physician to understand their needs in a broader sense? While removal of DEI might sound as though you are promoting advancement of medicine, it sets us back 20 years in time. DEI is critical to our development as doctors and I sincerely hope those on this committee fight for its protection.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KARI UTTERBACK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kari.utterback@como.gov	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 8:23 AM

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Health Inequities and Health Disparities are evidence based. Please do not enact a law that means we cannot talk about evidence based best practice.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: KATHRYN GAMBLE		PHONE NUMBER: 573-634-4876
REPRESENTING: HEALTH FORWARD FOUNDATION, MISSOURI CENTER FOR PUBLIC HEALTH EXCELLANCE, INDEPENDENT COLLEGES AND UNIVERSITIES OF MISSOURI		TITLE:
ADDRESS: 213 E. CAPITOL AVE.		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: KATY ERKER-LYNCH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: PROMO		TITLE: EXECUTIVE DIRECTOR
ADDRESS: 2200 GRAVOIS AVE		
CITY: ST LOUIS	STATE: MO	ZIP: 63104
EMAIL: katy@promoonline.org	ATTENDANCE: In-Person	SUBMIT DATE: 3/6/2023 7:45 PM

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

Good evening, my name is Katy Erker-Lynch I'm the Executive Director at PROMO—Missouri's statewide LGBTQ advocacy group. As an organization and community, we are frankly exhausted with hearing this year's slate of bills that purport to protect diversity of thought and instead attack the fundamentals of critical thinking and attempt to erase the existence of Black, Brown, transgender, and LGBTQ+ Missourians. HB 489 has broad healthcare-related provisions including onerous certification and compliance processes, and it restricts licensing boards, providers, and medical institutions from having research-based trainings. These bills make graduates of Missouri's medical programs less prepared and less competitive. It reduces learning, harms patients, and contributes to negative health outcomes and health disparities. Today I also want to speak personally about this bill. I'm seven months pregnant. I'm grateful to be healthy and to be carrying a healthy growing baby. My wife and I have received prenatal care from our doctors who received diversity, equity, and inclusion training. Our doctors and nurses use research that's unique to two mom families, they study data on health disparities that disproportionately impact LGBTQ families, and they help us make informed decisions about my baby's health and wellness. In Fall 2022 a multi-year report analyzing maternal mortality in Missouri found that women on Medicaid are eight times more likely to die within one year of pregnancy than their counterparts with private health insurance. It also found Black women in Missouri were three times more likely to die within a year of pregnancy than white women. The annual report was published by the Missouri Department of Health and Senior Services and compiled by the state's Pregnancy-Associated Mortality Review board assessed maternal deaths from 2017 to 2019. This bill willfully ignores those findings and prohibits specialized DEI training that is responsive to addressing and preventing these tragic disparities. You have the opportunity to do what's right for the largest group, I strongly encourage you to vote no on this bill.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KENDALL SAUER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Kendallsdallas@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/6/2023 9:42 AM
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DEI is an ongoing and imperative way we make all health services welcome and equitable to all. Therefore, all licensing boards should keep DEI learning requirements/CEUs in their structure.



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KENNETH HALLER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ken@kenhaller.net	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 3:31 PM

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

I am a Professor of Pediatrics at the Saint Louis University School of Medicine, and I have practiced General Academic Pediatrics at SSM Health Cardinal Glennon Children’s Hospital for over 25 years. I do not testify today on behalf of either of these institutions but rather as an individual. My experience with diversity, equity, and inclusion goes back to my childhood. Growing up a devout Catholic on Long Island in the 1960s I vividly remember the reforms in the church after the Second Vatican Council. Our parish, Saint Ignatius Loyola Catholic Church, opened itself to more wide-ranging communities of people, and my instruction in the parochial school included lessons talking about the importance of sharing the gifts God has given us with everyone. I went to Creighton University in Omaha, Nebraska, for both college and medical school, and my mentor there, Father Joseph Brown, S.J., was and is one of only about a dozen African-American men in the Jesuit order. He was from East Saint Louis, Illinois, originally. During my time at Creighton, I embraced their unofficial philosophy of “Men and women for and with others.” As such, when it came time to go into practice as a pediatrician, I talked to Joseph about wanting to work in an inner-city community, and he said, “If you want an inner city, there’s no more city more ‘inner’ than East Saint Louis.” I moved to the Saint Louis area and worked in East St. Louis for a decade before moving to Saint Louis University and Cardinal Glennon. The terms diversity, equity, and inclusion had not been codified at that time, but the fact that the religious institution in which I grew up and the educational institution where I came of age espoused the values of treating everyone with respect and dignity had a major influence on my life. In turn, as a faculty member and pediatrician of the institutions where I work, I spend a great deal of my time talking with students and physicians-in-training about their choice of career and invariably that includes these values. There is a misconception that upholding the principles of diversity, equity, and inclusion serves only to advance the interests of those in marginalized populations. However, I can tell you, as a white cisgender male, that valuing and honoring diversity, equity, and inclusion have brought immense joy and satisfaction to both my professional and personal lives. What makes HB 489 so damaging is that, unfortunately, institutional medicine in the United States has a long and thoroughly documented history of racism, sexism, and homophobia. It is only just beginning to get its house in order after decades of research that did not include persons of color, LGBTQ persons, or women. To pass a law that says that licensing boards, providers, and medical institutions are banned from requiring diversity, equity, and inclusion programs that, for example, would include discussions of the history of health disparities based on immutable aspects of a person’s being and the shockingly bad care that resulted from it will continue to perpetuate levels of medical care in marginalized communities that should be unacceptable to anyone in the United States. I strongly urge the committee to reject this bill outright and not send it forward. We are better than this. Missouri needs to be a place for everyone, and this bill, which is both deeply un-American and profoundly un-Christian, would go a long way toward destroying that

fundamental principle.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KEREM YUCEBAS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kerem.yucebas@wustl.edu		ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 10:31 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KORTNIE HUDDLESTON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kortniehuddleston@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 5:12 PM
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I oppose HB489, which eliminates diversity, equity, and inclusion (DEI) standards in education and training. This bill reduces learning, hurts patients, and contribute to negative health outcomes and health disparities. The title of this bill must be a sick joke, because this bill will absolutely do harm to patients.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LAUREN WILFLING		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: laurenwilfling@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 10:29 AM

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

Bottom line: HB 489 is a very bad idea, a backwards step, a clear obstruction of a patient-physician relationship, an overstep of government involvement in a curriculum where they are not the experts, and a fatal blow for medical education/development of future physicians which are already facing a shortage. I am a faculty physician at Mercy Family Medicine in St Louis, MO, and have been practicing family medicine with OB for the last 10 years. This means I see patients as their primary care physician and I train family medicine resident physicians to do the same. I STRONGLY oppose this bill both personally and as a representative of the Missouri Academy of Family Physicians (MAFP) . I cant fathom why anyone would bring this to the floor, unless a personal vendetta for a (likely white male) relative not getting into medical school despite "good grades." This obvious insult to those who carry any type of diversity or to those who respect any type of diversity is appalling, even from Missouri. To elaborate: - There should be no governmental mandate on what medical schools/residencies need to teach. You are not medical experts; medical expertise should not be a congressional decision (for DEI or any other topic) and should be left to the governing bodies of those expert organizations. - GPA and test scores are important, but so are many other factors and it takes much more than good grades to be a good doctor. If we only use/over use these metrics, (which are already inherently skewed against minorities), we would not be producing the kind of smart, empathetic, critically thinking, kind, humane doctors we all want to take care of ourselves and our families. We need a diverse workforce to best take care of a diverse patient population. - There are major implications to national physician accreditation with this bill; our accreditation organizations (ACGME, etc who ARE the medical experts) understand these things involved in DEI are important and have (appropriately) made requirements that DEI MUST BE included in training for accreditation. Thus, schools and programs will be left with the terrible decision of losing accreditation (hence cant make new doctors) vs losing funding and state contracts (hence cant take care of patients- assuming Medicaid/Medicare will be affected here as well?). This will lead to the production of less and less physicians which is exactly the opposite of what Missouri needs- we are already struggling to keep our heads above water to take good care of our patients. This means less people to take care of our highest needs patients, thus driving disparities even higher for anyone with any type of diversity. Wrong direction. - Fining individual doctors \$100K for talking about the ways diversity is important in medical education? Again, mass exodus of doctors from work force, deepening the physician work force shortage. I'm not sure why this bill is called "Do No Harm" as it is potentially the most harmful bill to medical education (extrapolate to anyone who sees doctors) that I have seen in years.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LEE WINDMILLER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: caywindmiller@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 6:58 AM

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DEI training has prevented many lawsuits at my company and would be a major preventative measure.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LENNON HAYES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: luckygolennon@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 11:08 PM
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This bill is an unnecessary overstep of the government into education.



MISSOURI HOUSE OF REPRESENTATIVES
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LINDSAY WILLIAMS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: linzallan@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 1:02 PM

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

My name is Lindsay Williams, and I am a black family physician, wife and sleep-deprived toddler-mom living in Kansas City, MO. I am testifying on the necessity of diversity-equity-inclusion education and training in Missouri hospitals, clinics, and healthcare academic programs. I staunchly oppose HB 489 and HB 1196. "I am an old, black woman. I am an old, black woman." This is what one of my patients repeatedly said to my nurse. She had recently transferred care to our institution, and this is how she summarized her overall distrust in the medical establishment after her health concerns were routinely dismissed. When compared to Caucasians in the United States, black people have lower life expectancies, higher overall death rates, and higher rates of infant and maternal mortality. We are more likely to die from diseases like heart disease, stroke, diabetes, and HIV. Without considering their historical context, these inequities might be attributed to poor behavior and bad values—i.e., the culture of poverty myth. However, it has been well established by the Centers for Disease Control and Prevention, the American Public Health Association, the American Medical Association, and many other reputable organizations that health disparities between black and white people are due to systemic racism. A 2022 article from the Journal of the American College of Cardiology showed the direct relationship between the discriminatory housing practice of redlining and poor health outcomes (higher rates of diabetes, obesity, smoking, hypertension, heart disease, stroke, and chronic kidney disease). The harmful legacy of racism in America is borne out in the bodies of black people. Although black people only make up 10% of the population in my zip code, 21% of my patient panel is black. Some of my black patients travel over forty minutes to see me because they trust a black physician will look out for their interests. However, limiting the care of black people to black physicians is not the answer. Black people are blamed for their own poor health. Black people want healthcare providers who do not believe in the culture of poverty myth and are aware that systemic racism continues to impact their health. The intersection of racism and health inequities was not included in my medical school or residency education, and I had to seek out this information independently. I pursued this knowledge because as a black woman, I knew there was nothing inherently wrong with me or people who looked like me. Healthcare providers need diversity-equity-inclusion education and training to provide good care for black and brown people. HB 489 and HB 1196 will cause harm. As a black physician who matriculated through medical school and who is currently working in a health system in Missouri, I strongly oppose HB 489 and HB 1196. I ask that you do not support these bills. Thank you so much for your time and consideration. Lindsay Williams, MD



MISSOURI HOUSE OF REPRESENTATIVES
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LISA SPAHR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: llspahr@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 6:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

My name is Lisa Spahr and I live in Manchester MO. I am opposed to HB489 as it removes important DEI awareness, training and opportunity. Let's not turn the clocks back in time. Let's show the country that Missouri recognizes the importance of DEI and the opportunities that are related. This harms the work of so many to move us forward. This ignores many segments of our communities. Let's show we can do better, not worse. Please oppose HB489.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LOUISE H FLICK, EMERITA PROFESSOR OF PUBLIC HEALTH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lhflick@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 3:41 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a former public health nurse and retired member of a university faculty. I feel very strongly that we should not restrict licensing boards, health care providers and medical institutions from having requirements that support diversity, equity and inclusion standards in hiring and management practices.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MADELEINE THOMPSON		PHONE NUMBER: 314-918-8222	
BUSINESS/ORGANIZATION NAME: VOYCE		TITLE: LEGISLATIVE INTERN	
ADDRESS: 850 WATSON RD. SUITE 155			
CITY: ST. LOUIS		STATE: MO	ZIP: 63119
EMAIL: mthompson@voycestl.org	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 11:48 AM	

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

VOYCE is a nonprofit organization that advocates for long-term care residents. We oppose HB 489 because, at its core, it weakens the care that healthcare professionals can offer to vulnerable individuals. Without specific training and education on Diversity, Equity, and Inclusion, Missouri leaves room for discriminatory beliefs and practices to emanate throughout the healthcare field, including when providing care for long-term care residents. Every year VOYCE receives thousands of grievances from nursing home residents and works to resolve a range of issues, including severe cases of nursing home abuse and neglect. By preventing aspiring healthcare professionals from DEI education and training, we open the door to further grievances relating to discrimination, whether intended or not intended. The impact of this bill is restricting student learning and potentially harming vulnerable populations like long-term care residents. According to data from the Centers for Medicare and Medicaid, Missouri ranks 50th in the nation for the number of care hours we provide per resident per day. There are not enough staff to care for Missouri residents. And according to the Association of American Medical Colleges, more than half of medical students and residents hold false beliefs about supposed biological differences between Black and white people. Missouri families trust that facilities will care for their loved ones, regardless of race, sex, gender, and other specific aspects of an individual's identity. However, healthcare professionals are not equipped to provide adequate care to overcome implicit or learned biases without proper training and education. Aspiring healthcare professionals are students, first and foremost, who are actively learning and taking in new information. As a student of social work myself, I have benefitted from access to DEI education and training so that I can best approach the communities and individuals I serve without causing more harm. The healthcare community needs more avenues to build mutual relationships of respect with clients and specifically begin to build trust with communities of color who have historically been mistreated in healthcare settings. Access to DEI audits or hiring DEI consultants is essential in holding licensing boards and higher education institutes accountable to teach students to treat every resident, client, and patient fairly. VOYCE is opposed to HB 489 because we do not want to see long-term care residents and other vulnerable Missourians further suffer due to discriminatory beliefs and practices from healthcare professionals. Ultimately, we want to ensure that all long-term care residents in Missouri are shown the dignity, care, and respect they deserve.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MADISON RICHEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mlrq67@umsystem.edu	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 8:27 PM

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As a current third year student of the University of Missouri-Columbia School of Medicine, I am writing this letter to express my concern with Missouri Senate Bill 410 and House Bill 489, which would prohibit our medical school from requiring students to be instructed in diversity, equity, and inclusion (DEI) ideologies. DEI principles are an essential element of our medical education and a rightfully required part of our core curriculum. Prohibiting these requirements would discourage diversity in the health care workforce and exacerbate existing health disparities. There are many well-established health disparities in the U.S., with minority, LGBT, low-socioeconomic-status, rural, and other underserved populations suffering disproportionately high rates of disease. DEI education is a critical component of our medical training because it teaches us about the social determinants that underpin these disparities. If these concepts are removed from our core curriculum, it would stifle our school's ability to train culturally competent physicians. This would prevent us from providing the best care for our patients, as cultural competency in the health care workforce is associated with better health outcomes, increased patient satisfaction, and reduced per capita costs. Prohibiting DEI requirements is also likely to reduce the diversity of our medical school community. Research shows that institutions with deeply ingrained DEI principles and practices are more likely to attract students and faculty from structurally excluded backgrounds. If our school is unable to weave DEI principles into the central fabric of its curriculum, then students from backgrounds that are underrepresented in medicine are likely to choose schools where they feel more respected (or, if they are not accepted into other programs, be forced to attend a school where they do not feel valued). This would be a problem for not only those students but also for patients, as diversity in the health care workforce is associated with reduced health disparities, improved patient care, and better financial performance. Decreasing the diversity of our student body would additionally put our school's accreditation at risk. The Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic medical schools, includes diversity requirements as part of its accreditation standards. After struggling to meet these requirements in the past, the University of Missouri-Columbia School of Medicine has made great strides in this area largely because of improvements in its DEI curriculum. As such, these bills have the potential to undo much of the progress that has been made, and the value of our future medical degrees could be in jeopardy as a result. For the above reasons, I urge the Special Committee on Government Accountability to reject these bills and protect our school's right to require DEI education. These requirements are vital to the health and safety of our future patients, especially those among groups that bear the largest burden of disease. Sincerely, Madison Richey



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023	
COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MAGGIE EDMONDSON		PHONE NUMBER:	
REPRESENTING: PRO CHOICE MISSOURI		TITLE:	
ADDRESS: 1210 S VANDEVENTER			
CITY: ST. LOUIS		STATE: MO	ZIP: 63110
EMAIL: maggie@prochoicemissouri.org	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 6:00 PM	

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

Chair, Vice-Chair, members of the committee, thank you for the opportunity to submit testimony on behalf of Pro Choice Missouri in opposition to HB 482 & 627– bills which seek to exclude comprehensive and accurate information about marginalized groups from medicinal learning and practice in Missouri. Pro-Choice Missouri works to protect and expand every Missourians’s rights to bodily autonomy, to access essential reproductive healthcare, to access accurate information in order to make the best decisions for ourselves and our families, and to parent our children in safety and dignity. Moreover, we work to ensure reproductive justice for all Missourians, which involves advocating to reduce disparities based on race, income-level, insurance coverage status, and other factors. These bills reduce learning, hurt patients, and contribute to negative health outcomes and health disparities. From September through December 2021, Pro-Choice Missouri Foundation hosted a series of focus groups to hear from St. Louis women and people with the capacity for pregnancy about their experiences accessing reproductive health care and the barriers to access they encountered within the St. Louis region. These focus groups engaged people from eight zip codes within St. Louis City; 83% were Black, 8% non-Black people of color; 8% white; 91% women; 9% non-binary; 16% identified as queer/LGBTQ; and 100% were of reproductive age between 25 and 44. The goal of these focus groups was to engage community members on the direct impact of access (or lack thereof) to reproductive healthcare with the intent of identifying comprehensive solutions. The overwhelming majority of participants identified the need for culturally-competent and trauma-informed care, specifically naming the need for doulas and health advocates to support navigating the often-racist medical system. Black women especially noted traumatic experiences with healthcare providers that negatively affected their physical, mental, and therefore socioeconomic wellbeing and in some cases discouraged them from seeking necessary care in the future. One participant stated, “They made all these assumptions like ‘you’re poor.’ But I work in medical care and I know.” A number of participants named intentions to breastfeed in previous pregnancies but not having the support or resources to seek dedicated support; “I was struggling with pumping, but I didn’t feel comfortable going to the hospital saying I was having trouble breastfeeding, because [they would just tell me to] put [my baby] on formula.” These racial disparities in access to pregnancy related care were exacerbated by the pandemic; one participant stated, “I just feel like with Black people in particular there is a high level of neglect after you have your baby... especially in the pandemic when family was unable to come in and be close.” “For a while I was doing a case study with WASHU contraceptive choice project, then they transitioned to BJC women’s clinic so I went there for a while. Then I just started going to PP regularly because they were doing all of my testing already. I do think I’m going to switch over to my PCP because she is a Black woman and I feel like we don’t get the care that we deserve or listened to by doctors.” A number of participants also spoke of barriers to trying to access care as survivors of

domestic and sexual violence: “Even as an adult I’ve had men take the condom off without asking. I was raped recently, and filled out paperwork at work to get time off/care and they never even responded with me.” For individuals who want to start their families in Missouri, this state remains one of the most dangerous to give birth; Missouri ranks 44th in the country for maternal mortality and Black birthing parents are 3-4 times more likely to die within a year of pregnancy than their white counterparts. Due to structural racism and implicit bias in medicine, the closure of seven rural hospitals in MO since 2014 and a growing number of people falling in the Medicaid gap, the maternal and infant mortality rates in MO continue to rival that of still-developing nations. The infant mortality rate in the St. Louis region is three times higher for Black babies than white babies. The Missouri Pregnancy-Associated Mortality Review 2018 Report, published in 2021, found that the pregnancy-related mortality ratio (PRMR) in Missouri is four times greater for Black women than white women at 87.6 per 100,000 live births. The same review board found that 82% of pregnancy-related deaths in Missouri were “determined to be preventable,” and that “mental health conditions were the leading underlying cause of pregnancy-related deaths [at 50%]”. Recommendations for addressing racial disparities in maternal health in Missouri named in the report include increased access to mental health resources throughout pregnancy, increased coverage of postpartum care for low-income mothers and families, and increased uniformity in trauma-informed and culturally competent practices. Culturally competent pregnancy and birth services are proven to improve birth and postpartum outcomes, particularly for Black individuals. However, such supports, like doulas, are often not covered by health insurance, including Medicaid. Community providers that prioritize this care are in high demand but access is limited by cost. Increased access to comprehensive reproductive care through increased financial support for existing providers, could have a critical impact in underserved and historically neglected populations. The ongoing COVID-19 public health crisis has further compounded existing social and economic inequities as thousands of folks have lost hours, wages, and job opportunities. We know that job loss and/or workforce departure is not equally experienced; Women, Black women, and mothers are at the lowest workforce participation rate in 30 years. People who once relied on employer health insurance are now without coverage in a time when healthcare providers are already overwhelmed with dramatic increases in patient numbers. Missourians deserve MORE access to comprehensive, culturally competent, and specialized care NOT less. Additionally, the Pro Choice Missouri Foundation recently published The State of Sexual Education: Standards, Stories, Student Voices from the St. Louis Region, a comprehensive report on the experiences of more than 700 students with sex ed in school settings. The overwhelming majority of respondents indicated dissatisfaction with the sex ed they received in school. Missouri students know they are not receiving ALL of the information about their sexual health and wellbeing and they are demanding more. Notably, 85% of students who took the survey reported being interested in more LGBTQIA+ specific sexual health instruction in schools. Missourians, of all ages and races and socioeconomic statuses, know when they are not receiving adequate care and adequate access to information about their bodies. These bills, which seek to further deprive Missourians and Missouri families from receiving the best possible care are about one thing: ideological control and influence over Missourians and our families. Missourians deserve MORE. Pro-Choice Missouri, representing more than 60,000 Missourians across the state, opposes the advancement of these bills, and urges you to vote NO. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023	
COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MANDY HAGSETH		PHONE NUMBER: 573-636-4060	
BUSINESS/ORGANIZATION NAME: MISSOURI FAMILY HEALTH COUNCIL		TITLE: DIRECTOR OF POLICY AND EXTERNAL AFFAIRS	
ADDRESS: 1909 SOUTHRIDGE DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65110
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARGARET STONE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mpwfour11@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 12:46 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I strongly oppose the Do No Harm Act. This Bill is going to do much more harm than good. Not allowing people to participate in DEI training is only going to further the inequities that exist between different groups of people. by silencing education and criminalizing those that participate you would be perpetuating the historic injustices that have brought us to this moment. people deserve to learn and ask questions. people - especially white people - need to learn about DEI to make our institutions better functioning places for all people. by passing this bill you will do more harm to all people. putting people in the dark and pushing things under the rug is not a way to solve problems. National accreditation agencies are requiring analysis of performance by different groups and by preventing us from learning about DEI will mean that Missouri performance will be lower and will mean less federal funding. do not pass this bill.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARI JACOBY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mari.jacoby@outlook.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 10:13 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I oppose HB 489 because it is vitally important for health care providers and medical institutions to address the disparities that exist in the care of people of marginalized groups. Black mothers are 4 times as likely to die from birthing complications than white mothers are because doctors are still told that black people have a higher pain tolerance than white people. DEI committees are just the first step in fixing the racial injustices in the medical field. Stop this ridiculous bill!!!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: MARILYN MCLEOD		PHONE NUMBER: 314-961-6869
BUSINESS/ORGANIZATION NAME: LEAGUE OF WOMEN VOTERS OF MISSOURI		TITLE: PRESIDENT
ADDRESS: 8706 MANCHESTER RD., SUITE 104		
CITY: ST. LOUIS		STATE: MO
		ZIP: 63144
EMAIL: marilyn_mcleod@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 11:45 PM

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

Testimony on HB 489– House Special Committee on Governmental Accountability March 6, 2023
The League of Women Voters is an organization fully committed to diversity, equity, and inclusion. This legislation would move Missouri backwards when it should be making efforts to promote equity and improve the lives of all residents, particularly people of color. Diversity is what has made America great, and we should be lifting up and celebrating that diversity while recognizing the need for equity and inclusion. It has been more than 150 years since the end of the Civil War and more than 50 years since the Civil Rights Act and the Voting Rights Act were passed, yet we know that there is still work to be done. DEI is non-political. It is rather a way to encourage learning about and respecting the diversity of our population. Diversity, equity and inclusion are three different but interconnected concepts. They work together to create an environment of respect and fairness. Higher education of all subjects is enhanced by the addition of considerations of diversity, equity, and inclusion. Medical training is actually greatly improved and leads to better patient healthcare outcomes. There is not only no reason for this legislation, but there will no doubt be unintended consequences because of it. It could cause serious harm through potential lawsuits against any health care provider or medical institution of higher education by “any aggrieved person”. The League of Women Voters goes on record as in opposition to HB 489.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARK HOFFMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mjhoffman1955@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 5:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

On Monday, March 6 at noon, the House Special Committee on Government Accountability will hear HB 489 (Baker R-160) and HB 1196 (Richey R-39). These bills seek to eliminate diversity, equity, and inclusion (DEI) standards in education and training. Specifically HB 489 has broad healthcare-related provisions including onerous certification and compliance processes, and it restricts licensing boards, providers, and medical institutions from having DEI requirements. These bills reduce learning, hurt patients, and contribute to negative health outcomes and health disparities. We are fed up with hearing bills that attack the fundamentals of diversity, equity, and inclusion and attempt to erase the existence of Black, Brown, transgender, and LGBTQ+ Missourians.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MARSHA WEAVER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mmweaver@saintlukeskc.org	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 7:47 PM

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I am a physician in Missouri. I testify in opposition to HB 489. Education regarding DEI in our hospitals, health systems and academic settings is very much a necessity



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MATILDA DERVISEVIC		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: md9y8@umsystem.edu	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 7:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a student of the University of Missouri-Columbia School of Medicine, I am writing this letter to express my concern with Missouri Senate Bill 410 and House Bill 489, which would prohibit our medical school from requiring students to be instructed in diversity, equity, and inclusion (DEI) ideologies. DEI principles are an essential element of our medical education and a rightfully required part of our core curriculum. Prohibiting these requirements would discourage diversity in the health care workforce and exacerbate existing health disparities. There are many well-established health disparities in the U.S., with minority, LGBT, low-socioeconomic-status, rural, and other underserved populations suffering disproportionately high rates of disease. DEI education is a critical component of our medical training because it teaches us about the social determinants that underpin these disparities. If these concepts are removed from our core curriculum, it would stifle our school's ability to train culturally competent physicians. This would prevent us from providing the best care for our patients, as cultural competency in the health care workforce is associated with better health outcomes, increased patient satisfaction, and reduced per capita costs. Prohibiting DEI requirements is also likely to reduce the diversity of our medical school community. Research shows that institutions with deeply ingrained DEI principles and practices are more likely to attract students and faculty from structurally excluded backgrounds. If our school is unable to weave DEI principles into the central fabric of its curriculum, then students from backgrounds that are underrepresented in medicine are likely to choose schools where they feel more respected (or, if they are not accepted into other programs, be forced to attend a school where they do not feel valued). This would be a problem for not only those students but also for patients, as diversity in the health care workforce is associated with reduced health disparities, improved patient care, and better financial performance. Decreasing the diversity of our student body would additionally put our school's accreditation at risk. The Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic medical schools, includes diversity requirements as part of its accreditation standards. After struggling to meet these requirements in the past, the University of Missouri-Columbia School of Medicine has made great strides in this area largely because of improvements in its DEI curriculum. As such, these bills have the potential to undo much of the progress that has been made, and the value of our future medical degrees could be in jeopardy as a result. For the above reasons, I urge the Special Committee on Government Accountability to reject these bills and protect our school's right to require DEI education. These requirements are vital to the health and safety of our future patients, especially those among groups that bear the largest burden of disease. Sincerely, Matilda Dervisevic



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL DREYER`		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mdreyer93@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 5:11 PM

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

I oppose HB489, which eliminates diversity, equity, and inclusion (DEI) standards in education and training. This bill reduces learning, hurts patients, and contribute to negative health outcomes and health disparities. The title of this bill must be a sick joke, because this bill will absolutely do harm to patients.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL R WALK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: athos467@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 7:52 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Missouri needs to take action to protect the rights, safety, and health of all Missourians. This needs to explicitly include LGBTQ+ Missourians. Many Missouri legislators have been proposing and advancing legislation which seeks to mute, erase, and/or actively harm LGBTQ+ Missourians. In this session, it has been particularly focused on transgender Missourians like my daughter. Often this year I have felt as if the Missouri government has been undertaking a campaign to criminalize and dehumanize my family. Families with trans kids have already been fleeing the state, and most of those I know have a plan to leave if they must. Normally, we think of refugee crises attached to states like Syria, Ukraine, or Afghanistan; our Missouri legislature is creating and worsening a refugee crisis right here in Missouri. SB 60, the Missouri Non-Discrimination Act, would offer some protection against a weaponized legislature which has declared war on Missourians like my daughter and their families. Please support and vote for SB 60!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MURIEL A. SMITH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: MAWEBB30@YAHOO.COM	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 1:39 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I oppose the passage of HB 489. It essentially seeks to keep all diversity equity and inclusion out of medical training and practice. This bill seeks to prohibit universities from conducting DEI audits, hiring DEI consultants, and having any course materials with DEI ideology. I feel that this is harmful to people in the medical community, their patients, students, and others. You cannot take the power out of the professional's hands to determine their best practices for helping people. This bill would also affect state departments applying for or using federal funds.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NANCY SLUSARSKI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nancy.slu@charter.net	ATTENDANCE: Written	SUBMIT DATE: 3/2/2023 5:54 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

HB 489 is the exact opposite of "Do No Harm". Puberty blockers and cross hormone treats are for many, though not all, transgender kids essential treatments in there realization of self. For many beginning these treatments can ease anxiety and depression. I am the mother of an adult transgender daughter. I know many families with minor transgender kids who have sought and received medical treatment. None took treatment lightly. But came to the conclusion that some medical treatment was necessary and in their child's best interest.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NANCY SLUSARSKI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nancy.slu@charter.net	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 7:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a concerned Missourian citizen writing in opposition to HB 489. It's title DO NO HARM is any thing but that. This bill will have an extraordinarily adverse impact on trans kids. It already is. I know many families with minor transgender kids and their children are scared and worried that they will lose their health care. Healthcare that is essential to their well being.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NAOMI B HOFFMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: naomi.hoffman@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 1:57 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am fed up with hearing bills that attack the fundamentals of diversity, equity, and inclusion and attempt to erase the existence of Black, Brown, transgender, and LGBTQ+ Missourians. I am strongly opposed to HB 489.



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NAVA KANTOR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nava.kantor@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 1:58 PM

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

I understand that this bill includes broad healthcare-related provisions, including onerous certification and compliance processes, and it restricts licensing boards, providers, and medical institutions from having requirements to include diversity and inclusion in their training processes. Given the well-documented disparities in health outcomes among people of different races, I strongly oppose this bill. It will reduce learning, hurt patients, and contribute to negative health outcomes and health disparities.



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: NEON LIEBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nliebson2024@crossroadscollegeprep.org	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 2:09 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Representatives, I am testifying in opposition to HB 489 which would implement a lack of requirement on Diversity Equity Inclusion in healthcare and school personal. In truth this bill is trying to allow discrimination on the basis of gender, sexual orientation, race, disability, etc. Education is how we can prevent discrimination. This is a fundamental value of my life. My mother was a first generation college student. She grew up in an impoverished area with little resources but she lifted herself up. Her grandmother helped fund for her education with every scrap dollar that she had. She ended up being one of the first women in chemistry sales in the Midwest and a role model for me. She had to create a space for women in science and combat the misogyny that she faced in the field. With this law there would be a lack of education on institutional and interpersonal discrimination in which everyone is effected. Thank you or your time, Neon Liebson



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: PAT HOLTERMAN-HOMMES		PHONE NUMBER: 314-313-2691	
BUSINESS/ORGANIZATION NAME: YOUTH IN NEED		TITLE: CHIEF EXECUTIVE OFFICER	
ADDRESS: 1815 BOONE'S LICK DRIVE, 63301			
CITY: SAINT CHARLES		STATE: MO	ZIP: 63301
EMAIL: phommess@youthinneed.org	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 7:00 AM	

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

I'm the CEO of Youth In Need, a nonprofit organization that serves over 8,000 children, youth and young adults each year in eastern Missouri. Youth In Need was founded and is headquartered in St. Charles, where I am a lifelong resident. Youth In Need has an annual operating budget of almost \$30 million, and we employ 400 staff, many who are professional counselors and social workers. Our programs include crisis outreach and shelter for youth who are homeless, mental health counseling for kids of all ages, foster care, and early learning for young children. I'm also a Licensed Professional Counselor (L.P.C.) in the State of Missouri. In my practice as a professional counselor, clinical supervisor, and organizational leader, my academic training and ongoing education in the areas of diversity, equity and inclusion (DEI) have been not only necessary, but critical. Understanding how different cultural backgrounds and other demographic differences may impact our clients helps us to respond most effectively in our therapeutic practice, which includes Missourians with diverse backgrounds and characteristics. For me, growing up as a straight, white, middle-class woman in the suburbs of St. Charles, Missouri, it was very important for me to learn about people with other identities and experiences, including African Americans, members of the LGBTQ community, and people who are impoverished. Through formal training and experiential education, I have learned so much that has informed my work and helped young people and families who come to our organization feel included and respected. For us to be accountable to our clients, our contributors, and our community, we have an obligation to learn more, not less. DEI standards in education and training are basic and necessary for quality care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: PAUL WAGNER		PHONE NUMBER: 573-529-7195
REPRESENTING: COUNCIL ON PUBLIC HIGHER ED		TITLE:
ADDRESS: 717 WESTPORT DR		
CITY: COLUMBIA		STATE: MO
		ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023	
COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PEACE ADEYEMO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: peaceadeyemo@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 6:25 PM

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

As a student of the University of Missouri-Columbia School of Medicine, I am writing this letter to express my concern with Missouri Senate Bill 410 and House Bill 489, which would prohibit our medical school from requiring students to be instructed in diversity, equity, and inclusion (DEI) ideologies. DEI principles are an essential element of our medical education and a rightfully required part of our core curriculum. Prohibiting these requirements would discourage diversity in the health care workforce and exacerbate existing health disparities. There are many well-established health disparities in the U.S., with minority, LGBT, low-socioeconomic-status, rural, and other underserved populations suffering disproportionately high rates of disease. DEI education is a critical component of our medical training because it teaches us about the social determinants that underpin these disparities. If these concepts are removed from our core curriculum, it would stifle our school's ability to train culturally competent physicians. This would prevent us from providing the best care for our patients, as cultural competency in the health care workforce is associated with better health outcomes, increased patient satisfaction, and reduced per capita costs. Prohibiting DEI requirements is also likely to reduce the diversity of our medical school community. Research shows that institutions with deeply ingrained DEI principles and practices are more likely to attract students and faculty from structurally excluded backgrounds. If our school is unable to weave DEI principles into the central fabric of its curriculum, then students from backgrounds that are underrepresented in medicine are likely to choose schools where they feel more respected (or, if they are not accepted into other programs, be forced to attend a school where they do not feel valued). This would be a problem for not only those students but also for patients, as diversity in the health care workforce is associated with reduced health disparities, improved patient care, and better financial performance. Decreasing the diversity of our student body would additionally put our school's accreditation at risk. The Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic medical schools, includes diversity requirements as part of its accreditation standards. After struggling to meet these requirements in the past, the University of Missouri-Columbia School of Medicine has made great strides in this area largely because of improvements in its DEI curriculum. As such, these bills have the potential to undo much of the progress that has been made, and the value of our future medical degrees could be in jeopardy as a result. For the above reasons, I urge the Special Committee on Government Accountability to reject these bills and protect our school's right to require DEI education. These requirements are vital to the health and safety of our future patients, especially those among groups that bear the largest burden of disease. Sincerely, Peace Adeyemo



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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PHYLLIS JACOBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: phyllisajacobson@att.net	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 5:30 PM

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

The Missouri Legislature should focus on remediating the injustices that exist due to long years of oppression. Education about real history - being able to face the facts, not to be overcome by guilt but to be motivated to make a "more perfect union" This bill creates onerous requirements to be imposed on people of goodwill already working hard to help students to care about others. I wish the legislators would read the Bible and realize that justice is God's major requirement and that oppressing others is not. If you are not aware of the importance of justice, I can refer you to the teachings in the books of Moses, the Psalms, the prophets, the Gospels, and the Epistles. Please spend your time working for the good healthcare, education, living condition, and generally good opportunities for all. Try to pay attention to the Missouri State motto as well.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RENA MUNSTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rena.munster@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 8:38 PM
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Why would you take away DEI training from medical professionals? Reducing this kind of learning leads to worse Health outcomes and worse health disparities. Why is the government bothered by things that promote inclusion and diversity? What backwards thinking! I strongly suppose this bill



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: REVREND CHRISTINA ANDERSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kryistina@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 12:13 PM

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

Having thoroughly read and understood the text of HB 489, I have come to understand that the "Do No Harm Act" serves primarily to do harm and further enable the continuation of harm to everyone, including those in under-served communities which are chronically and systemically discriminated against. I urge the House to vote no on the passage of this bill for the safety, health, and welfare of all residents of the state, including those serving in the House themselves. Please do keep in mind that anti-discriminatory policies and teachings also help to prevent instances of ageism [discrimination against those of a certain age], which are still incredibly common. You should not be denied comprehensive health care simply because of the misconceptions and/or prejudices carried by your health care team regarding the number of years you have lived. Elder abuse and neglect in the medical community is still far too prevalent, and I would hope that you would want to take action to keep our elders as safe as possible from discriminatory practices, and not only because someday you yourself may be the elder facing such mistreatment. As a disabled person, I and those in my community rely heavily on the teachings of DEI [Diversity-Equity Inclusion] in order to obtain adequate and comprehensive health care. We have spent far too long being treated by those in the healing arts as if we do not deserve quality medical services, and this is a direct result of discriminatory thoughts and practices that are endemic in the medical community and the educational facilities that teach those communities. As one can become disabled at any time, for any number of reasons including accidents, it is imperative to assure that all persons are treated with respect and decency when accessing medical care. I can not quite comprehend why some lawmakers seem to think that their personal opinions and/or religious beliefs have a greater chance to protect our communities, than unbiased hard scientific fact and it's interpretation by qualified medical professionals. Please leave the medical decisions to those who are trained and qualified to do that job, and make sure they do so with unclouded judgement. The only way to assure that children, the elderly, and disabled communities can avoid discrimination in health care is to assure that the principals of non-discrimination for all persons are actively taught and encouraged. We must all be free of discriminatory practices and teachings in health care, for any of us to be free of it. Think of yourself, your future, and the future of those you love and care for. Are you willing to risk your own medical mistreatment and discrimination simply because you are personally opposed to those you disagree with receiving equal health care? The oath to "Do No Harm" is strengthened by inclusionary statements, policies, and practices, and as such, all medical facilities and workers should be mandated to study and adhere to practices to avoid discrimination in all of it's numerous forms. I encourage you to not only vote no on this bill, but to also introduce and support a bill which will mandate DEI teachings and training for all health care workers. This bill impedes freedom. Protect everyone, all at once, and protect yourself. Vote no on HB 489



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RHIANNA MATHIAS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rhianna.mathias@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 12:15 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am writing in strong opposition to HB 489. I believe DEI standards and practices are very important and necessary in health care, and that this bill would inced create harm. HB 489 reduces learning, hurts patients, and would contribute to negative health outcomes and health disparities. I am so disgusted by this family of bills this session that are attacking the fundamentals of diversity, equity, and inclusion and attempt to erase the existence of Black, Brown, transgender, and LGBTQ+ Missourians. It truly is an effort grounded in ignorance, hate, and government overreach. Do better, legislators. This is not the Missouri I want to raise my family in.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RHONDA BEUL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mrsbeul@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 10:03 AM
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I am in opposition of HB 489, the "Do No Harm Act," as it has broad healthcare-related provisions, including certification and compliance processes, and it restricts licensing boards, providers, and medical institutions from having DEI requirements. This will have negative ramifications on our health care system. As a constituent, I would implore you to spend your valuable time solving problems, not creating them!



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RICHARD HAWKINS		PHONE NUMBER: 312-436-2600	
BUSINESS/ORGANIZATION NAME: AMERICAN BOARD OF MEDICAL SPECIALTIES		TITLE: PRESIDENT AND CHIEF EXECUTIVE OFFICER	
ADDRESS: 353 N. CLARK ST			
CITY: CHICAGO		STATE: IL	ZIP: 60654
EMAIL: rhawkins@abms.org	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 9:48 AM	

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

Dear Representative Baker: The American Board of Medical Specialties (ABMS) writes to share our views regarding H.B. 489. The ABMS is a non-governmental organization representing 24 certifying boards who set the standards of care and professionalism for nearly one million active board-certified physicians. As currently drafted, the bill would unconstitutionally intrude on the right of our member organizations to develop and define the content and requirements for physician certification. In addition, the bill’s content and restrictions on higher education institutions would interfere with the preparation of Missouri medical students, residents and fellows to receive the education and skills necessary to qualify for board certification and practice high quality specialty medicine in the State of Missouri. Of direct concern to the ABMS, H.B. 489 provides that:• Organizations that issue state-required health care-related professional certifications shall not use DEI materials or require DEI training as part of the certification process. • Health care-related professional licensing boards and organizations that issue health care-related professional certifications shall not conduct internal DEI audits or otherwise engage DEI consultants. These provisions would impose content-based restrictions on our member organizations and impede their ability to determine independently the knowledge and skills necessary for physicians to provide expert specialty care to patients. The rights of our member organizations to develop and define the content and requirements of physician credentials has been upheld by the U.S. Court of Appeals for the Third Circuit in their decision on Kenney v Am. Board of Internal Medicine, citing our member rights to “control who it is certifying and what standards and requirements are necessary.” H.B. 489 explicitly violates these rights. Twenty years of research has demonstrated the racial inequities that result in poorer health outcomes for non-white populations. Just to cite a few examples from the 2022 National Healthcare Quality and Disparities Report from the Agency for Healthcare Research and Quality:• Declines in life expectancy are greater for Hispanic and non-Hispanic Black people than for non-Hispanic White people• Hispanic and non-Hispanic Black women consistently experience worse care on most measures of breast cancer care• Pregnancy-related mortality rates are three times higher among Black women compared to White women• Infants born to Black, Asian, and Native American women have higher rates of preterm births and low birthweight ABMS policies for professional conduct and the American Medical Association (AMA) code of medical ethics require physicians to treat people irrespective of personal characteristics such as race or ethnicity. To do so, physicians must learn to recognize racial and ethnic health care disparities and must ensure that inappropriate considerations do not affect clinical judgement. DEI programs give physicians the knowledge and skills they need to reduce the impact of racial bias and discrimination that has led to pervasive health inequities, poorer health outcomes, and increasing health care costs across the United States. The profession must find

strategies to address these disparities, and physicians in particular must be equipped with the knowledge and skills to make these critical improvements in health care delivery to improve the health of the citizens of Missouri. The ABMS will continue to fight for our right to define the standards of specialty practice and professionalism and to improve health and health care through physician specialty certification. Respectfully, Richard E. Hawkins, MD President and Chief Executive Officer



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RIVA E CAPELLARI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rivacapellari@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 9:37 AM
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This bill does a lot of harm to these institutions, and their students and faculty, as well as insulting their intelligence and education. This is government overreach into our academic institutions.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROB MONSEES		PHONE NUMBER: 573-999-9652	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: P.O. BOX 60			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RON BERRY		PHONE NUMBER: 660-537-2239	
REPRESENTING: AMERICAN FEDERATION OF TEACHERS - MISSOURI		TITLE: REGISTERED LOBBYIST	
ADDRESS: PO BOX 722			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: ronalddberr@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 8:11 PM	
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Oppose



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RYAN DEBOEF		PHONE NUMBER: 417-836-5000	
REPRESENTING: MISSOURI STATE UNIVERSITY		TITLE:	
ADDRESS: 901 S. NATIONAL AVE.			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65897
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM	
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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SALLY ELLIS FLETCHER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sfletcher2enrg@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 7:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Committee Members. I am not in support of the Do No Harm Act. As a health care registered nurse, the American Nurses Association, professional organization for nursing, charges us in the Code of Ethics for nurses, provisions 7, 8, and 9 speak to health policy, reducing health disparities, and “integrating principles of social justice into nursing and health policy” (<https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses/>). Diversity Equity and Inclusion addresses all underserved populations, especially rural areas in Missouri. To implement such a bill will harm the most vulnerable in the state of Missouri.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SAM PANETTIERE		PHONE NUMBER: 816-714-6876	
REPRESENTING: REACH HEALTHCARE FOUNDATION		TITLE:	
ADDRESS: PO BOX 410221			
CITY: KANSAS CITY		STATE: MO	ZIP: 64157
EMAIL: sammy.panettiere@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 8:02 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SARAH COLE	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:	TITLE:	
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: sarah.cole@mercy.net	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 7:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Special Committee on Government Accountability, I write in opposition to HB489 introduced by Representative Baker. I am a family physician and the program director of the family medicine residency program at Mercy Hospital St. Louis, training primary care physicians for the state of Missouri. HB439 threatens the accreditation of every allopathic medical school, osteopathic medical school, and physician training site in the state of Missouri, all of which are mandated by their respective accrediting bodies to educate the physician workforce on health equity and care of diverse populations. HB489 demands that schools and training sites of all health professions (ie, physicians, nurses, nurse practitioners, physician assistants, physical, occupational, or respiratory therapists, dentists, pharmacists, pharmacy technicians, radiology and laboratory technicians, psychologists, counselors, etc.) choose between accreditation and state funding. Since Missouri cannot forego an entire health care workforce that lacks accreditation yet its schools and training sites cannot afford to lose state funding, HB489 proposes an untenable scenario. For additional context, health equity refers to attaining the highest possible levels of health for all people and eliminating health disparities while health disparities are differences in health linked to geographic or socioeconomic disadvantage. Care of diverse populations acknowledges that some people live in rural areas, some in urban areas, some are old, some are young, some have disabilities, some have wealth and some do not, all of which affect a person's ability to access health care. Some people may conflate work in diversity, equity, and inclusion with contentious learning theories such as critical race theory but diversity, equity, and inclusion is not equivalent to critical race theory. Work in diversity, equity, and inclusion has particularly illuminated rural health disparities. People who live in rural areas have a lower life expectancy, higher rates of diseases such as diabetes or high blood pressure, and higher rates of chronic pain. Given the geographic distribution of its citizens, it is critical for Missouri's medical schools and hospitals to continue to raise awareness of and educate its physician workforce on behalf of its rural and other vulnerable citizens. I urge you to oppose HB439. Sarah Cole, DO, FAAFP

References: Accreditation Council for Graduate Medical Education. (2022). Common program requirements (residency). https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2022v3.pdf Commission for Osteopathic Colleges Accreditation. (2023). Accreditation of colleges of osteopathic medicine: continuing accreditation standards. American Osteopathic Association. <https://osteopathic.org/wp-content/uploads/COCA-2023-COM-Continuing-Standards.pdf> Liaison Committee on Medical Education. (2022). Structure and function of a medical school: standards for accreditation of medical schools leading to the MD degree. Association of Medical Colleges and the American Medical Association. Accessed via <https://lcme.org/publications/>. Rural Health Information Hub. (n. d.) Rural health disparities. <https://www.ruralhealthinfo.org/topics/rural-health-disparities>



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SCOTT MCKELLAR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mck9@swbell.net	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 8:23 AM
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The sponsor, a lay minister and Bible-thumping totalitarian, may be receptive to an amendment including seminaries among the institutions whose curricula would be dictated by Republican politicians in Jefferson City. After all, they fit into the "all related fields" clause; just look at all the people Jesus healed, to say nothing of modern faith healers. Each seminary would be required to certify every year that it had not advocated for transubstantiation, the Immaculate Conception, or the Assumption of the Virgin. In order to further align medical education with the sponsor's values, female students and staff must be forbidden to wear slacks, and skirts must extend at least to mid-calf. Also: the gross anatomy curriculum must teach that men have one fewer rib than women. Oops, never mind about that last bit. That would be a reference to group differences with respect to gender, something expressly forbidden elsewhere in the bill.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHARON GEUEA JONES		PHONE NUMBER: 573-808-2156	
REPRESENTING: MO STATE CONF. NAACP		TITLE:	
ADDRESS: 227 JEFFERSON			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/6/2023 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHEREKA BARNES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sherekabarnes4parkhill@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 1:43 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Hello Committee, My name is Shereka Barnes and I live in Kansas City MO. As an elected official an black woman who lost a child in childbirth this bill is horrifying. If I would have had a healthcare professional who valued me and did not dismiss my viewpoints. I would have a different outcome. This is why it is important this bill should promote and provides DEI so people of color feel valued in their healthcare. Please vote no on this bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 489		DATE: 3/6/2023
COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SLOAN SHEFFIELD COWELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sloansheffield13@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 9:44 AM
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As a medical provider, this bill would restrict my access to information that is important in my work.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: STEVEN C ZWEIG, MD, MSPH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: zweigsc@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 9:31 PM	

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

I am writing in opposition to House Bill #489 because this bill will reduce the quality and quantity of health care for people of Missouri. While I speak as a private citizen my experience in health care and medical education is broad. I retired in late 2022 after 40 years of practice as a family physician. I spent a similar amount of time in medical education working with medical students and trainees in family medicine, geriatrics, and palliative medicine. During the last three years of my career, I served as dean of the medical school at the University of Missouri. Accordingly, I am familiar with the health care needs of our state, the rules associated with necessary accreditation of medical schools, and the impact of medical education on the development of future physicians. This bill is wrong in its efforts to define the criteria for medical school admissions, in its denial of the importance of learning about individual differences that affect health care access and health outcomes, and in its efforts to define the curricula for medical education. It will result in fewer physicians in practice, loss of needed services in both urban and rural areas, and loss of accreditation for the state's medical schools. The Institute of Medicine (now one of the National Academies of Science, Engineering, and Medicine) wrote in their landmark report from 2004, In the nation's compelling interest: Ensuring diversity in the healthcare workforce: "A preponderance of scientific evidence supports the importance of increasing racial and ethnic diversity among health professionals. This evidence demonstrates that greater diversity among health professionals is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, better patient-provider communication, and better educational experiences for all students while in training." Among their findings and subsequent research during the last 30 years we know that:

- Physicians and dentists from underrepresented minority groups are more likely to practice in high-need specialties and in underserved communities.

- Students from rural backgrounds, especially those trained in rural settings, are more likely to practice in rural communities.
- Fostering a diverse and inclusive workforce is critical to increasing access to care and improving aspects of health care quality among underserved populations.
- Patient physician concordance suggests that diversity may be important for quality of care regarding patient communication, preventive care, and patient satisfaction.
- Student body diversity is associated with better overall student preparation to care for minority populations and an endorsement of equitable access to care.
- Diverse workforce may improve health care professionals' cultural competence and better prepare them to respond to the needs of the entire population. Interaction among students from diverse backgrounds in training settings may help students to challenge assumptions and broaden perspectives regarding racial, ethnic, and cultural differences.
- Persons who are Black or those of Hispanic or Latino ethnicity remain underrepresented in medicine. Furthermore, the American Medical Association recommended in 2021 that medicine embrace diversity to improve health care for all, stating that we should: "Encourage medical schools, health care institutions, managed care and other appropriate groups to adopt and use activities that

bolster efforts to include and support individuals who are underrepresented in medicine by developing policies that articulate the value and importance of diversity as a goal that benefits all participants, cultivating and funding programs that nurture a culture of diversity on campus, and recruiting faculty and staff who share this goal.”The Liaison Committee on Medical Education requires that medical schools fulfill all standards of medical education. House Bill 489 would put all Missouri medical schools in violation of the following standards: Standard 3.3: Diversity Programs and PartnershipsA medical school has effective policies and practices in place, and engages in ongoing, systematic, and focused recruitment and retention activities, to achieve mission-appropriate diversity outcomes among its students, faculty, senior administrative staff, and other relevant members of its academic community. These activities include the use of programs and/or partnerships aimed at achieving diversity among qualified applicants for medical school admission and the evaluation of program and partnership outcomes. Standard 6: Competencies, Curricular Objectives, and Curricular DesignThe faculty of a medical school define the competencies to be achieved by its medical students through the medical education program objectives and is responsible for the detailed design and implementation of the components of a medical curriculum that enable its medical students to achieve those competencies and objectives.Standard 7.6: Structural Competence, Cultural Competence, and Health InequitiesThe faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address biases in themselves, in others, and in the health care delivery process. The medical curriculum includes content regarding the following: The diverse manner in which people perceive health and illness and respond to various symptoms, diseases, and treatments? The basic principles of culturally and structurally competent health care? The importance of health care disparities and health inequities? The impact of disparities in health care on all populations and approaches to reduce health care inequities? The knowledge, skills, and core professional attributes needed to provide effective care in a multidimensional and diverse societyStandard 10.2: Final Authority of Admission CommitteeThe final responsibility for accepting students to a medical school rests with a formally constituted admission committee... The selection of individual medical students for admission is not influenced by any political or financial factors. Failure to comply with these standards will result in loss of accreditation for Missouri’s medical schools. Students will not choose to attend or graduate from unaccredited medical schools because they cannot be licensed upon graduation. Changes in Missouri’s licensing requirements will not affect this outcome. While there will be no revenue created by this bill, the costs to the state will be substantial. Fewer available physicians will result in overuse of emergency services and the costly treatment of advanced diseases that could have been prevented or managed earlier. Furthermore, there will be a widespread loss of faculty physicians from medical schools, particularly those from groups underrepresented in medicine, each costing \$500,000 to \$1 million to replace. Our state will also be less attractive to other physician graduates who will not chose to train and settle in Missouri. This bill is bad for health care and bad for the health of Missourians.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SURYANSHI RAWAT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rawats@health.missouri.edu	ATTENDANCE: Written	SUBMIT DATE: 3/5/2023 12:34 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a student of the University of Missouri-Columbia School of Medicine and future Midwestern physician, I am writing this letter to express my concern with Missouri Senate Bill 410 and House Bill 489, which would prohibit our medical school from requiring students to be instructed in diversity, equity, and inclusion (DEI) ideologies. DEI principles are an essential element of our medical education and a rightfully required part of our core curriculum. Prohibiting these requirements would discourage diversity in the health care workforce and exacerbate existing health disparities. I have resided in Missouri for 20 years, the vast majority of my life and the entirety of my adult life. I strongly believe that the DEI principles taught in medical school are imperative for the diversity of Missouri which includes rural populations, those with low-socioeconomic status, and more. One concern that representatives have expressed is that the DEI curriculum in medical school is overtaking the amount of medical science content taught. As a student completing the 3rd year of said schooling, I know this is blatantly false. Medical education remains medically focused in entirety. DEI is a supplemental part of the curriculum woven into the medical content and is also an essential component of becoming a physician. If anything, these parts of the curriculum are the parts students spend less time on learning since they are generally common sense and things we experience in the hospital. However, they ARE a part of our national board exams and they a part of the characteristics residencies desire in their physician trainees. DEI education is a critical component of our medical training because it teaches us about the social determinants that underpin these disparities. If these concepts are removed from our core curriculum, it would stifle our school's ability to train culturally competent physicians. This would prevent us from providing the best care for our patients, as cultural competency in the health care workforce is associated with better health outcomes, increased patient satisfaction, and reduced per capita costs. Prohibiting DEI requirements is also likely to reduce the diversity of our medical school community. Research shows that institutions with deeply ingrained DEI principles and practices are more likely to attract students and faculty from structurally excluded backgrounds. If our school is unable to weave DEI principles into the central fabric of its curriculum, then students from backgrounds that are underrepresented in medicine are likely to choose schools where they feel more respected (or, if they are not accepted into other programs, be forced to attend a school where they do not feel valued). This would be a problem for not only those students but also for patients, as diversity in the health care workforce is associated with reduced health disparities, improved patient care, and better financial performance. Decreasing the diversity of our student body would additionally put our school's accreditation at risk. The Liaison Committee on Medical Education (LCME), the accrediting body for U.S. allopathic medical schools, includes diversity requirements as part of its accreditation standards. After struggling to meet these requirements in the past, the University of Missouri-Columbia School of Medicine has made great strides in this area largely because of improvements in its DEI curriculum. As such, these bills have the potential to undo much of the progress that has been made,

and the value of our future medical degrees could be in jeopardy as a result. For the above reasons, I urge the Special Committee on Government Accountability to reject these bills and protect our school's right to require DEI education. These requirements are vital to the health and safety of our future patients, especially those among groups that bear the largest burden of disease.
Sincerely, Suryanshi Rawat



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 9:30 AM
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The title of this act must be a joke, because this legislation has the potential to do a great deal of harm to populations that suffer from health care disparities.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TERESA JOHNSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: teresa.merlo@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2023 10:58 PM
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No



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Special Committee on Government Accountability			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TERESA NICHOLS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/6/2023 12:00 AM
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MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TERI MURRAY		PHONE NUMBER: 314-839-9325	
BUSINESS/ORGANIZATION NAME: MISSOURI NURSES ASSOCIATION		TITLE: PROFESSOR OF NURSING	
ADDRESS: 948 SPRINTERS ROW DRIVE			
CITY: FLORISSANT		STATE: MO	ZIP: 63034
EMAIL: teri9488@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 7:16 PM	

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Oppose HB489 due to the unintended consequences. In order for any school to enroll and educate students, they need approval from a national accrediting agency. If HB489 would pass, prohibitions would be in direct violation of guidelines mandated by accreditation agencies.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: THE REV. DR. TERESA DANIELEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tkmithen@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 1:59 PM

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Despite its name, HB 489 would definitely HARM patients by restricting licensing boards, providers and medical institutions from having DEI requirements. This bill would reduce learning, hurt patients, and contribute to negative health outcomes and even worse health disparities in the state of Missouri. Quit wasting time and resources on these ridiculous bills and, instead, fully fund state workers and facilitate the expansion of Medicaid if you really want to help improve Missourians health.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TONY ELLIS		PHONE NUMBER: 216-288-9009	
BUSINESS/ORGANIZATION NAME: ONCOLOGY NURSING CERTIFICATION CORPORATION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 125 ENTERPRISE DRIVE			
CITY: PITTSBURGH		STATE: PA	ZIP: 15275
EMAIL: tellis@oncc.org	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 11:14 AM	

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It is imperative that our certification organization be able to educate staff, content experts, and organization leaders about best practices and strategies for understanding other cultures and those different from themselves and to evaluate and asses our policies and practices in that regard to ensure that there are not undue barriers to gaining our certifications and that our certification programs/policies/requirements are fair and accessible to all qualified nurses practicing in oncology and related specialties. Additionally, skills and abilities related to some aspects of "DEI" are part of the role of the oncology nurse as determined by psychometrically sound practices and must be included in the assessment of initial and renewal candidates for our certifications. Finally, to best address organizational needs, it is often necessary to engage experts from outside the organization (e.g., consultants). Limiting organizations from engaging such experts might result in less effective outcomes for the organization and their stakeholders.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TYLER K SMITH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tksmith2@cmh.edu		ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 11:59 PM

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

My name is Tyler K. Smith, MD and I write this testimonial in opposition to Missouri House Bill 489, "Do No Harm." In addition to being a physician in the state of Missouri, I identify as a black woman with a leadership position in diversity, equity, inclusion, and justice (DEIJ). Passage of the mentioned bill has far reaching negative impacts to the state of Missouri and it's residents specifically regarding medical care. Most of the state of Missouri is rural with residents having limited to no access to high-quality medical care. For this reason, the state professional schools in Missouri were created to increase the healthcare workforce throughout the state. Allowing the passage of HB 489 would affect the accreditation of medical and nursing schools in the state of Missouri. Medical and nursing schools have national standards and guidelines for the basic education of students matriculating at healthcare professional schools. The standards require that medical and nursing students receiving training and education about DEIJ and cultural humility and sensitivity. The guidelines also discuss ensuring that the learning and clinical environments for medical and nursing school is a diverse, supportive, inclusive, and equitable environment for all students. If HB 489 passes, nursing and medical schools in Missouri would lose their accreditation. Healthcare professional schools losing their accreditation would decrease the already limited healthcare workforce especially in rural communities. A decreased healthcare workforce limits patient access to preventive health services. Patients not receiving prevent health services drive up healthcare utilization and costs. Increased healthcare costs impacts the cost to healthcare premiums for patients as well as insurance companies. Additionally, people who are less healthy have decreased quality of life and job productivity due to being unwell to work. This in turn impacts the economy. While the spirit of the bill is to "do no harm," if passed the bill will have the greatest impact on the healthcare of marginalized and minoritized communities and populations. Thank you for your consideration in not allowing HB489 to pass.



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TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: VANESSA WELLBERY		PHONE NUMBER: 314-531-7526	
REPRESENTING: ADVOCATES OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION & SOUTHWEST MISSOURI		TITLE: VICE PRESIDENT OF POLICY & ADVOCACY	
ADDRESS: 4251 FOREST PARK AVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63108
EMAIL: vanessa.wellbery@ppslr.org	ATTENDANCE: Written	SUBMIT DATE: 3/6/2023 4:56 PM	
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MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: WILLIAM CONWAY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: william.ed.conway@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 3/3/2023 5:37 PM

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As a lifelong Missourian I oppose these bills because they will reduce learning, hurt patients, and contribute to negative health outcomes and health disparities. Eliminating diversity, equity, and inclusion standards in education and training disadvantages Missouri residents and businesses. These bills also contain unnecessary and overly broad healthcare-related provisions, including onerous certification and compliance processes and restricts licensing boards, providers, and medical institutions from having DEI requirements.