



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 41		DATE: 4/3/2023	
COMMITTEE: Health and Mental Health Policy			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 11:22 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Support of this Bill and allowing and giving authority of Pharmacists to provide the Administration of Shots, Deliverance of Treatments and Vaccines to Missourians. This makes sense and is a win for Missourians!



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID OVERFELT		PHONE NUMBER: 573-230-6006	
REPRESENTING: MISSOURI RETAILERS ASSOCIATION; MISSOURI GROCERS ASSOCIATION		TITLE: PRESIDENT	
ADDRESS: 618 E CAPITOL			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: dave@moretailers.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 10:41 AM

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

The Missouri Retailers Association and the Missouri Grocers Association support SB 41.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HENRIO THELEMAQUE		PHONE NUMBER: 678-799-4815	
REPRESENTING: MISSOURI PHARMACY ASSOCIATION		TITLE: LOBBYIST	
ADDRESS: P.O. BOX 2303			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: henrio@ttglobby.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/3/2023 11:51 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
We support the senators efforts on this bill.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: WALMART		TITLE:	
ADDRESS: 213 E. CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/3/2023 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SAM SAFFA		PHONE NUMBER: 314-412-3734	
REPRESENTING: HY-VEE, INCORPORATED		TITLE:	
ADDRESS: 5820 WESTOWN PARKWAY			
CITY: WEST DES MOINES		STATE: IA	ZIP: 50266
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/3/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SAM SAFFA		PHONE NUMBER:	
REPRESENTING: HY-VEE, INC.		TITLE: DIRECTOR, GOVERNMENT RELATIONS	
ADDRESS: 5820 WESTOWN PARKWAY			
CITY: WEST DES MOINES		STATE: IA	ZIP: 50266
EMAIL: samuel.saffa@hy-vee.com	ATTENDANCE: Written		SUBMIT DATE: 4/2/2023 7:57 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Hy-Vee, Inc. appreciates the opportunity to submit a statement for the record for the Missouri House of Representatives Committee on Health and Mental Health Policy on Senate Bill 41. Hy-Vee is an employee-owned company operating 26 retail pharmacies in the State of Missouri. We have nearly 10,000 employees in the state serving thousands of customers and patients each week. Under current Missouri law, a protocol with a physician is required in order for a pharmacist to immunize patients. This means if a pharmacist cannot find a physician who is willing to sign a vaccination administration protocol, that pharmacy will not be able to administer vaccines. In 2020, the United States Health and Human Services department under the PREP Act, established guidelines authorizing pharmacists to independently administer all ACIP & FDA approved vaccines. This removed the need for protocols with a physician in order for a pharmacist to administer vaccines. If these guidelines expire, so would the authorization for many pharmacists. Hy-Vee is committed to bringing quality care and services to communities across Missouri. Legislative action is needed now to prevent a barrier being placed between patients and the care they have come to rely on over the past few years. We encourage this committee's support of SB 41 to ensure our pharmacists can continue bringing quality care to our customers and patients for years to come.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BEV EHLEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bevehlen@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 8:38 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

This bill expands the list of vaccines pharmacists (and their interns, and techs by default due to regulation) are authorized to give to adults and children as young as seven without permission/consultation from a physician.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CLIF EHLEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cliftonehlen@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 8:49 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JENNIFER BARKER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: hellojenhere@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 11:18 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I oppose this bill.- Removes requirements for pharmacists to have a protocol specific to each patient when ordering and administering medication therapeutics and/or vaccines.- It takes away legislative oversight over the vaccines and/or medications pharmacists are authorized to administer and when and allows those decisions to be made by rule. Concerns: 1. Removes written orders from a physician specific to the patient. Provisions specifying therapeutic plans must be "as defined by prescription order so long as the prescription order is specific to each patient for care by a pharmacist" have been replaced with general authorizations by written protocols (pg. 1, line 9). In addition, written protocols originally in statute re: vaccines for children and adults would be replaced with blanket authorization by the FDA and regulations (pg 2, lines 15-23). Some physician oversight has been added back in, but the perfected version still takes away any regard for the individual needs of patients. 2. Removes legislative oversight. The list of vaccines authorized by statute is now replaced with a list of vaccines excluded. In addition, those vaccines that are authorized will be enumerated by rule (pg. 2, lines 25-37). 3) Pharmacists can, by rule, delegate everything in this bill to their staff. (pg. 3, paragraph 3, 20 CSR 2220-6.050) 4) Removes legislative oversight over the vaccines pharmacists can administer during a state of emergency and instead leaves it the state and federal government and/or departments to decide. (pg. 7, lines 197-202). 5) Vaccines allowed during a statewide standing order are listed, but can be amended by rule by the Mo Board of Healing Arts and Mo Board of Pharmacy. (pg. 7-8, lines 1-24).



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JULIA JANSMA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: julia.jansma@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 8:26 PM

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

I oppose this bill for many reasons. I would never trust that a pharmacy tech is qualified to identify an adverse reaction to a jab.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KARRI THOMAS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: thomaskarri@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 10:36 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I OPPOSE THIS BILL			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MARY CREMER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: marycremer@mchsi.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 7:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I oppose SB41 for many reasons. I believe the doctor's office is the proper place for vaccines to be given. Doctors have better knowledge of the family allergy issues, etc. It's also another entity that must have access to all of the patient's data. The doctor would also have to be notified, as this is the primary record holder. To me, this is just an excuse for our health data to be held and used in other ways. This all must stop.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MEGAN GUILLEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: guillenfamily2015@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 8:42 PM
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Why the need for pharmacists to administer vaccines? Pharmacists need to be able to spend time monitoring the scripts they fill to be certain they are accurate. To be able to answer questions of their clients with prescribed medications. Administering more vaccines pulls them away from their primary responsibility. Those who are vaccinated should be monitored for adverse effects. Are pharmacists equipped with staff to monitor those they give vaccines to? No. This legislation will reduce the quality of care pharmacists can give to their clients, not increase it. To me, this seems more like an opportunity to make more money for the pharmaceutical companies and patient care will overall be negatively impacted by this legislation.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHAEL WESTEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: MichaelWesten.3up@protonmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/2/2023 8:18 PM
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I oppose SB 41.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHELLE BRANDT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: michellebrandt@protonmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 10:43 PM
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This is a dangerous bill. Pharmacists are already overwhelmed with their job responsibilities. Vaccinating children 7 & older is not appropriate. This needs to be established with the family's health care practitioner, not a pharmacist. They don't have the means to take care of the recipient of the vaccine if there's an adverse reaction.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHERI KUNIN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: hosselkus5@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 1:31 PM
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I oppose this bill.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHIRLEY BROWN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bevehlen@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 4/3/2023 10:23 AM
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