

MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: SB 88				DATE: 5/4/2	023
COMMITTEE: General Laws				•	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORI	MATION	AL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: BRANDAN WILLIA	AM TURNER		PHONE NUI	MBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	2	ZIP:
EMAIL: bturner7@live.ma	ryville.edu	ATTENDANCE: Written	SUBMIT 5/4/2 (DATE: 023 1:18	PM

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

The proposed legislation regarding license cooperation for social workers is a crucial step towards improving public access to competent social work services. This bill would propose the adoption of the "Social Work Licensure Compact," which would allow social workers licensed in one state to practice in another state who are also accredited and affiliated with social services practices. This proposed legislation would eliminate barriers that social workers experience and face while moving from one state to another, benefiting both social workers and the clients we serve. Establishing a joint public agency that will enforce the provisions and rules of compliance and accreditation in coordination with the National Association of Social Workers (NASW) and the Council on Social Work Education (CSWE) by coordinating a database and reporting system containing licenses, accreditations, and investigative information on all licensed individuals will provide necessary vital information to establish that only qualified social workers are practicing in the states.Lastly, I feel it's important to note that the establishment of a coalition/committee that will support and uphold the provisions, policies, and ethics of the NASW and the CSWE would be an overall testament to its value and potential to improve the quality of social work services throughout the country. Therefore, endorsing the proposed bill to establish the Social Work Licensure Compact is only recommended if the NASW and CSWE support it. This endorsement would be a significant step towards improving public access to competent social work services, eliminating barriers for social workers moving from one state to another, and ensuring that only qualified social workers practice within Missouri and expand to other constituent states around our country.



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: JAMES HARRIS			PHONE NUME 573-761-7	
REPRESENTING: OPPORTUNITY SO	DLUTIONS PROJECT		TITLE:	
ADDRESS: 122 EAST HIGH STREET, SUITE 200				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT 0 5/4/202	OATE: 03 12:00 AM
THE INFORMA	THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STAT	TE PUBLIC ADVOCATE	PHONE NUMBER	₹:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written	SUBMIT DA 5/4/2023	TE: 11:58 PM

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

I am Opposed to this Bill and Concept. We are Missouri "The Show Me State. If you are Educated and know your Field of Work or Trade, then if you move to Our State, one NEEDS to take the Appropriate Testing and Application Process through the appropriate Divisions of the Department of Professional Registration. If one can pass Missouri's Test and Background Checks, then you are worthy of being given a Missouri Professional License. Simple as that, "The-Show-Me-Way!"



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: COREY GIBSON			PHONE NUME 573-631-9 9	
BUSINESS/ORGANIZATION LEE MECHANICAL	ON NAME: L CONTRACTORS, INC.		TITLE: OWNER	
ADDRESS: 508 PARKWAY DRIVE				
CITY: PARK HILLS			STATE: MO	ZIP: 63601
EMAIL:		ATTENDANCE:	SUBMIT 0 5/4/202	OATE: 3 12:00 AM
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		WITNESS NAME		
REGISTERED LOBBYIST:				
WITNESS NAME: CRAIG SAPERSTE	ΞΙΝ		PHONE NUMI 202-663-9	
REPRESENTING: PROFESSIONAL CERTIFICATION COALITION (PCC) TITLE: PARTNER				₹
ADDRESS: 1200 17TH ST NW				
CITY: WASHINGTON			STATE: DC	ZIP: 20036
EMAIL: info@profcertcoal	ition.org	ATTENDANCE: Written	SUBMIT 5/3/202	DATE: 23 1:17 PM

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The Professional Certification Coalition (PCC) is a nonpartisan, nonprofit association formed to address legislation that affects professional certification programs and those who hold private certification credentials. The PCC supports recent changes made to the bill so that only a temporary license would be issued based on work experience, but urges an additional amendment to protect the public by closing a loophole for occupations that require private certification for licensure. Certain occupations in Missouri require that applicants earn a private certification to demonstrate that they have achieved the knowledge, skills, and competencies required for the occupation. Even as amended, S.B. 88 would permit potentially unqualified individuals to apply for a temporary license and hold themselves out as qualified without earning the private certification that is required of Missouri residents. This puts Missouri residents at risk, A history of employment alone does not prove the competency and skill levels expected of licensed professionals in Missouri, Missouri lawmakers and regulators have carefully determined, on an occupation-by-occupation basis, whether to require private certification for a particular licensed occupation. It would be irresponsible for the legislature to override those determinations for out-of-state applicants (but not Missouri residents) through this broad-brush legislation. We therefore urge that S.B. 88 be further amended to require that, for any licensed occupation in Missouri that requires licensees to hold a current and valid private certification, applicants for a temporary license must hold the private certification that Missouri licensing laws otherwise require for that occupation.



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		WITNESS NAME		
REGISTERED L	OBBYIST:			
WITNESS NAME: HEATHER COIL			PHONE NUME 314-974-7 4	
REPRESENTING: ASSOCIATED BUI	LDERS AND CONTRAC	CTORS	TITLE:	
ADDRESS: 1255 JADE WIND CIRCLE				
CITY: BALLWIN			STATE: MO	ZIP: 63011
EMAIL:		ATTENDANCE:	SUBMIT 0 5/4/202	OATE: 3 12:00 AM
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