



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: AARON TOBEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aatoben@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:21 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ABIGAIL HUGHES-STRANGE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ahughesstrange@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:41 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ADAM J HOOVER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sixtigers97@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:25 PM

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CRNA's provide safe care to ALL patients and do NOT need physician supervision. It's been proven in multiple studies and literature



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ADRIAN DUNN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: adrianlyndunn@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:01 PM

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
CRNAs should be able to practice to the full scope of training, without the need of medical supervision.**



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ADRIENNE BROWN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: adsmith_63120@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 10:07 PM
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I believe supporting this will allow CRNAs to continue to provide high quality anesthesia services in all the capacities they trained for.



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: AESTHETICALLY PLEASING		PHONE NUMBER: 314-492-3067
BUSINESS/ORGANIZATION NAME: AESTHETICALLY PLEASING		TITLE:
ADDRESS:		
CITY: MANCHESTER		STATE: MO
		ZIP: 63011
EMAIL: crystal@apstlmedspa.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:26 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AIDAN LINCOLN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aidanlincoln@mac.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:40 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Allowing CRNAs to practice with full autonomy improves access to healthcare for patients. This is incredibly important in the face of an increasing shortage of healthcare providers of all kinds. This improved access is most impactful in rural communities, where health outcome disparities are already profound. This bill will absolutely improve access to safe, quality surgical care for Missourians.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AISHA MARSHALL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aishatm09@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 10:12 PM
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I am in support of the HB1561 bill to remove restrictions and supervisions for CRNAs in order to improve their autonomy. CRNAs are highly qualified independent advanced practitioners that safely administer anesthesia to patients every single day.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALANA SMITH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: alsmith78@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs have a demonstrated safety record, and they spend more time with patients before, during, and after surgical procedures. A 2010 report in Health Affairs, “No Harm Found When Nurse Anesthetists Work Without Supervision by Physicians,” confirmed that anesthesia care provided by a CRNA practicing independently from physicians is safe. Furthermore, they are qualified to make independent judgments about all aspects of anesthesia care based on their education, licensure, and certification — and are the only anesthesia professionals with critical care experience prior to starting formal anesthesia education.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALEN SADIGHIM		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: a.sadighim4001@student.nu.edu	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:09 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Esteemed Members of the Committee, I am writing to express my strong support for House Bill 1561, which addresses the role and recognition of Certified Registered Nurse Anesthetists (CRNAs) in the state of Missouri. As a current SRNA, I have closely followed the developments in healthcare policy, and I believe that the passage of HB 1561 would have a significant positive impact on the healthcare landscape in your state. CRNAs play a crucial role in delivering safe and effective anesthesia care to patients across various healthcare settings. Their advanced training and skill set equip them to independently provide anesthesia services, ensuring that patients receive the highest quality care. By acknowledging the valuable contributions of CRNAs through the passage of HB 1561, Missouri has an opportunity to enhance access to quality healthcare services, especially in underserved areas where CRNAs often serve as primary anesthesia providers. This bill not only recognizes the expertise of CRNAs but also aligns with the national trend of empowering advanced practice registered nurses to practice to the full extent of their education and training. By doing so, Missouri can contribute to the nationwide effort to optimize healthcare delivery, improve patient outcomes, and address the growing demands on our healthcare system. I urge you to consider the positive impact that the passage of HB 1561 can have on patient care, healthcare accessibility, and the overall efficiency of our healthcare system. By supporting this bill, Missouri has an opportunity to strengthen its healthcare workforce, promote professional autonomy, and ultimately enhance the well-being of our residents. Thank you for your time and consideration of this important matter. I am hopeful that you will support House Bill 1561 and contribute to the advancement of healthcare in our great state. Sincerely,



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALESIA QUANTE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: alesia@1099successacademy.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:12 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALEX SCHOENBECK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: schoener98@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 4:57 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALEX SCHWIEGER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aschwieger@aakc.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:03 PM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ALEX TUTTLE		PHONE NUMBER: 636-751-5022	
REPRESENTING: GOLDEN VALLEY MEMORIAL HOSPITAL		TITLE: TUTTLE AND ASSOCIATES	
ADDRESS: 62069 ALLEE RD			
CITY: CALIFORNIA		STATE: MO	ZIP: 65018
EMAIL: aletutt@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/27/2024 2:23 PM	
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Testimony in support on behalf of Golden Valley Memorial Hospital.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALEXANDRA DODGE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: alexstilinovic@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:45 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs are highly educated and trained anesthesia providers and are the most common anesthesia providers in Missouri. CRNA independence would allow more access to services in rural Missouri. The federal government invests a lot of money in CRNA education through the disbursement of federal student loans. Missouri is currently not fully utilizing their investment in CRNA education by limiting CRNA practice.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALI SYED		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ahsensyed@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:05 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALICIA EVANS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aliciaevans85@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:34 PM
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I have practiced independently as a CRNA for close to a decade in Kansas, 20mins from the MO border. Statistics show we are capable of providing high quality, affordable healthcare to our patients!



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALISHA BRACKEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: anrichmo@uncg.edu	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:17 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ALLAN SCHWARTZ, DDS, CRNA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ddscrna@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:59 PM

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I urge you to please let us use our education and training to the fullest extent. I urge you to check with other states who have agreed with my request.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALLYSON JO IHMS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ajihms@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:24 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALMEDIN VALJEVCIC		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: drmacak@me.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 7:34 AM
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I support it.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ALYSA BARCUS, CRNA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: abarcus6@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:09 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALYSON PATTERSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nurse123@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:27 PM
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Nurse anesthesiologists have been providing high-quality, safe and effective anesthesia care for decades. We are an excellent and cost-effective solution to anesthesia staffing shortages across the nation.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: AMANDA DESCHENES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: manda81832@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:04 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMANDA SCHOENBECK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ascyr4@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 4:56 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMANDA WAMPLER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: awampler79@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:54 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMBER DAVIES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bamber0531@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:31 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMBER LEWIS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: amberlinneman@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:27 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: AMELIA HINDS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: hindsav@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:55 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANDREW DEAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: andrew.dtri@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a CRNA in a small town here in Missouri. We have a hard time recruiting Physicians to my area and having the ability to practice with lout an agreement with the physician would best case scenario for my patients. It would remove the hardship that exists currently in my care of patients. Please vote in support of this Bill!



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANDREW HEAD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: andrew.m.head@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:31 PM
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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			
INDIVIDUAL:			
WITNESS NAME: ANDREW JAMES GERHARDT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ajgerhardt@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 8:39 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Certified Registered Nurse Anesthetists are highly trained and educated professionals that provide proven high quality safe anesthesia care in a wide variety of settings. We are well versed in the medications given in the pre, intra and post operative periods. As a independent anesthesia provider this bill will help reduce barriers to patient care. I strongly encourage you to support this legislation.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: ANGIE CARROLL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: aidavis1@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 12:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Allowing greater access to patient care with no increase in risk is a no brainer. Americans need better access to health care and at a lower cost. CRNAs can fill that role two fold. We need to prepare as a nation to prepare for the healthcare needs of our state.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ANITA BARNI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: akbarni@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:40 PM
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I am a CRNA and we are already doing all these things safely and competently.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: APRIL LYNN MYERS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: 2amyers@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: In-Person	SUBMIT DATE: 2/27/2024 11:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: ASHLEY NICOLE MELECH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ashleymelech@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 1:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I have personally received anesthesia from a CRNA and had the best, safe, and quality care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: ASHTON PASCHALL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ashton.liz.ross@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:11 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: BAILEY GERHARDT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Bgerhardt05@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: BERNADETTE HENRICHS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: BHenrichs@bjc.org	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: BETH BRIGGS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: babriggs423@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:51 AM
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I support CRNAs ability to practice independently.



MISSOURI HOUSE OF REPRESENTATIVES
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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			
INDIVIDUAL:			
WITNESS NAME: BETH FLACH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: beth_mcbride@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 6:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: BRANDON ALBRECHT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bkalbrec@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:51 PM
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There is RISK to the CRNA and Critical Access Hospitals for potential violation of state regulations/statutes and federal regulations, depending on interpretation, during the course of normal practice. If CRNAs can't comply with regulations during the normal course of practice -change should occur.



MISSOURI HOUSE OF REPRESENTATIVES
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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			
INDIVIDUAL:			
WITNESS NAME: BRENNA THOMAS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: brthomas85@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 4:51 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: BRENT MABE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bmabe0212@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:41 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: BRIAN HINKEBEIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Brianhinkebein@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:39 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: BRIAN MEIER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bmeier7@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 6:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: BRIAN RITTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: brnrtr@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a practicing CRNA, this legislation codifies what I already do on a daily basis. While I currently work with and will continue to work with physician anesthesiologists, I routinely administer all of the medications and anesthetic techniques listed in this bill will little to no input from these MDAs. Furthermore, many CRNAs throughout the state and region practice independently or with minimal supervision from the physicians who currently are required to supervise them. Numerous states have adopted legislation similar to this with no change in patient outcomes. This legislation would remove a barrier to patient access as well as codify the autonomy that most CRNAs already practice with each and every day. Please consider this legislation as an improvement to patient access with no impact in patient outcomes.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: BRIANNA CORWIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: brianna.n.corwin@outlook.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: BRIDGET MOORE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bridgetmoore@live.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 9:45 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Our rural hospitals can not sustain and maintain surgical and obstetrical services without CRNAs. The physicians who “oversee” us are not trained in anesthesia and are unable to do the job the we do. Therefore, CRNAs should have full authority to practice in Missouri as a large number of other states have already been doing this for years. CRNAs have proven to be equally safe when compared to physician anesthesiologists.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing		
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: BRITTNEY MCCLANAHAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: safeharboranesthesia@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:41 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I work as an independent healthcare provider as a CRNA and provide cost-effective, safe anesthesia to thousands of patients. I support this bill.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing		
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: BUFFY LYNN BUNCE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: blbunce1@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:34 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing			
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: CARISSA PETTIT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: carissagbeck@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:35 PM
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I am in support of this bill.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: CARLY PRUEMER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: carly.m.pruemer@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:44 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: CARRIE EILER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: carrieiler@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 10:44 AM

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Increased access to care for Missourians especially in rural areas. This will lead to shorter wait times for medically necessary procedures for Missourians.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: CASI HOFFMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: casi.hamner@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:06 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: CHANCE PERRY-MACNEILL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: c.perrymacneill5492@student.nu.edu	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 12:29 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This legislation is a crucial step towards recognizing the expertise and competence of CRNAs in delivering safe and effective anesthesia care across various medical procedures. By empowering CRNAs to independently select, issue orders for, and administer controlled substances, HB 1561 acknowledges their significant role in enhancing patient access to quality healthcare. I urge you to support HB 1561, as it not only aligns with the evolving scope of practice for CRNAs but also contributes to an environment that prioritizes patient care, safety, and the utilization of healthcare professionals to their full potential. Your backing of this bill will undoubtedly have a positive impact on the healthcare in Missouri, promoting efficient and patient-centered anesthesia services, especially in rural areas.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing		
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: CHARLIE WILSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wilson71506@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:37 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: CHRIS ROEPE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF NURSE ANESTHETISTS		TITLE:
ADDRESS:		
CITY: JEFFERSON CITY		STATE: MO
		ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: CHRISTIAN CAMPBELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: christianbcampbell@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:02 PM

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Iowa did this 23 years ago. Now 24 states have done the same, and not one has turned back. Don't get left behind!



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing		
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: CHRISTIAN JACKSON, CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cevanjgoutes@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:27 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a CRNA practicing in the State of Missouri I wholeheartedly support this legislation. I practice in such a setting as described by this bill and never in my time working in these settings has a "supervising" physician interfered in my administration of anesthesia as they are not experts in the field but willing offer support if situations arise. To deem their role as "supervising" CRNAs is a stretch at best and more like a forced legal loophole that serves neither role. As states surrounding Missouri have eliminated this archaic rule it's about time that Missouri follows suit.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHRISTINA BAUMGARTNER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: crdawson22@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 2:44 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: CHRISTINA HANSELMAN, CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tmhcrna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:40 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: CHRISTINA OLACHEA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: triparounthesun@aol.com		ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 7:19 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Full Support!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: CHRISTOPHER CARPENTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: clcarpenter11@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This bill validates and protects what CRNAs are trained, certified, and licensed to do in providing anesthesia care for Missouri residents, particularly those in rural areas with limited access to medical care. Thank you for your consideration.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: CHRISTOPHER GREEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cgreencrna@earthlink.net	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 9:49 AM

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CRNA's have provided extremely safe and excellent care to the residence of Missouri for decades. They need to have full prescriptive rights and unsupervised practice.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: CHRISTY BORNEMANN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: woodstwollc@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 4:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: CHYNNA LORUSSO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cbillin3@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 12:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: CINDI FLETCHER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cindilou829@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:37 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: CLAYTON GREGORY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ctylergregory@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: CONNIE A. FRIEDRICH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cafriedrich1951@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:48 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
Support bill in favor of HB 1561 to allow CRNAs this privilege.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: COURTNEY KRONE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: courtney.silberberg@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:46 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: CRYSTAL ALBER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: crystalalber@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DALE FLETCHER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dalefletcher1952@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DAN HAYDEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dhayden@zoomtown.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 10:52 AM

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
Allowing CRNAs will increase accessibility and safety for patients in Missouri!!**



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: DANIEL GREGORY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: danieljgregory@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 8:40 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DANIEL MCGEE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: pb857w87@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 11:09 AM

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

I am writing to express my strong support for granting independent practice rights to Certified Registered Nurse Anesthetists (CRNAs) in our state. As a CRNA, veteran, and concerned citizen, I believe that providing CRNAs with the autonomy to practice independently is a crucial step towards enhancing healthcare accessibility and delivery. CRNAs play a vital role in our healthcare system, delivering safe and effective anesthesia care. Granting them independent practice rights would not only align with their extensive education and training but also contribute to addressing the growing healthcare needs of our community. Experiences from other states have demonstrated that CRNAs can provide high-quality anesthesia services independently, expanding access to care, especially in underserved areas. This change would not only improve patient outcomes but also maximize the utilization of skilled healthcare professionals. I urge you to support legislation that grants independent practice rights to CRNAs, recognizing their expertise and contribution to our healthcare system. Your advocacy for this cause would undoubtedly benefit both healthcare providers and the communities they serve. Thank you for your attention to this matter, and I trust that you will consider the positive impact this change can have on healthcare accessibility and quality in our state. Respectfully, Daniel McGee, CRNA



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: DANIELLE PATTI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: daniellepatti@gmail.com.	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:47 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: DAVID BREITENFELD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: dbreitenfeld@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:28 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DAVID HOUZENGA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dhouzenga@outlook.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:52 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DAVID NEILL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: daneill69@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 12:14 PM

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

In support of Nurse Anesthesiologists (CRNAs) and the right for them to practice to the extent of their license. 17 states have seen the light and contrary to what physician led organizations will have you believe, there hasn't been a collapse of quality of care in those 17 states, only more cost effectiveness and access to care. I work in an environment without a physician anesthesiologist under the billing practice of physician supervision. Fortunately, these rural surgeons understand that case law does not reflect a greater liability for them. In other areas of the state, unfortunately, surgeons have been sold a bill of goods over a turf battle that they are at risk because they are under the (billing) practice of 'supervision' which they do NOT in any way supervise. **UNBIASED, INDEPENDENTLY FUNDED** studies reflect equal quality of care. Please stop the turf battle, put access to Anesthesia services and fiscal responsibility first in our state. This does not change the practice or privileges of CRNAs but only allows surgeons and other doctors the assurance that practicing with CRNAs does NOT increase their liability. Rural Missouri hospitals have understood this for years. Interesting fact, even the military hasn't had this impediment for Nurse Anesthesiologists. CRNAs are sole providers in front facing surgical units providing for the sickest of trauma patients and surgeries with the basics of equipment and ancillary support. Ironically, in a highly regulated FACILITY with the most advanced healthcare services and specialists at their disposal, somehow they are not capable....You will be told that this is about patient safety and quality of care....THIS IS DISINGENUOUS at best. To this I say: ask 'why are more than 25% of physician anesthesiologists allowed to practice without having passed an anesthesia board exam? The purpose of board certification is to reflect the knowledge of the most basics of safe anesthesia? **100% OF PRACTICING CRNAs ARE BOARD CERTIFIED.** Please stop this turf battle, Nurse Anesthesiologists should be allowed to work to the extent of their license and surgeons, dentists etc should not have to worry that they are liable for the Anesthesia care when the wording "supervision" was intended just as a billing method.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: DAVID SCHREINER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: davidschreiner_mayo@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DEBORAH FALASA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: debsmsu@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:15 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: DEE BENDER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: deedee.bender2@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 10:59 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I grew up in rural America as the daughter of a farmer/rancher. My anesthesia for my delivery was by a CRNA and when my children were born, the anesthesia was provided by a CRNA. I lived in Missouri and my husband and I attended college in Missouri, but as healthcare providers, we both left the state due to antiquated practice laws for both of our professions. We had both been in healthcare for over 30 + years. CRNAs provide greater than 90% of the anesthesia for all rural hospitals in WA and 70% of anesthesia in WA state, which has been free of supervision for over 2 decades. Our actuarial and outcome data reveals our excellent long safety record. Your surrounding states of OK and AR have already passed legislation to allow CRNAs to practice independently and the legislation in your state will bring an antiquated regulation put to date and improve access and costs. I am now an elected hospital commissioner in WA state and providing excellent services to improves access and being cost- efficient is of utmost importance in keeping facilities open and accessible. Service lines disappear when high cost anesthesia models exist causing decreased access to other necessary healthcare services. If you would like further information or research about the positive impact this will have on your state from a state that implemented supervision free care for CRNAs, please feel free to contact me.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: DENISE SACHECK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dsacheck@me.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:10 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
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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		
INDIVIDUAL:		
WITNESS NAME: DENISE SACHECK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dsacheck@me.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: DENISE STUIT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: d_stuit@hotmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/26/2024 12:21 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DIANA OLIVE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dolive4@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:12 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DIANA OLIVE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: olived@health.missouri.edu	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:13 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DINA BENTON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dinaibenton@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:46 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: DON ENYART		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: doneyart1965@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:57 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

My name is Don Enyart from Seneca Missouri. I have been a Crna since 1996 practicing in Missouri, Kansas and Oklahoma. I have been independent since 1998 working without Anesthesiologist. Our group covers a Mercy Orthopedic hospital and Surgerycenter on the Kansas Missouri border. We also cover Mercy hospital Carthage Missouri and Surgery centers in Joplin, Springfield and Branson. We have the highest patient satisfaction scores in the Mercy system at our Orthopedic hospital. I proudly support our professional Crnas and this bill. Thanks you Don Enyart Crna owner Fourstates Anesthesia Services LLC



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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			
INDIVIDUAL:			
WITNESS NAME: DORIANNE MAY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: doriannemay@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 12:34 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
CRNAs work independently and provide all rural anesthesia safely in Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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: DR. DONALD FOUST		PHONE NUMBER: 573-429-6672
BUSINESS/ORGANIZATION NAME: GUARDIAN ANESTHESIA ASSOCIATES		TITLE: DNAP, CRNA
ADDRESS: 14102 CHRISTY LANE		
CITY: POPLAR BLUFF		STATE: MO
		ZIP: 63901
EMAIL: bigdon97@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:14 PM

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

I am a Nurse Anesthesiologist and own an anesthesia provision company called Guardian Anesthesia Associates providing anesthesia services to several rural based facilities in this state. These bills will do several things for this industry that I will list. It will correct language that has been interpreted recently by the BNDD as problematic for independent CRNAs concerning care with medication that we have been using safely in our practice for many decades. It will also allow for facilities that want to have the option to utilize CRNAS in an independent role, a role that is already utilized in rural areas because of provider scarcity. These independent roles are only requested based on the extent and limits of our current educational training and experience allow. All of our surrounding states already have no supervision statutes on their books and this makes Missouri a very tough state to recruit CRNAs to making a shortage of providers even tighter. This option for facilities is valuable to the rural areas and urban areas alike. Our group of CRNAs want the best for our patients and want them to have options available that over 40 states have currently. We are safe and effective and economical providers.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DR. JESSICA ADDAI, CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jaddai1224@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:54 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I'm am a practicing CRNA in the state of Missouri. I am in support of this bill and I am urging my state legislators to support it as well. This bill will allow patients all over the state to receive safe anesthesia care without having the barrier of required physician presence. My Nurse Anesthesia Program helped me develop skills allowing me to deliver a variety of safe anesthetics to meet the needs of patients throughout the life span. During the corona virus pandemic, CRNAs were on the front line working in areas outside of the operating room providing not only anesthesia but also critical care management. Multiple studies have been done prior to and after the pandemic that show no difference in deliverance of safe anesthesia given by physician anesthesiologists or nurse anesthesiologists. With that said, why are barriers placed for nurse anesthetists? Please support HB1561.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DR. KURT BORMANN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kurtpbormann@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:10 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am an orthopedic surgeon in Columbia, MO with Columbia Orthopedic Group and work with CRNAs on a regular basis. I find them competent to do their own anesthesia without me having to sign off on their work. When given the option to operate at a rural facility that is CRNA only, I would not want to sign off on charts and controlled substances because that is not my specialty and I believe that the CRNAs are able to provide this type of care without having to have me provide signatures in a field I am not very familiar with. I would be willing to testify via zoom if given the option because I am not able to take time out of my busy surgery schedule to come to the capital to testify in person.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DR. LARRY D STEPHENS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: larrydstephensjr@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:41 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Data from every robust and credible study show that CRNAs provide the same level of expert, safe anesthesia care as physician anesthesiologists. CRNAs already practice without supervision in most rural areas, in the military, and many US states. Any suggestion otherwise is purely political because anesthesiologists want to maintain control and their inflated money stream. CRNAs do not need supervision in such a safe field as anesthesia. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: DR. NICOLE HAZELWOOD, DNAP, MSNA, CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nikkirhazelwood1@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:22 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Multiple studies have validated the safety of CRNA practice in a variety of anesthetic settings. In my opinion, the constant battle between the professional groups detracts from patient care and addressing future investigations into the vastly underexplored world of anesthesia and individual patients' experiences. While understanding how this statement can be seen as self-serving, the sooner a bill removing supervision of competent anesthesia providers, a bill such as this will not only recognize the excellence in CRNA training while allowing nurse anesthetists and anesthesiologists alike to focus within their professions to excel & work together for the best patient outcomes, while, incidentally aiding in controlling healthcare expenditure.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: EDINA ADEMOVIC		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: eaanesthesia22@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:02 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a CRNA in Missouri, I have provided anesthesia independently and it has been signed off by a surgeon, who does not have any anesthesia experience. I have been told by some that they don't even know the appropriate dosing on drugs we use frequently intraoperatively. Therefore, I am practicing independently to begin with but just have to go through the hassle to get a surgeon to sign off on it.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: EDWARD DEAN STEIL JR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: EddieSteil35@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:53 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ELISE HEAD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: elisegarcia@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:29 PM
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Please improve access to care in our state!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ELIZABETH BIRD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ebird@duck.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:35 PM
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Yes! Yes! Yes!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ELIZABETH CLYNE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ekoobclyne@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:42 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ELIZABETH NIEDERWERDER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: eniederwerder@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:23 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: ELIZABETH SMITH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lizjohnson86@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 6:28 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ELIZABETH SOTO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: esoto526@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:48 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: EMILY JOHNSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: emily.mindak@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:38 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: EMILY MATHESON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: erl9@georgetown.edu		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: EMILY MELNICK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: emeln001@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:18 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ERIC PFITZINGER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ericpfitz@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:24 PM
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Let Missouri join the other 20+ States that have allowed CRNAs to practice to their full extent without any evidence based study to show CRNAs are dangerous to the public.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing		
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: ERIC VINEYARD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: evineyard15@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:23 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: ERIC VINSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: revinson73@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:47 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ERIK GLASSL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: erik.glassl@me.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

After having several surgical procedures in my life, I can truly say CRNAs do phenomenal work. The CRNAs attended to my care from start to finish in all my procedures, answered all my anesthesia related questions, and offered me the best care under their watch during surgery. I am not here to say that physician anesthesiologists are bad by any means, however, I feel CRNAs are just as capable with their prior critical care nursing background and extensive training to fill any gap that a physician anesthesiologist would serve in hospital settings throughout the state of Missouri. The CRNAs I know are just as competent with many years of anesthesia experience, and their skillsets are just as strong, if not stronger, than any physician anesthesiologist I have met.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: ERIN FRIEDRICH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ew9174@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ERIN HOYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: erinmhoyer@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:47 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ERIN MICKELSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: erinamickelson@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:01 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: FARHENG TAWFIQ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: f.tawfiq5297@student.nu.edu	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support the bill



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: FELISTER MWANGI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: felisterm@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:07 PM
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CRNAs practice independently in areas of need such as rural areas and most recently during the pandemic. I believe it's time to be transparent and allow for overall independent practice.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: GABRIELA SIMON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: i.simon5583@student.nu.edu	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:40 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: GARY THOMSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: thomsgar@me.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 12:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: GREGORY S YOST		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: gregyostads@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:12 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: HEATHER LOBOUGH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lobough32@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 10:43 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: HEIDI HAYS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jlut15@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:09 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: HENRY SMITH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: blender5kids@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 10:23 PM
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Correction (that's what I put) y'all put...I believe supporting this will allow CRNAs to continue to provide high quality anesthesia services in all the capacities they trained for.



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: HUNTER NIEMEYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: huntern@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 10:16 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: IVANA A ROEBUCK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: roebuckivana@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: J. STEPHEN PAUTLER DPS MHA BSN FACH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: spautler@sgcmh.org	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:37 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am the CEO of a Critical Access Hospital in Missouri with over 40 years of experience as a hospital administrator, registered nurse and medical ethicist. I strongly support this bill as a way to properly place responsibility of anesthesia care with properly trained, highly experienced professionals who have demonstrated the ability to safely care for these patients. We rely on our CRNAs daily to provide this care in our shortage area, and they are ready and able to carry out these responsibilities with the support of the medical staff. Thank you for passing this bill.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JACKIE ROWE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jrowecrna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:29 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I've worked (and retired) as a nurse anesthetist for 25 years. Never have I needed supervision to administer a safe anesthetic. Most of the anesthesia in this country is administered by highly qualified and competent nurse anesthetist!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: JACKLYN NEVADO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jacknevado@icloud.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JACOB HAY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jacobhay@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:19 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: JACOB PILGER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 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 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JACOB WOLPERS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jswolpers1s@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 10:53 AM

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Certified Registered Nurse Anesthetist supervision has already been removed in 27 states. It is time for supervision to be removed from all states, including Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JACQUELINE HUNTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jackiewms20022002@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 11:32 PM
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I believe supporting this will allow CRNAs to continue to provide high quality anesthesia services in all the capacities they trained for.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: JACQUELYN MARSHALL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jward1616@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:38 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JAIME OBERDING		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jaimelb20@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:24 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JAMES A RAGLAND		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: emp135088@coxhealth.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:35 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JAMES CLANCY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: clancyjamesm@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:01 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JAMES WELLS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: james.wells1985@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:04 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JAMES WOODFORD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: aneswood@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:01 PM

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I encourage MO to improve access to quality healthcare that this bill addresses.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JAMIANNE CRUMP		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Jamiannecrump@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/26/2024 8:19 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I would really like to stay in Missouri and practice anesthesia as I am currently being educated to perform safely. I am concerned that if the current legislation does not change, our state will continue to lose the much needed CRNAs for anesthesia services in an already taxed system. Also, Missouri needs to catch up with the rest of America and lift supervision for CRNAs so that surgical care can be accessed in rural areas. Rural hospitals can reopen allowing more access to care for your constituents. If the VAs and military across America can provide all CRNA services, so can we.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JAMIE HANAGAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jamielhanagan@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: JASON FERNANDES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Jason.Fernandes19@Yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 6:41 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JASON THOMPSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jayjay007@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:08 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

In support



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JAYSON HANAGAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jayhanagan@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:49 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JEAN SCOTT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jmts34@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I support removing the supervision of CRNAs in Missouri. CRNAs are educated and trained to administer anesthetics independently. Several states and the military do not require cumbersome supervision rules for CRNAs. Multiple studies have shown that CRNAs provide safe care for their patients with outcomes that show NO difference in outcomes when anesthetics are administered by CRNAs or by MD anesthesia. CRNAs work independently many places in Missouri. The supervision requirement presently can be filled by any MD, DO, dentist or podiatrist. This "supervision" is frequently just a formality of paperwork with deferral of anesthesia care to the expertise of the CRNA provider. CRNAs are the experts in anesthesia care, highly trained in anesthesia, and have proven for over 100 years that they are safe providers for anesthesia services without cumbersome supervision rules. I presently work in Missouri. Please pass this legislation.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: JEANETTE I ELLIS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: j_ellis03@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 11:13 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JEANIE SKIBISKI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jskibi2@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:49 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Please vote in favor of this bill and move it out of committee. The bill clarifies the process used for administration of controlled substances in the operating room. In smaller facilities, asking the surgeon to sign for the administration of drugs they know very little about doesn't make sense. I have known surgeons who are reluctant to work in these scenarios. Thank you



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: JEENA KIM		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: j.kim5518@student.nu.edu	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: JEFF HOFFMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jeff.hoffman55@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:11 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JEFFERSON LANCE PETERSEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: chuno1@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:21 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Please ensure rural Missouri residents have continued access to high quality anesthesia care by allowing Certified Registered Nurse Anesthesiologists to practice to the full extent of their training and licensure in Missouri!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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			
INDIVIDUAL:			
WITNESS NAME: JEFFREY ROSE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jrose4vball@sbcglobal.net		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:32 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JEFFREY SMITH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lcreekcattleco@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:06 PM

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

Please support and pass HB 1561 to keep our health care safe and the best that it can be for all of us. This is a very important bill that affects the safety for all of us both now and going forward. Thank you!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JEFFREY WISCHMEYER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Wischmeyer1989@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

The citizens of Missouri need reliable and safe anesthesia care. CRNA's demonstrate this daily. Let CRNA's practice without restrictions to ensure our citizens anesthesia needs can continue to be met. CRNA's are the future of anesthesia



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: JENNA EDWARDS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: edwardsjennaj@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:22 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JENNIFER CLEVINGER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jclevengercrna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:01 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JENNIFER MCGEE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jrtmcgee@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 10:59 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: JENNY KETCHAM		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jat1117@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JESSICA PREMIS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jmpremis4@icloud.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 10:23 AM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JESSICA STONE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jessica.stone22@icloud.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:24 PM
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I have received anesthesia from a CRNA and had the best, safe quality care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: JILL HALL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jillkmooss@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:20 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JIM ELLIOTT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jimelliottcrna@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 4:00 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
CRNA's have been delivering safe and cost effective care for decades.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JIM GILKERSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: busyjimmy13@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JOANNA HAGEMEIER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: johagemeier@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:30 PM

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I have been a practicing CRNA since 2004 and fully support CRNA's knowledge and capability to provide excellent anesthesia care to their patients.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: JOE HASSLER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: joe Hassler84@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:00 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JOHN B REINKER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: breinker@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 9:38 AM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JOHN IKENROTH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ikenroth777@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 10:03 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JOHN MCINTYRE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Macjre@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:55 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JOHN MELECH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jdmelech@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:56 PM
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I provide anesthesia in a rural hospital without anesthesiologist oversight. The supervision requirement for CRNA's was removed in the U.S.A during covid. If it can be removed for emergency purposes then we are safe to practice at all times independently. Most states including our neighbors KS, AR, and OK have removed the requirement. We were the first to specialized in anesthesia during the civil war and have been providing safe and quality anesthesia since. We are the sole anesthesia providers for the armed forces. Our care and practice has been proven to be just as safe as physician anesthesiologists. Please support this bill. Thank you for your support!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JOHNSON TOLENTINO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: j.tolentino2889@student.nu.edu	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:43 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a student CRNA, we are extensively trained to provide safe anesthesia care. As a student at National University CRNA (Doctorate of Nursing Anesthesia Practice) We've will obtain the knowledge. skills, and collaborative efficiency to work independently, making quick decisions and managing patients effectively. By allowing us to practice without constant supervision, we can deliver high quality patient centered care, especially in areas with fewer doctors. Trusting us to work autonomously recognizes our expertise and ensures patients get the care they need.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JON KEVIN JONES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kevinj18@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:38 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JONATHAN SPERRY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: j.bryaniii@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:30 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: JOSHUA CHRISTIAN GARRISON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: joshua.garrison@mercy.net		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:34 PM

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

I have worked with CRNAs for nearly 20 years. They are outstanding with exceptional training and medical knowledge. I have had zero issues with my patients under their care. I have nothing but respect for the profession and I feel safe and confident working alongside them. I feel the signing off of their care is misdirected and useless, and, is more paperwork or unnecessary mouse clicks on the computer. They are trained in the field of anesthesia. I am not. Please allow them to do their job with the independence they rightfully deserve. This further allows me to do mine!



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing		
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: JOSIAH LORUSSO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: josiahlo@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 12:51 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JUAN QUINTANA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: a_sleeper2@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 6:17 AM
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CRNAs have been providing safe, outstanding anesthesia services for over 100years. The citizens of Missouri need access to care. Let's remove unnecessary roadblocks to healthcare services.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing		
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: JUDSON HOWARD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jud.howard@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:39 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JULIE BURD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: julieaburd@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:44 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: JULIE CLARK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: julie.clark9@me.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:31 PM
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CRNA's have a comprehensive and complete education that prepares them to function in an autonomous position. By letting CRNA's work to the fullest of their education and abilities you will help to increase accessibility to those who need anesthesia services.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: JULIE FREDERICKSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: juwles01@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am a practicing CRNA with 14 years of experience, and I am in full support of this bill. Removing the requirements that CRNAs have to have an “arrangement or be under the direct supervision of an anesthesiologist or other physician, dentist, or podiatrist in order to provide anesthesia services” would be very beneficial to our scope of practice. CRNAs are highly trained and skilled providers that are more than qualified to independently practice anesthesia. This would allow CRNAs to practice at the top of their license. Currently, “More than 80% of anesthesia providers in rural communities are certified registered nurse anesthetists (CRNAs), according to the American Association of Nurse Anesthesiology (AANA) in November 2022. Many rural hospitals provide CRNA-only anesthesia care to cut down on commute times and keep their general surgery and obstetrics departments open.” Furthermore, it makes no sense for a surgeon to fulfill the role as “supervising physician” in areas where CRNAs do not have full practice authority. A surgeon has much less anesthesia experience/expertise and training than CRNAs. So it makes little sense for them to be used just to fulfill a physician supervision requirement. I really hope this bill will pass, and give CRNAs the ability to practice to their full scope.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: JULIE KUEHLE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: julieakuehle@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:31 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
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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		
INDIVIDUAL:		
WITNESS NAME: KAITLIN ADAIR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kaitlincolleen@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:28 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KAITLYN BROWN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kaitlyndk7@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs are specially and rigorously trained to provide care to patients throughout the perioperative period as solo providers. Limiting their scope not only limits access to anesthesia, but also makes it significantly more expensive.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KARA BATTIG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: karambattig@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:19 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs are trained to be independent in providing competent, research-driven care. A CRNA's critical care background (at least 2 years in most circumstances while some CRNAs have a background of 10+ years of critical care) makes them uniquely skilled in providing patient care, titrating life saving medications and big picture thinking and diagnosis. The nursing background of a CRNA creates a provider who is a compassionate yet strong advocate for the patient, which is vital in the intense OR environment. CRNAs are capable anesthesia providers who should be able to provide care within their full scope of practice. Independent care provided by CRNAs is necessary to provide much needed health care access to all parts of Missouri.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: KARA MANNING		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: karaleann.rn@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 11:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

This would help improve access to high quality care and remove the unnecessary red tape that exists for CRNAs in MO. CRNAs already function in independent roles in MO performing all types of anesthetics, this would just make it more practical for CRNAs to actually provide this care. It would also bring more high quality providers to MO, lower cost burden on healthcare facilities, and bring more opportunities for student nurse anesthetists to obtain their required clinical experiences during their residencies instead of going outside the state to complete them due to competition with medical residents or facilities that limit CRNA scope of practice unnecessarily. Many good things would come from passing this bill.



MISSOURI HOUSE OF REPRESENTATIVES
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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			
INDIVIDUAL:			
WITNESS NAME: KARALEE COLLINS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: karaleecollins@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 4:14 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KAREN LEE SILVERTHORN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: silver63801@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:53 PM

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

I've been practicing thirty years very autonomously when practicing under anesthesiologist was mostly until 3:00 pm where they would go home and we would work all night. We have been giving anesthesia before there were doctors that specialized in anesthesia. Nurses started the profession. We keep up our skills and give excellent anesthesia. I personally had a craniotomy at Barnes in St Louis and requested a CRNA as opposed to a MDA. I knew I would get very good care



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KAREN SAPP		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ksappcrna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:08 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

As a practicing CRNA in MO and KS I know first hand the benefits of allowing CRNA's to practice without supervision. There are studies that support this practice and no decreases in outcomes were found. Rural hospitals need to be able to staff their hospitals with anesthesia providers and this is a powerful support. Please help insure all patients in MO can access anesthesia services.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: KARILYN HOLDEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kprivetts@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:37 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KARRINA MOCK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: karrinaw@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 10:39 PM
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CRNAs should be allowed to practice to the full extent of their training which allows them to practice independent of MD supervision. Requiring MD supervision is costly and inefficient for patient care.



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KATE MANUEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kate.battig@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:53 PM
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I support this bill



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: KATHERINE COOPER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kcoopercrna@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:57 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: KATHRYN THURMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: stantonkatie03@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 9:54 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KATIE WILLS, BSN, RN, CCRN, RRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kma989s@missouristate.edu	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:28 PM

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

Nurse anesthetists have been around for over 150 years before a credential in anesthesia even existed. They were present in anesthesia in its infancy during the civil war and have grown with the specialty of anesthesia into what it is today. We have been called the original anesthesia experts and the best kept secret in medicine. Most people to this day still don't even know what a certified registered nurse anesthetist is or does. Some people undergo surgery and never realize their anesthesia provider is a nurse at all. CRNAs are highly trained anesthesia professionals with a minimum of seven calendar years of nurse anesthesia education and clinical experience. In addition to the years of education, CRNAs are also required to have worked in an acute care setting providing care to critically ill patients who are intubated, ventilated, and sedated with complex co-morbidities. CRNAs have an extensive understanding of physiology and how it is uniquely manipulated under anesthesia. They are trained and prepared to handle any emergency situation that may arise and have extensive knowledge of pharmacology and yield unique skills in advanced airways and procedures. The current verbiage of supervision of CRNAs in Missouri's legislation prevents CRNAs from practicing to the full extent of their education and training. This is providing a disservice to Missouri patients, our communities, and constituents. Missouri is down to 35 critical access hospitals to serve 2.06 million rural Missourians. Many times CRNAs are the sole anesthesia providers in these settings, yet Missouri laws do not support these rural hospitals, it's healthcare providers, or it's patients. Because of the verbiage of our current legislation in these rural settings, physicians who are not even trained to practice or administer anesthesia are forced to sign as supervising party. This practice is not supported in the simple fact that CRNAs have been trained as independent practitioners who are legally responsible for their own actions, not to mention the liability a non-anesthesia trained physician is taking on. The verbiage of supervision also leads to unmitigated restrictions on CRNA scope of practice in larger urban hospitals by other members of the anesthesia care team. This is not cost effective and does not allow a CRNA to practice in their full scope that is regulated by the State Board of Nursing. The Missouri CRNA scope of practice consists of all accepted anesthetic techniques including general, regional, epidural, spinal, sedation, local, and chronic pain management. Ultimately this leads to CRNAs being underutilized and places an even greater burden on the healthcare system where in Missouri we already face large healthcare provider shortages. This leads many Missouri CRNAs to relocate to other states and prevents new CRNAs from moving in, again placing greater burden on Missouri's healthcare system. Current state regulations in Missouri are more restrictive of CRNA practice than federal regulations. Currently 24 states and Guam have opted-out of CRNA supervision. No other state that surrounds Missouri has CRNA supervision in their state Nurse Practice Acts. Missouri universities are training new CRNAs only to lose them to other states. This leads me to ask, when will Missouri start investing in itself? I ask for your vote in support of bill HB 1561. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KAYCEE SIMON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kayceesimon@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 6:17 AM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KELSEY HAWKINS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kfechter10@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:35 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KELSEY WYKOFF		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kiselowe@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:36 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KENDRA TRACY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kendra.tracy13@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:40 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KENNA O'SULLIVAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: knajan1@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:43 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KERI DEWEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: keridewey@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:55 PM
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- CRNA's already have access to practice independently in rural areas. This allows patients to recover the care they need and desire in underserved areas. - We already practice independently in most settings. This allows for more patient care efficiently and safely in underserved areas.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: KIM RONHOVDEE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kdronhovdee@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:55 PM
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Let cRNA's practice within their full scope. Remove this block and give patients better access to care!



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: KIMBERLY KINKEAD-AMIOT CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kimamiot@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
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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		
INDIVIDUAL:		
WITNESS NAME: KRISTAIN CARROLL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kristaincarroll@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:09 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: KRISTEN LIEBIG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kbal82@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:52 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
CRNAs provide safe care in all of Missouri. They have always been the sole providers in most Missouri rural communities.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing			
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: KRISTEN RICHTER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kristenleannjohnson@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:32 PM

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

Hello! I am a CRNA in the state of Missouri and the President of the Missouri Association of Nurse Anesthetists. I fully support this bill for CRNAs, and all Missourians, to increase access to anesthesia care and decrease restrictions for CRNAs to provide excellent anesthesia care in all settings in which they work. Non-anesthesia trained physicians should not be mandated to sign our anesthetic record with no anesthesia training in CRNA-only facilities, and CRNAs are educated and licensed to provide safe anesthesia care without the need for protocols. This bill will fix the interpretation of statute issues with the BNDD, and it will give CRNAs the authority to practice anesthesia the way in which our licensure was intended. This bill will reduce the possibility for CRNAs to be placed in a situation where they have to choose between efficient patient care and waiting for a physician's order or protocol to be signed--no patient deserves to have to wait for appropriate care because of needless legal barriers, and no CRNA deserves to be put in the position of having to choose between meeting their job requirements and taking care of patients or potentially facing legal action due to lack of protocols, protocols not being signed, or physician presence for an order. Thank you for your time and attention to this bill.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: KRISTI SCHNORF		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: schnorfage@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:50 PM
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Removing supervision requirements for CRNAs in rural health care practices would assist in providing more to more individuals without unconvincing the surgeon or other physician provider currently required to add a signature. Some of these physicians ERRONEOUSLY feel they are held liable for decisions made by the CRNAs. This supervision was temporarily lifted during the Covid pandemic and the passing of time has not produced increased mortality & morbidity statistics from this timeframe. Removing the requirement would allow CRNAs to provide the safe thorough care they have been providing rural patients for many years but in a better streamlined fashion.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: KRISTIN DOBBS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dobbskristinl@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 7:27 AM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
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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		
INDIVIDUAL:		
WITNESS NAME: KRISTINA BROWN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kabrown65@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:28 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: KRYSTAL SUNDERMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kas_23@live.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:26 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KURT BATTIG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kbattig@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:05 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: KYLIE JENNINGS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kylievaught.kv@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:46 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
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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			
INDIVIDUAL:			
WITNESS NAME: LACEY ANDERSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: lacey.anderson808@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:43 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
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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		
INDIVIDUAL:		
WITNESS NAME: LAUREN KERLEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: laurenkerley@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:42 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: LAWRENCE WALTER FOURNIER JR.		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: fournilw@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 9:12 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Good afternoon, my name is Lawrence Fournier. I am a certified registered nurse anesthetist (CRNA) that currently works in a CRNA only practice at a critical access hospital in rural Missouri. The practice in which I currently work does not have any physician anesthesiologist to administer anesthesia, CRNAs are the sole anesthesia providers where we work under supervision of the surgeons who do not have any formal training in the art and science of anesthesia. The practice in which I provide care is set in a small community that has a wide range of patients. Without CRNAs, this community would not have access to surgical, obstetrical, and gastroenterology anesthesia service. At times, unintended consequences of the law may leave patients in pain or crisis unnecessarily while they are forced to wait for a supervising physician to sign off on treatment. Currently 22 states have updated their legislation to eliminate the supervision requirement for CRNAs. Of these 22 states, six border Missouri and HB 1561 would offer a solution to this problem. This legislation will clarify CRNA practice in statute and eliminate unnecessary barriers to patient care. They would also allow CRNAs to select and administer medications for anesthesia services, for which they have had extensive training. I am highly in support of HB 1561 as it will keep and allow critical access hospitals anesthesia services.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: LESLIE GLOE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lgloecrna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:06 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: LESLIE JACOBS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Corinn45@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:34 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
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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		
INDIVIDUAL:		
WITNESS NAME: LINDA BORGHI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: linda@dazzlehomestaging.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 10:12 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: LINDSAY MARIE BANTA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Lindsay.banta@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 10:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Unfortunately we live in a time where healthcare accessibility has become a real problem for Missourians. I strongly support and urge our representatives to allow healthcare professionals to practice to the full extent of their license.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: LINDSEY BRIGHT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lindseybright82@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 4:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: LINDSEY BUSSEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lmschroeder2@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 11:40 AM

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In full support of CRNAs practicing without supervision!



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: LISA BILYEU		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Inolle1989@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 12:38 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: LISA PERRETT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: lmerdahl@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:13 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: LOUIS J DESPRES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ljdespres@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:03 PM
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Missouri CRNAs are restricted in practice by the supervision requirement by a physician. CRNAs are educated and trained to provide anesthesia care equal to anesthesiologists. Please support the sole anesthesia providers in most of rural Missouri and the majority of all anesthetics in r state.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: MACKENZIE MILLER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: miller.mackenzie@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:52 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: MALLORY STITH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mallory12386@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: MANDY THOMPSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mandyjo50@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 1:01 PM
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Certified Registered Nurse Anesthetist are wonderful providers and should be able to practice at their full level of training independently without supervision. This will allow more access for Missourians.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: MARCIA J. ROBINSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hijaneerob@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 7:22 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing			
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: MARIA FULLER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: fullermaria88@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:38 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: MARK A BARRETT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mabcrna@att.net	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:51 PM
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Thank you for the opportunity to testify. I have been a Nurse Anesthetist for almost 23 years now. I've been an instructor in a level 1 trauma center, an anesthesia provider in Afghanistan, and now I work as an independent practitioner in an underserved community. I would like to speak in favor of the passage of this bill. I understand wholeheartedly that we are not medical doctors, and we don't profess to be. We do, however, practice safe anesthetics and remain firmly within our scope of practice, utilizing all tools, such as consults with specialties to ensure that we provide care in line with the patient advocacy that is the foundation of nursing practice. I am proud to say that we have a very satisfied patient population, and a strong and trusting relationship with our surgeons, as well as other physicians in our institution. Furthermore, it is convenient for patients in underserved areas because finding an Anesthesiologist to cover such areas can be challenging. We provide a safe alternative. Thank you for your consideration of this bill.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: MARK LIPARI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mlipari8@comcast.net	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:14 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: MARY BOLGEO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mbolgeo@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 9:33 AM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: MARY ELLEN FRANTZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mefrantz100@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:32 PM
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I support HB 1561 for the good of the citizens of Missouri



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: MARY GERHARDT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: akbger03@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:10 PM

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CRNAs are expertly prepared anesthesia providers that provide high quality safe care. They are trained to work autonomously and passing this bill would help increase access to care.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: MARY JILL SCHABERG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mjs_39@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:55 PM
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MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing		
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: MARY LOUISE PONDER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mlouponder@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:55 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: MARY SCHILLER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: schillermary1978@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:01 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: MATTHEW BAECHLE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Baechle90@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:43 PM
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CRNAs all over the United States provide safe and quality anesthesia, with several large studies showing it is the same quality as care provided by physicians.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing		
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: MATTIE MARTIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mnmartin10@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 6:27 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: MEAGAN IVES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: meagan.ives@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 6:38 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: MEAGAN KOZAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: meaganelizabethg@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:35 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: MEG FUCHS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: meg.fuchs@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:37 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: MEGAN BRENNAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: meganjbrennan1@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 9:04 AM
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MISSOURI HOUSE OF REPRESENTATIVES
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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			
INDIVIDUAL:			
WITNESS NAME: MEGAN HAMILTON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: andmeg99@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:11 PM
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MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: MEGAN KELLON THOMAS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: megankellon@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:13 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: MEGAN SCHOFF		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mjschoff@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:10 PM
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I work as a CRNA in MO, and am in support of this bill because it is critical in order for rural areas to receive adequate anesthesia care. CRNA's are qualified providers and need to be released from the supervision rules to be able to care for Missourians. Please pass this bill!!



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MEGHAN LEES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mmfcm7@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:55 PM
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MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MELANIE REED		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: reedrn94@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:51 PM
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I am in full support of this bill. CRNAs are a safe, reliable and affordable provider group. Our history supports itself.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: MELINDA GREEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: little.green.bean24@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:10 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I have been in healthcare for over 20 years, 7 of that being in anesthesia. I received a Doctorate Degree in Nurse Anesthesia Practice, DNAP, from Missouri State University in 2017. Since then, I have been working in Missouri to provide safe and effective care as a Nurse Anesthetist for both rural and level one trauma hospitals to patients of all ages. Lifting state restrictions will allow us to work within our full scope of practice will help us utilize our training and skills more effectively for employers. We especially need this in an era of healthcare shortages. CRNAs are more than capable to function in this capacity, and it will also provide better patient care and access for all patients within the state of Missouri.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MELINDA WEBER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: fehrenbach@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:42 PM
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I support this bill in favor of CRNAs.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: MELISSA CROAD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mpicceri@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:05 PM
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This should have been done years ago! CRNAs would without supervision all over this country all day, every day. It's time to modernize these laws in MO!



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: MELISSA GERLACH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mawhite4s@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:47 AM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: MELVIN LOGAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bluesnation63@icloud.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 11:22 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: MICHAEL CALHOUN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: michael.calhoun@Citizensmemorial.co m	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:26 PM
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Citizens Memorial Hospital is in favor of this bill as it will improve our ability to provide care in a rural setting.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: MICHAEL RAY NORDYKE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mraynordyke@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:33 PM

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We will be able to better serve the rural Missouri. CRNAs provide safe, effective, and evidenced based practice.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing		
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: MICHELE CLEMENTS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: micheleleigh62@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:09 PM
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WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing			
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: MORGAN GILKERSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: momodnap@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:21 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: NATALEE SCHULTZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: schultznatalee@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:15 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: NICOLE ALLEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: nicallen1985@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:32 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: NICOLE EMERS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: nike0777@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:16 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing			
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: NICOLE WICKOREN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: nwickoren@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 10:26 PM

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I am a CRNA working in both KS and MO. I have a total of 3 college degrees, which took me 10 years to complete, culminating in a Doctor of Nursing Practice. I worked for 11 years as an RN in a busy urban ICU, I worked for 8 years as an RN in two different Post Anesthesia Care Units, and I've worked for 3 years as a CRNA. I'm not trying to pretend that I am a physician, nor am I trying to take a physician's job. I possess extensive knowledge in the fields of nursing and anesthesia, and I would like the opportunity to work to the fullest extent of my education and training in the state of Missouri. There is no difference in the quality of care I give to my patients depending on which side of the state line I'm on; I provide anesthesia services safely and confidently in Missouri just as I do in Kansas. The only difference between my experiences in the two states is that in KS I can practice independently and in MO my license is in jeopardy every single day while performing my normal work obligations. The vague rules and restrictions that we are forced to abide by are silly, unnecessary, and are not helpful to the patients of this great state. All of us, CRNAs and physicians alike, should be more concerned about the lack of healthcare services in rural parts of MO. Giving CRNAs the chance to practice anesthesia unencumbered by governmental red tape is a great first step to helping solve that problem.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: OLIVIA KILBURN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: livy.kilburn@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:31 AM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
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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		
INDIVIDUAL:		
WITNESS NAME: ORISIA KIRKPATRICK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: orisias@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:57 PM
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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			
INDIVIDUAL:			
WITNESS NAME: P BRAUN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: ibraun25@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 6:24 PM
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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			
INDIVIDUAL:			
WITNESS NAME: PAM SOCHA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: pamsocha@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:47 PM
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WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: PAULA GOUGH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: pgoughcrna@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:45 PM

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Allow CRNAs to practice under the full scope of their education and training!!**



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: PEGGY MANUEL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: zacharymm@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 6:42 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: PERRY RATHBUN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: perry.rathbun@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: PRESTON KING		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kinganesthesiallc@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:03 PM

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

Moved away from my home town of poplar bluff due to unfounded supervision requirements and restriction of practice without evidence. I now own and operate an opioid free pain treatment center in another state and provide anesthesia for two rural hospitals including a trauma center. By keeping restrictions in place that only serve to stiffen the free market on anesthesia services MO will constantly loose residents like me.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: RACHEL DICKEMPER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: blueis9981@comcast.net	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:54 PM

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Missouri CRNA in support of removal of supervision.**



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: RAFAEL BONILLA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: rafael.bonillavasquez@mercy.net	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 11:12 PM	

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

Dear Missouri representatives, My name is Rafael Bonilla, MD. I am a board-certified General Surgeon and Chief of Surgery at Mercy Hospital in Lebanon. I am writing this letter in support of HB 1561 since I am unable to come in person due to my clinical duties. Our hospital, just like 78% of rural hospitals in MO, has a CRNA-only anesthesia model to serve the rural community which has been critical to be able to provide health care to patients. In the 3 years since I joined this facility the Anesthesia team has been delivering quality and compassionate care to the highest standards, going above and beyond for the patients and with excellent outcomes. After witnessing firsthand how difficult it is to recruit physicians to provide care in rural areas, it has become clear to me that our CRNAs have a key role in patient care in these areas and without them we would not be able to provide surgical services to the communities that we serve. With my current understanding of HB 1561 my opinion is that this would allow facilities to choose the model of supervision or collaboration with CRNAs that works best for each facilities needs and reality. From a surgical perspective, it would not expand their ability to prescribe/administer drugs as it would be limited to the inpatient peri-operative period when they are directly caring for the patient and the required medications. This would bring the legislation closer to the expectations, duties and training of an anesthesia provider. It would clarify the liability aspect from a malpractice standpoint when collaborating with a CRNA, which will likely eliminate a barrier to more physicians joining rural facilities due to concerns regarding this topic. I believe that HB 1561, its intention and the people that I know behind it are trying to bring legislation in line with the evolving reality and needs of most of Missouri, as well as remove some obstacles to cost-effective and quality patient care. I do hope that once I has been discussed, it can pass and maintain its good intentions.



MISSOURI HOUSE OF REPRESENTATIVES
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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			
INDIVIDUAL:			
WITNESS NAME: RANDY D CORNELIUS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: randy-cornelius@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:29 PM
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MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: REBECCA MAUL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: steerrj@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:18 PM
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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			
INDIVIDUAL:			
WITNESS NAME: REGINA ALEXANDER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: reginamalexander@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 10:00 PM
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I believe supporting this will allow CRNAs to continue to provide high quality anesthesia services in all the capacities they trained for.



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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		
INDIVIDUAL:		
WITNESS NAME: REGINA SPARKS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: reginazorich77@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:44 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



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WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
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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		
INDIVIDUAL:		
WITNESS NAME: RENEE KREIFELS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rkreifels70@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I have practiced as a CRNA in rural Missouri for over 11 years. I have practiced with independent decision making throughout my career, having a physician sign my charts for supervision. My physician colleagues have relied on my expertise as a solo practitioner. The physician supervision law should be removed in accordance with our neighboring states. It is outdated and serves no real purpose.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RHIANNON MCCARTY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rhimccarty@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 9:45 PM
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WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: RICHARD HILL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dnaprh@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 9:37 AM
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So the Anesthesiologist comes into my or suite sits down and looks at his phone and gets paid for supervision. Sounds like another scam you might see in your email. I have been a CRNA for 24 years and have worked in opt out states before. The struggling hospital gets the benefit not the Anesthesiologist. Helps keep the smaller hospitals solvent.



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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		
INDIVIDUAL:		
WITNESS NAME: RICHARD PONDER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: rickp63@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:59 PM

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I have been practicing as a CRNA for more than 20 years and during that time, anesthesiologist have consistently been more of a hinderance to direct patient care than providing patient care. In many facilities where MDAs are present, the ONLY part of the entire anesthetic process performed by the anesthesiologist, is the pre-op evaluation. After that, they have zero participation in direct patient care. The CRNA takes the patient into the operating room, applies all applicable monitoring devices, prepares all medications to be administered, administers the medications, inserts the necessary airway, maintains the anesthesia level during the procedure, emerges the patient at the end of surgery, and then transfers the patient to the recovery room. In the PACU, the CRNA gives a full report of the patient history, the anesthesia provided, and the writes the orders for the PACU staff. To reiterate, this entire anesthesia process takes place with the only patient interaction with the MDA is a 1-3 minute pre-op evaluation. Many times, if a CRNA is available, even the pre-op evaluation is assigned to the CRNA. In these instances, the anesthesiologist will have zero contact with the patient. The main point of my comments are to demonstrate that CRNAs are completely capable of providing safe, effective, efficient anesthetic care without any type of medical supervision. Many facilities will keep a CRNA in house for overnight call but not an anesthesiologist. That is direct proof that medical supervision is not necessary. Finally, let me assure those reading these statements, a majority of operating room personnel demand a CRNA, rather than an anesthesiologist, provide them and their loved ones the anesthesia when they need surgery. Surgeons frequently comment that they prefer a CRNA to deliver the anesthesia for their patients



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RICHARD WILSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: richdpwilson@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 5:04 AM
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CRNAs are highly qualified experts that provide cost effective add quality care to the community.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RICK SCOTT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rickscott10@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:11 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

MO resident. Working in different state currently due to restrictions placed on practice by laws such as what this seeks to remove. Would be glad to return to working unrestricted in my home state. These bills are always sold to legislators under the guise of patient safety. In fact it is trade protectionism, and preventing financial loss by eliminating independent crna competition. I'd implore any legislator to pay a visit to an operating room in the state that requires "supervision" and then one without supervision and see the real truth of the matter.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ROBERT BLAND, DNP, CRNA, NSPM-C		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rbland59@icloud.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:50 PM

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

I am writing in support of HB 1561 and requesting Missouri remove costly and unnecessary requirements for physician supervision of CRNA anesthesia services. I am a Certified Registered Nurse Anesthesiologist (CRNA), and I genuinely believe that this law will encourage facility flexibility and efficiency and promote competitiveness and economic growth by reducing waste and innovation at the local level. We should always eliminate the costly and unnecessary requirement for physician supervision of CRNA anesthesia services, support the delivery of population and community health care in a manner that allows healthcare facilities to make their own decisions based on state laws and patient needs, controlling cost, providing access and delivering quality care. Though the provision in Medicare requires the supervision of CRNAs (except in the 40+ opt-out states) by an operating practitioner or an anesthesiologist who is immediately available if needed, hospitals and healthcare facilities often misinterpret this requirement as a quality standard rather than a condition of participation. I have witnessed firsthand that anesthesiologists erroneously suggest that supervision is some quality standard, an assertion bearing potential financial benefit for anesthesiologists marketing their medical direction services to comply with the supervision condition of participation. When this ideology is established, anesthesiologist supervision adds substantial costs to healthcare by requiring duplication of services where none is necessary. I believe removing the requirement for physician supervision for CRNA anesthesia services is an important step and should be a priority for Missouri. Thank you for your time and consideration regarding this important matter.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ROBERT COATS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: r.coats.74@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 11:51 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ROBERT KINDER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: kinder1968@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ROBERT MCCOY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tiva2go@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:54 PM

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CRNA's deliver quality care. MDA's take the money and control the business. CRNA's are capable of independent practice saving healthcare money.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: ROBIN HIRTH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: robinhirth@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:48 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: RONDA BRADEN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: braden141965@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 10:09 PM
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I believe supporting this will allow CRNAs to continue to provide high quality anesthesia services in all the capacities they trained for.



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing			
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: ROSEMARY HAGEMEIER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: rosemaryinmo@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 7:20 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
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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		
INDIVIDUAL:		
WITNESS NAME: ROY NORMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: rdnorm57@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:16 PM
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I have received anesthesia from a CRNA and had the best, safe quality care.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: RYAN CLARK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: clark17ryan@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:52 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: SAHAR ARNAOUT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: s_arnaout@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:10 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: SANDRA UHLMANN, CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: uhlmann07@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:56 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: SARA MYERS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: saramcmanus@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:31 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: SARAH R. GRITZNER, DNAP, CRNA, APRN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: srgritzner@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:54 PM
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I am a Certified Registered Nurse Anesthetist providing independent UNSUPERVISED full scope of practice anesthesia care in a rural, critical access hospital. My training and experience do not support the need for supervision and I am competent and fully qualified to care for all age ranges.



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 1561		DATE: 2/27/2024
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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		
INDIVIDUAL:		
WITNESS NAME: SARAH TOBIAS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: saraht5489@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 9:21 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing			
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: SAVANNAH CLARK		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sclark041@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 1:52 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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			
INDIVIDUAL:			
WITNESS NAME: SEBASTIAN FERNANDEZ DE SOTO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sebastian.desoto@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 8:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: SHANE A SEVERNS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: shaneseverns@windstream.net	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:44 PM

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Studies have shown the safety that Nurse Anesthetist provide on a daily basis.



MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: SHANNEN YOUNG		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: shannenstout12@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:00 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: SHANNON MAWYIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: skellysalo@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

CRNAs are great and already work independly in Missouri, they just have to have the surgeon or hospital it's sign off on their paperwork— which is silly because those people aren't trained in anesthesia.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SHREYANS BENGANI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: shreyansdoctor@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 11:49 PM
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CRNAs are important team members at a larger hospital but are Critical to providing services at small and critical access hospitals and the small hospitals often don't have anaesthesiologists covering 24x7.



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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		
INDIVIDUAL:		
WITNESS NAME: STEFFANIE DOKE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wxrn@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 6:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: STEPHANIE BRADSHAW		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: stephaniej_1@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: STEPHANIE KLEIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: soehlert82@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:44 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
I support full practice CRNAs and respectfully request removal of supervision requirements.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: STEPHANIE RUTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: msruters@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Nurses were the first to EVER deliver anesthesia!! And SAFELY!! ! Since the late 1800's! CRNA's have risen to the Highest Standards through research and clinical skills. Without CRNA's, rural , smaller cities would not have anesthesia providers, because the profession of anesthesiology has not been able to keep up with the profound need in the smaller city and rural settings. Safety is of the highest priority among the profession of Certified Registered Nurse Anesthetists. I fully support a full scope of CRNA independent practice.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN LANGLEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: langley.susan.e@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:50 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: SUSANNE OWENS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Susannecrna@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:12 PM

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

I am a CRNA that has been practicing in Missouri since 2008. I have worked at various facilities in SouthEast MO, mid Missouri, NE MO and now Northern MO in a variety of anesthesia care settings including independent rural CAH and supervision and direction of an anesthesiologist. I feel like it is convenient to have an anesthesiologist as a consultant for a more complicated case or for additional hands when placing a critical patient under anesthesia, but I have also worked emergent aortic aneurysms with no anesthesiologist present, but a second set of hands in the form of a qualified CRNA. In SE MO, an anesthesiologist was supposed to be on call for the 7 years I worked for the facility and only once did he come from home or out of town to assist during a very difficult case that should not have been performed or attempted in our facility. The entire time, we as nurse anesthetists backed each other up for critical patients, pediatrics, obstetrics, traumas, critical dialysis patients and very sick bowel obstructions. To have a surgeon sign a record where they have no clue of how to perform an anesthetic or any medication that you gave, or why you gave it at any given time is a waste of time and a matter of control. I had 11 years of ICU experience specifically in open heart surgical ICU and a bachelors degree before attending anesthesia school. The critical difference between a CRNA and an Anesthesiology Assistant is that I had years of treating and assessing patients who were on a ventilator who couldn't tell me when something was wrong other than my assessment. They were patients on critical drips, intra-aortic balloon pumps, continuous dialysis calculations, heart lung bypass machines and it was my training in ICU for years before anesthesia that gave me skills that set me apart from AAs. Anesthesiology Assistants have none of that experience and in my opinion I would never want them to take care of me or my family. I trained exclusively to specialize in anesthesia in a graduate program for 2.5 years with thousands of hours of hands on training. I had to perform and meet national requirements of minimum cases in every type of specialty as in pediatrics, open heart bypass cases, craniotomies, obstetrics, regional blocks, central lines, and pass the national boards before being allowed to practice. I currently work independently in another state also at an Indian Health Hospital and I come in to assist the Emergency Rooms physicians during traumas, intubations, central line placement and anytime they need help with a critical patient. I was called at 4 am for a newborn code by the ER physician because he needed another set of qualified hands to assist with such a critical patient that had just been delivered on the obstetrics unit. If you read the research, the studies will show there is no statistical difference in anesthetic outcomes whether it's an anesthesiologist performed the anesthetic, a CRNA performed the anesthetic or it was Anesthesia Care Model with an anesthesiologist and CRNA were involved in the patients care. Where it is helpful to have an extra pair of hands is when an anesthesiologist or another CRNA can pre-op patients and take their medical history or perform a preoperative or post-operative block while you can continue performing anesthesia on the next patient in the operating room. You can clearly see that the trend and data shows that "opt out" states has been voted in over half of the US states currently. The ACT model

and anesthesiologist controlled model is a model that is costing the hospitals and patients for repetitive costs. TEFRA rules are NEVER followed. There is no need to have redundant care. If there is an incompetent CRNA that needs to be "supervised or directed" then they shouldn't be allowed to practice. Same should happen with an anesthesiologist. I had an anesthesiologist trying to exhibit control over me as a CRNA in a 3 yr old pediatric airway case. The patients breathing tube was blocked and the D.O. Anestheisiologist didn't want me to pull the breathing tube because he said the patient wasn't "ready". The patients oxygen saturation levels were going down into the 50s on 3 separate occasions during the emergence phase of anesthesia. When the patient would cough her oxygen levels would drop significantly and when she took a big inhalation she would recover temporarily and then try to cough the secretions out the very small breathing tube that she could not clear. I removed the breathing tube against the anesthesiologist advice and saved the child because she never lowered her oxygen levels again. The case was reviewed and my judgment was upheld as the correct treatment for the patient. I as a CRNA carry malpractice insurance at the same level as any anesthesiologist I have worked with currently or in the past at the state required levels. In Missouri, I carry 2 million per occurrence and 6 million lifetime limits. If I am not liable for my own clinical care and the physician is responsible for my decisions, why would I need to carry my own malpractice? Ultimately if the anesthesiologist was making all the critical decisions, then malpractice and liability should be only on the physician. The captain of the ship theory has sailed and let's let antiquated laws be updated to current evidence based practice.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: SUZANNE DUFEK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: suzannedufek77@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:05 PM

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Recently, various groups that inspect our hospitals have become more accusatory of the way CRNAs work to provide anesthesia to our patients. These agencies are limiting the CRNA's ability to practice. I have been giving anesthesia in Missouri for 40 years, and our practice was never questioned until recently. We are the only anesthesia provider serving many rural areas in Missouri. Our patients deserve to be given the same excellent care by a CRNA that is not working with an anesthesiologist. They deserve a variety of pain-relieving techniques WITHOUT the bureaucracy of extensive orders and protocols that hinder their care. Please pass this legislation for your Missouri constituents. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: SUZIE NEWELL, DNP, CRNA, FAANA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: suzenewell@me.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 7:11 PM

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I have worked as a CRNA without supervision for the majority of my 20 year career. This work has allowed me to serve rural populations with outstanding, much needed anesthesia care. I am sure you have seen the research highlighting our safety and parity with physician anesthesiologists. I am here to highlight the fact that without independent practice CRNAs many areas in this country would simply not be able to offer their community basic medical care. We are the backbone of many community hospitals. Let's stop pretending CRNAs need physician supervision. It's a farce. We have never needed it. We are trained to full scope. We practice independently in every state. Let the CRNAs in Missouri stop jumping through hoops, based on outdated legislative code, just to do the jobs they love. Remove supervision.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: SYLVIA FEENEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Firecracker826@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:34 PM
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CRNA's should not be limited in their practice in our wonderful state! We are safe providers! Please support this bill! Allow us to practice to the top of our license. We are well educated and hard working Missouri professionals.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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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			
INDIVIDUAL:			
WITNESS NAME: TAMERA HARRIS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: harristl64@hotmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:53 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: TARA HUTA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: hutara07@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 3:15 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: TARA M. GRGURICH CRNA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: taramrgurich@icloud.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:14 AM
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I am the CRNA who provides anesthesia at Samaritan Hospital in Macon, Missouri. My hospital is one of only 35 critical access hospitals left in Missouri (several staffed with CRNAs-only for anesthesia care). Many of our rural patients are unique to us; not wanting to drive long distances, feel uncomfortable in traffic, or become confused in large, intimidating buildings. Our hospital is blessed to provide the care they need in an environment they are comfortable in. I proudly provide anesthesia (including pain medicine/"controlled substances") for general surgery, endoscopy, gynecological procedures, cataract removals, pain procedures, podiatry procedures, and orthopedics. Last year alone, the anesthesia department (myself and 2 CRNAs who cover me for vacation time) safely provided anesthesia for over 1100 patients. In order to do this, the surgeon or podiatrist signed my paperwork ("directly supervising anesthesia"). Ultimately though, I am responsible for the anesthesia that our patients receive, or don't receive. I have cancelled cases that are not appropriate for our facility. Patient safety is paramount! I invite you to visit a critical access hospital in your area (or mine, if you'd like!), or a surgery center that does not have a physician anesthesiologist on site. I think you would be surprised how many of these facilities exist. The American Society of Anesthesiologists say (on their public website), "the role of the physician anesthesiologist is to medically evaluate the patient's fitness for surgery and anesthesia, determine potential risk, manage the patient's medical condition during surgery, treat any medical complications and supervise post-operative care. In the absence of a physician anesthesiologist, there is only one other medical professional in the operating room with the education and training to perform these services: the surgeon..." I urge you to ask a surgeon, podiatrist, or dentist that you know about their anesthesia training. The opposition for this bill will tell you that CRNAs are incapable of providing safe anesthesia care for patients. This is simply untrue (my husband would say, "the proof is in the pudding!"). CRNAs are trained specifically to provide excellent anesthesia care! My everyday practice will not change if you do not pass this bill. I will continue to do what I do in order to provide safe anesthesia care for folks who need it; I will continue to utilize all of the resources available to me, including the patient's primary care providers; but the surgeon will continue to sign my paperwork so we can remain compliant. If however, you do pass this bill, you will remove several tedious, antiquated logistics to patient care. You will tell our patients in Missouri that the anesthesia care here is just as safe as Alaska, California, Colorado, Iowa, Idaho, Kansas, Kentucky, Minnesota, Montana, Nebraska, New Hampshire, New Mexico, North Dakota, Oregon, South Dakota, Washington, Wisconsin, Arizona, Oklahoma, Utah, Michigan, Arkansas, Wyoming, and Delaware. Our healthcare system is broken in many ways. I urge you to take this small step toward fixing it. Thank you! Tara M. Grgurich CRNA



MISSOURI HOUSE OF REPRESENTATIVES
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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			
INDIVIDUAL:			
WITNESS NAME: TARANJEET RATHORE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: taranjeetrathore57@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 8:41 PM
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I support removing supervision of CRNAs



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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		
INDIVIDUAL:		
WITNESS NAME: TAYLER WINSTON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: taytolef@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 1:24 PM
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MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: TERRI S. TRACY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tstracy@prodigy.net	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:22 PM
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MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: TIFFANY TELLAS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: tiffanynalexmilller@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 5:20 PM
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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		
INDIVIDUAL:		
WITNESS NAME: TIMOTHY FORD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tford36@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 12:37 PM
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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		
INDIVIDUAL:		
WITNESS NAME: TOM MCINROY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: pattom5134@sbcglobal.net	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 10:24 PM

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Increase access to medical care for Missourians especially in rural areas.



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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		
INDIVIDUAL:		
WITNESS NAME: TONYA PORSHINSKY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tsuchora@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 12:21 PM
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WITNESS APPEARANCE FORM

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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		
INDIVIDUAL:		
WITNESS NAME: TRACY ELBERT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tracye11@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 8:46 PM
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MISSOURI HOUSE OF REPRESENTATIVES
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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		
INDIVIDUAL:		
WITNESS NAME: TRACY I LANES		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tilanes@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:21 PM

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Hello this testimony is to support CRNAs as professionals that should be allowed independent practice. Currently I work at the VA in St Louis in a Team Anesthesia model. Prior to this role I worked at the Washington University Department of Anesthesia at the Center of Advanced Medicine and worked in a Not Medically Directed model with 1 MD anesthesiologist for up to 4 CRNAs, who would see the patients for pre operative assessments. There the CRNA was able to take the patient to the room and give anesthetics independently and unsupervised. If help was needed the CRNA would call the MD as needed. After 14 years of this independent practice I came to the VA and now I must call the anesthesiologist to the room for and inductions and wake ups from anesthesia. In my previous practice based on my experience I knew when I needed an MD in the room based also on my training. Thank you for considering this bill. Respectfully Tracy I Lanes CRNA



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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		
INDIVIDUAL:		
WITNESS NAME: VALERIE WEAVER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: vk.smith@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 2:44 PM
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: WALLACE LAWSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ed.lawson.anesthesia@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

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COMMITTEE: Professional Registration and Licensing		
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: WALTER SMITH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jezus4life@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 9:46 PM

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I believe supporting this will allow me to continue to provide high quality anesthesia services in all the capacities I trained for.



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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		
INDIVIDUAL:		
WITNESS NAME: WESLEY GALLAGHER DNP, CRNA, APRN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL: toppu2020@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 3:40 PM
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I support HB 1561 and its goal to remove unnecessary restrictions on Certified Registered Nurse Anesthetist (CRNA) practice. There is no evidence suggesting a benefit from restrictions on CRNA practice. Placing artificial supervision restrictions on CRNA practice only serves to limit access to quality health care while simultaneously increasing cost to the public. CRNAs, through their intense education and training, are well qualified to administer anesthetic services throughout the peri-operative continuum without collaboration or supervision from any other healthcare specialty. Numerous research studies have demonstrated no difference in care between physician anesthesia providers and CRNAs. There is no data which demonstrates improved outcomes with physician supervision of CRNAs. More specifically this bill aims to eliminate CRNA supervision by dentist and/or podiatrist whom have little to no formal training in anesthesia care. Having a profession with little to know anesthesia training supervising professionals with thousands of hours of anesthesia specific training is completely illogical and harmful to Missourians. Lastly, many rigorous research studies have shown that CRNA solo anesthesia practice is the most cost effective way to provide high quality anesthesia care. This is particularly true in rural Missouri, where access to anesthesia services is lacking. Please amend Missouri law to protest access to high quality, low cost anesthesia services for Missourians.



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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		
INDIVIDUAL:		
WITNESS NAME: WILLIAM HOWELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: williamhowell323@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 4:00 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: YINYAN WU		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: yinyanwu2006@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:41 PM
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I support the CRNAs for independent practice in healthcare for reasons.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ZACH SMITH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/27/2024 12:00 AM
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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		
INDIVIDUAL:		
WITNESS NAME: ZACHARY PERRETT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: zperrett@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:18 PM
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Do it.



MISSOURI HOUSE OF REPRESENTATIVES
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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			
INDIVIDUAL:			
WITNESS NAME: ZANE HARTGRAVES		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: zane.hartgraves@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/26/2024 9:18 PM

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I believe Missouri is the best State! I love all of the trivia associated with Missouri, to include that our state has more surrounding states than other state; we have 8 states touching ours!! As a CRNA It fascinates me that ALL 8 of those states have removed supervision or cumbersome language for their CRNAs!!! can't help but wonder what kind of positive impact this would have for our state: for CRNAs, rural communities, and economically. Seriously though, those against this bill will argue that CRNAs are so dangerous, but if that's the case, why isn't it all over the news from the 47 states that have removed the language and restrictions imposed on CRNAs, that there have been sentinel events caused by CRNAs? Because that just isn't the case. Also, I highly doubt that any Anesthesiologist will lose their job if this is passed. They are going to argue that, but I'm willing to bet it's not true. Need some sourcing for that? Ask your buddies working across all 8 borders if that has happened. It's time Missouri joined the other 47! states that have already passed similar bills.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ZANKHANA BHAKTA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: zeebhakta@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 8:54 AM
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This bill would be beneficial for rural area. It will give access to anesthesia care without patients having to seek medical care further away from their hometown. It also allows CRNAs to utilize complete scope of practice.



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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: AASHAY PATEL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: aashay.patel@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 1:34 PM
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This is dangerous for patients. Anesthesiologists should be providing care to patients in the operating room. This only hurts patients and increases profits for corporations.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ALEXA WILSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: awilson@waaai.net	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:08 PM

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Certified anesthesiologist assistants help facilitate safe and efficient anesthesia by embodying the care team model. We work alongside CRNAs to provide effective care.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: AMY EVERS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: amyevers98@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:23 PM
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The claim that CRNAs provide anesthesia care that is just as effective and safe as care administered by physician anesthesiologists is inaccurate and overlooks the specialized training and unique expertise that physician anesthesiologists bring to critical healthcare situations. Anesthesiologists are rigorously trained for high-stakes environments such as the operating room, delivery room, and intensive care unit, where their in-depth knowledge is essential in managing life-threatening scenarios. They have a skill set that is unmatched by other practitioners when it comes to critical decision-making during medical emergencies. Suggesting that anesthesia care can be equally safe without the involvement of a physician anesthesiologist undermines the high standards of patient care and can put patient safety at risk. It is the combination of comprehensive education, extensive training, and team leadership that enables physician-led anesthesia care to not only safeguard lives but also to optimize healthcare costs.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: ANDREW TRAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: andrew.van.tran@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:17 PM
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I am writing in opposition to HB 1561. I am a full time attending physician and assistant professor of clinical anesthesiology at MU Healthcare in Columbia MO and support the care team model with physician led medical direction of care which has proven to be a safer approach to patient care in the perioperative setting.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ANGELA SAETTELE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: saettelea@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 3:02 PM
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I am in support of physician led anesthesiology practice. Anesthesiology physicians are uniquely trained to care for complex and healthy patients in all practice locations. The operating room often requires complex medical decision making in emergencies. The breadth of training that is involved to become an anesthesiology physician allows us to be unmatched in that ability.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BENJAMIN LATTEMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sa203222@atsu.edu	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 2:33 PM

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When your life is on the line in the operating room, why would you trust anyone with less training than a doctor who specializes in perioperative medicine? An infinitesimally small number of CRNAs continue their training to become doctors, but there has NEVER been an anesthesiologist that later became a CRNA. The reason is simple. The overwhelming majority of CRNAs are not capable of completing the training required to earn the title of physician and the ability to practice medicine. Practicing medicine is a privilege afforded to the select few who can and will endure the hardship it takes to earn that right. We don't need more people with less training practicing medicine. We need more doctors, especially when dealing with the sickest patients and the most dangerous medications in healthcare. Anything less gets people killed by incompetence.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: BRANDON TAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: brandon.k.tan@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:15 PM
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I believe this to be dangerous. CRNAs can be competent members of the anesthesia team. However, CRNA education is not the same as an anesthesiologist residency. Even the best trained anesthesiologists can and do make mistakes, how much more when CRNAs work alone. When lives are on the line, do you not want the best possible education and training for your family members undergoing surgery?



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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: BRYANT LOOSLE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bryant.z.loosle@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:34 PM

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As a new resident of Nixa MO who moved from out of state I want to add my testimony against this bill. I am a practicing anesthesiologist and came to Missouri because of the fantastic care team model that exists here. Anesthesia is an ever evolving field and having a physician direct the care is critical to the safety of our patients. When critical situations occur our team based model helps us to efficiently and effectively care for patients. Please do not change a model that's already working and that evidence shows is the safest way to deliver anesthesia care. Thank you, Bryant Loosle, DOPracticing Anesthesiologist Springfield, MO



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BURK LOELIGER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: bwloeliger@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 7:29 PM
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There is a practitioner shortage in Missouri and no presence of physician anesthesiologists in rural areas. However, anesthesiologists receive significantly more in-depth and comprehensive training, particularly regarding unusual or critical situations. Therefore, if nurse anesthetists were to practice without any readily available anesthesiologists, patients would be significantly more at risk for complications and life-threatening situations during surgery. The concern about a shortage of healthcare providers, particularly in rural areas, is acknowledged. However, it's important to emphasize that the provision of high-quality anesthesia care should never be compromised for the sake of increasing the number of practitioners. The issue of physician anesthesiologists not being as prevalent in rural communities is partially due to current federal policies. Specifically, Medicare allows certain rural hospitals to financially compensate nurse anesthetists and anesthesiologist assistants for their services through a cost-based arrangement under Medicare Part A, rather than the standard Part B payment method for anesthesia services. This arrangement, however, does not include physician anesthesiologists, which effectively restricts their presence in these areas. The American Society of Anesthesiologists (ASA) is actively advocating to change this policy to include physician anesthesiologists, ensuring that hospitals can similarly support their services. Resistance to this change from nursing groups is noted, as it challenges the push for independent practice for mid-level practitioners by highlighting the need for physician involvement in anesthesia care, especially in underserved regions. The claim that CRNAs provide anesthesia care that is just as effective and safe as care administered by physician anesthesiologists overlooks the specialized training and unique expertise that physician anesthesiologists bring to critical healthcare situations. These professionals are rigorously trained for high-stakes environments such as the operating room, delivery room, and intensive care unit, where their in-depth knowledge is essential in managing life-threatening scenarios. They have a skill set that is unmatched by other practitioners when it comes to critical decision-making during medical emergencies. Suggesting that anesthesia care can be equally safe without the involvement of a physician anesthesiologist undermines the high standards of patient care and can put patient safety at risk. It is the combination of comprehensive education, extensive training, and team leadership that enables physician-led anesthesia care to not only safeguard lives but also to optimize healthcare costs. The claim that surgeons support the legislation because they don't understand anesthesiology, especially in rural areas where they oversee anesthesia, is not accurate. This misunderstanding is challenging to correct since a small number of surgeons, some of whom have personal relationships with CRNAs, have shown support for the bill during testimonies. However, the American College of Surgeons, representing the broader community of surgeons, has consistently opposed this legislation. The field of anesthesia has greatly improved in safety and effectiveness over recent years, largely due to the collaborative efforts of physician-led anesthesia teams and research. The comprehensive medical training and residency programs that physicians undergo provide a depth

of knowledge about the patient's overall health that is crucial in the practice of anesthesia. In Missouri, there are specific guidelines provided by the Bureau of Narcotics and Dangerous Drugs on how anesthetics should be administered. These protocols are followed by medical facilities where surgeons oversee CRNAs. Currently, if a CRNA needs to use anesthetics in a way that deviates from these guidelines, they must inform the supervising surgeon and get verbal approval for the change. This process is vital for patient safety, allowing for swift action and enabling the surgeon to use their complete understanding of the patient's health to evaluate risks or adjust the plan during surgery. Removing this requirement could disrupt the essential communication and assessment processes that contribute to the high standards of patient care. The argument that Missouri is the only state mandating direct physician supervision over CRNAs is not accurate. Across the United States, regardless of the terminology used—whether it's "direct supervision," "collaboration," or another phrase—physician involvement in patient anesthesia care is a common practice. Contrary to the claim, Missouri joins 45 other states in upholding a standard where physicians play an integral role in overseeing the anesthesia care provided by nurse anesthetists.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHARLES CHASE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: charles.comstock.chase@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:33 PM
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My name is Charlie Chase I am a C-AA Certified Anesthesiologist Assistant (anesthetist) at St. Louis University Hospital. We as C-AAs along with CRNAs are Advanced Practice Providers (APPs) we work under the anesthesia care team model (ACT) which is physician led anesthesia service. An MD or DO anesthesiologist oversees up to 4 anesthetists and is available should the need arise. Research has proven time and again that care team is the safest method of anaesthesia. Nurses are not doctors and do not have the training needed to practice independently. CAAs and CRNAs require 2000 hours of anesthesia patient contact to graduate their programs, MD Anesthesiologists have about 14,000 before they finish residency. CAAs are very strong proponents of the care team model, and of physician led anaesthesia practice.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHRISTOPHER M AHRENS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: chrismahrens@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:07 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CLAUDINE MANSOUR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: claudinemansour@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/27/2024 1:45 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DAN TIVENER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dtivener@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 2:00 PM
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Collaborative practice is the safest model for our patients. This is proven with scientific studies. Our families and friends deserve high quality safe care.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DAVID D CARR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: daviddcarr@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:38 PM

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It would be detrimental to patients to have allow CRNA's to issue orders independently or not be required to enter into a collaborative practice arrangement for the provision of anesthesia care, provide anesthesia service under the supervision of a physician, dentist, or podiatrist, or obtain a certificate of controlled substance prescriptive authority from the Missouri State Board of Nursing. I have many instances where a CRNA would have caused permanent and devastating harm to patients if not under my supervision and direction. Please do not allow this dangerous bill to pass.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID JACKSON		PHONE NUMBER: 314-406-2933	
REPRESENTING: JEFFERSON CITY MEDICAL GROUP/MISSOURI SOCIETY OF ANESTHESIOLOGIST		TITLE:	
ADDRESS: PO BOX 1865			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 63005
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ELIZABETH CAVANAGH		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: ejcavanagh@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:35 PM
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I am in opposition to HB 1561 as it goes against safe anesthesia care and the number one duty and responsibility in medicine to protect and care for patients. When patients are under the anesthesia care team, there is a collaborative effort of the physician anesthesiologist and CRNA ensuring the best possible outcome for the patient. I have lived and worked in Missouri for the last 22 years where there is a structure for safe anesthesia care. I implore you to protect your family, your constituents and all citizens of Missouri by opposing HB 1561



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ERIC NELSON MD DABA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: enelso1969@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 2:58 PM

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No matter what study the AANA puts out Anesthesiologists and Nurse Anesthetists are not equals as a whole. I medically direct CRNAs and SRNAs all day and night long. A lot of these new students are not qualified to work right out of school with medical direction let alone with NO supervision. It is Not Best practice to allow this bill to be approved. This bill is not good for patient care. You say the AANA says they deliver as good of care as a Doctor who spent years getting into school then 4 years of MD or DO school and then 4 years or more of residency programs with countless hours...these SRNA students do not work weekends, have short days and rarely take call let alone the class room rigors are of No comparison. My job performing medical direction is to oversee and stop problems before they occur...these issues that I take care of day in and out are never reported to or by the AANA. It's not appropriate to masquerade as an Anesthesiologist MD/DO when you are not and can't be unless you did the time and training.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: FREDERICK O'DONNELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: fodonnell73@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:00 PM
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I oppose HB 1561. I am a physician (M.D.) and an anesthesiologist practicing in Columbia, MO. I practice physician-led, team-based anesthesia care. HB 1561 would dismantle this and remove physicians from the equation. Patients do better and receive safer care when we all work together. HB 1561 would also give nurse anesthetists (CRNAs) authority to perform procedures to treat chronic pain and operate ketamine infusion clinics, neither of which they have the education or the training to do. The practice of medicine should be left to physicians.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: GEORGE HRUZA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JAMES B KELLY JR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jbkjr1@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 11:03 AM
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February 27, 2024 Dear Chairman Coleman and members of the Committee on Professional Registration and Licensing, My name is Jim Kelly and I am a cardiac anesthesiologist at the Mid-America Heart Institute at St. Luke's Hospital in Kansas City. The testimony below is on behalf of myself and the Missouri Society of Anesthesiologists. I am writing in opposition to HB1561 and HB1881. I have been practicing anesthesiology in Kansas City since 1992. I personally perform anesthetics and practice in the Care Team model with nurse anesthetists (NAs) and anesthesiologist assistants (AAs). The above-mentioned bills seek to remove physician supervision from the delivery of anesthesia in the state of Missouri. This would be a step backwards for the citizens of the state. Many reasons have been offered for why you should pass this bill including 1) the care provided by NAs and patient outcomes are the same as that provided in a care team model with physician supervision, 2) this bill will alleviate the shortage of anesthetists and increase rural access to care, 3) Missouri is the only state to require physician supervision, and 4) surgeons don't want to be "bothered" during surgery with anesthesia issues. I will briefly try to clarify several of these points. Despite allegations to the contrary, there are better patient outcomes with anesthesiologist supervision. I would be happy to provide you with multiple studies that demonstrate this. A physician anesthesiologist has 8-9 years of post-college training compared to an NA who has 3. This training includes medical decision-making which is paramount in an intense operating room environment. They have a skill set that is unmatched by other practitioners when it comes to critical decision-making during medical emergencies. Suggesting that anesthesia care can be equally safe without the involvement of a physician anesthesiologist undermines the high standards of patient care and can put patient safety at risk. This bill will not do anything to alleviate access to surgical care in rural Missouri. Studies have demonstrated that states that have removed physician supervision have no increase in access. If anything, NAs tend to move to more urban settings in these states. While statements have been made that Missouri is an outlier in requiring physician supervision, actually it is exactly the opposite. 45 states require physician involvement in some fashion. I would invite you to carefully scrutinize the data that you are provided and look at the source documents. Again, I am happy to provide you with this data. The claim that surgeons support the legislation because they don't understand anesthesiology, especially in rural areas where they oversee anesthesia, is not accurate. This misunderstanding is challenging to correct since a small number of surgeons, some of whom have personal relationships with CRNAs, have shown support for the bill during testimonies. However, the American College of Surgeons and the Missouri chapter of the American College of Surgeons, representing the broader community of surgeons, has consistently opposed this legislation. In addition, there are protocols in place that the Bureau of Narcotics and Dangerous Drugs (BNDD) have endorsed which satisfy all rules and regulations. This bill would also allow NAs to provide chronic pain management services including the administration of ketamine, a schedule III drug. Both the Missouri

House and Senate have previously determined that chronic pain management services constitute the practice of medicine and as such should only be performed by physicians. In closing I think this bill is best summarized as “a solution looking for a problem that doesn’t exist.” I work with nurse anesthetists every day and value their contribution to the care team but that doesn’t mean they should practice independently. Thank you for your consideration in this matter and I am happy to discuss this further if you wish. I strongly urge you to vote no on HB1561. James B Kelly Jr MD



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMES F. PIONTEK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jpiontek@kc.rr.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 2:39 PM
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In my 42 year career as an Anesthesiologist I have worked with many CRNAs. While the majority of them were well trained, conscientious, and dedicated individuals, they did not possess the comprehensive knowledge base acquired during 4 years of medical school and 4 or more years of training following medical school in the specialty of Anesthesiology and related medical fields. Allowing CRNAs to function independent of physician supervision will do a disservice to our patients who should be the beneficiaries of the physicians much greater knowledge base.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JAMIE HAAR		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jhaar2020@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:07 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JANETTE MCVEY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: janette.mcvey@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 12:28 PM

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Independent practice of CRNAs would be detrimental to the healthcare of Missourians. The physicians with the highest level of anesthesia training should be leading care for our patients. Wouldn't you want your family member to receive the best possible care?



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JASON CONWAY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jaconway1s@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 3:22 PM
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I am want the people or person with the most training and most experience at the head of the bed when second counts. Crnas should be supervised by and anesthesiologist so that the team can provide the highest quality of care for patients at there most vulnerable time. There are thousands of hours more training that is required for anesthesiologist compared to crnas



MISSOURI HOUSE OF REPRESENTATIVES
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BILL NUMBER: HB 1561		DATE: 2/27/2024	
COMMITTEE: Professional Registration and Licensing			
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: JEFF HOWELL		PHONE NUMBER: 573-636-5151	
REPRESENTING: MISSOURI STATE ORTHOPEDIC ASSOCIATION, MISSOURI SOCIETY OF GASTROENTEROLOGY		TITLE:	
ADDRESS: 113 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 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: JENNIFER NOLAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jennifernolan.caa@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 2:56 PM
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As a healthcare provider that works at two hospitals in the State of Missouri, I have grave concerns about CRNAs being granted full independent practice. They do not complete medical school and therefore should always collaborate care with a physician. I also am concerned about the ability to prescribe without supervision. For example, while ketamine is often used in anesthesia practice, prescribing this in a cash pay clinic for purposes other than anesthesia (as could potentially happen if given unrestricted prescribing power) would be inappropriate. Please protect Missourians by continuing physician-directed healthcare!



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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: JOHN R. MULLINS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JORDAN CRUZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: jordanwcruz@hotmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 9:51 AM

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Having a physician involved in the critical care associated with surgeries and procedures is of the utmost importance to patients and their safety. This bill does nothing to improve access to healthcare. CRNA colleagues are an important part of patient care, however allowing them to care directly for patients with no physician oversight, prescribe narcotics and perform invasive procedures without oversight is wrong. Physicians attend medical school and residency, spending 12 years or more learning and training to treat the entire patient. To allow CRNAs to practice as a physician is wrong for the healthcare system and wrong for the safety of our patients. As a constituent, as a physician and as a patient, I strongly oppose this bill.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: MISSOURI COLLEGE OF EMERGENCY PHYSICIANS		TITLE:	
ADDRESS: 213 E. CAPITOL AVE.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM	

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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: JULIE MARSHALL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: MISSOURI SOCIETY OF ANESTHESIOLOGIST		TITLE: MD
ADDRESS: 3720 BRAY CT.		
CITY: COLUMBIA		STATE: MO
		ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: JULIE MARSHALL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: juliemarshall2000@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:02 PM

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House bill 1561 does not increase access to surgical care in Missouri. We currently have a safe team model that allows a physician and nurse to work together to provide safe surgical care. Changing that team model to an independent CRNA model does not increase the number of surgeries that can occur in Missouri. Right now every surgery in Missouri is supervised by a physician. Often this is an anesthesiologist, or at times, a surgeon in conjunction with protocols for CRNA provided care. While this bill does not increase the number of surgeries performed in Missouri, it may increase risk. Physician-led anesthesia care (the team model) is shown to have few complications and lower patient costs. I am also concerned because this bill allows for expansion into the practice of pain management including invasive procedures and infusions of controlled substances such as ketamine. Pain management is a specialized area that requires extensive training to make appropriate treatment decisions and gain procedural skills. I am in opposition to the expansion of CRNAs into providing chronic pain management services.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: KANDICE SANDERS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Ksanders@oaaweb.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 2:52 PM
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Missouri residents deserve high quality healthcare—which includes collaboration by a physician anesthesiologist as part of their anesthesia for surgery. Although there is concern for healthcare provider shortage, especially in rural areas, patient care or safety should never be risked. CRNAs can, and have for many years, practiced in the care team model with direct supervision of and anesthesiologist safely and effectively and should continue to do so. Physician Anesthesiologists have more rigorous and in depth training than any other position in anesthesia and should be the foundation of each patient’s anesthesia care team.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KATHY PERRYMAN		PHONE NUMBER: 573-403-7841	
BUSINESS/ORGANIZATION NAME: MISSOURI SOCIETY OF ANESTHESIOLOGIST		TITLE: MD	
ADDRESS: 213 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MATTHEW BIGHAM		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mbigham@waa.net	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 3:25 PM
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I have practiced Anesthesia in the St. Louis and rural Missouri areas for 27 years. The team approach to Anesthesia care is the best approach in my opinion. I have worked very closely with CRNAs, but I feel independent CRNA practice would be a terrible mistake for the care of Missouri patients



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MATTHEW V. SATTERLY, M.D.		PHONE NUMBER: 502-541-8597	
BUSINESS/ORGANIZATION NAME: MISSOURI SOCIETY OF ANESTHESIOLOGIST		TITLE: PRESIDENT	
ADDRESS: 740 HAWBROOK ROAD			
CITY: ST LOUIS		STATE: 63	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL HOFFMANN, DDS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mjhdds@aol.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:34 PM
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I am in opposition to HB1561. This would allow a CRNA to practice in a dental office with no back up other than a poorly trained BLS dentist and staff. CRNAs receive no training in mobile anesthesia. The level of training for a CRNA is nowhere near that of an anesthesiologist. It is not access to care but a safety issue.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL JOHNSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mjg2f@health.missouri.edu	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:36 PM

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As an anesthesia resident I don't feel this bill is safe for Missouri residents nor will it increase access to quality healthcare.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MICHAEL S BROWN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: brownmic@missouri.edu	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:48 PM

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CRNA's are technicians and do not possess the depth of knowledge necessary to safely manage the medical complexities encountered almost daily without physician guidance and supervision.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: MIKE LOWE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: mlowe@waai.net	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:12 PM

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CRNAs have specific skill training for intra operative care but no training for pre and post care. All this would do is harm patients without helping care.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: NIKKI STRONG		PHONE NUMBER: 573-634-4876
REPRESENTING: RAYAS RADIOLOGY		TITLE:
ADDRESS: 213 EAST CAPITOL AVENUE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PARITA SUTARIA JANI		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: p.sutaria@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 5:03 PM
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I stand in opposition to the current bill. It expands licensing and independent practice in a way that may compromise patient safety. Anesthesiologists go through years of rigorous training in critical care scenarios, and this background is essential to high quality and cost effective health care.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PATRICIA STRUTZ		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: pkstrutz@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 4:26 PM
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Hello, Thank you for allowing this testimony regarding HB 1561. I am appreciative of this opportunity because often Anesthesiologists (medical doctors) are unable to step away from practice to provide in person testimony for these important decisions. Often, this is something other groups capitalize on as we are unable to provide the same physical presence others can provide, i.e. a class of CRNAs being bussed to Jefferson City. A nurse, even a specialized nurse or nurse with a doctoral degree (PhD), cannot replace a physician (a Medical Doctor, MD, or Doctor of Osteopathy, DO). Although both a certified registered nurse anesthetist (CRNA) and an Anesthesiologist (MD or DO) administer anesthesia, the training is fundamentally different between the two roles. Anesthesiologists are first trained to understand the body as a whole. After completing an undergraduate degree, 4 years of medical school ensures exposure to all medical specialties and provides in depth understanding and clinical experience. At least 2 years of medical school are reserved for clinical rotations on all core specialties (Internal Medicine, Pediatrics, Obstetrics/Gynecology, Psychology, and Surgery & Anesthesiology). Thus, even before Anesthesiology Residency, we are trained to interpret symptoms, initiate cost-efficient, comprehensive tests, and finally to diagnose and treat in all medical fields. Then during the 4 additional years of Anesthesia residency, we expand this knowledge and begin to learn complex management while working 60-80 hours/week. We are tasked with covering emergency airway pagers and managing major or minor traumas. We are trained how to manage and staff operating rooms (ORs) and navigate the peri-operative setting, including pre-operative assessment and management of post-anesthesia care complications. We spend an entire month of training specific to managing post-operative care outside of the OR. Thus, an Anesthesiologist has completed at minimum 8 years of in depth, high-responsibility medical education after completing an undergraduate degree. Compared to Anesthesiologists, CRNAs have completed an undergraduate nursing degree followed by work experience as a nurse, in a critical care setting. They then complete CRNA school, which is typically only 2 years of training (only 6-12mo clinical experience). Thus on average, an Anesthesiologist has nearly 2x the years of training and almost 5x the hours of clinical training compared to a CRNA. Besides an Anesthesiologist requiring additional years compared to a CRNA, the number of procedures required for an Anesthesiologist to graduate residency is 2-4x more than the number required by CRNAs to graduate (for example - an Anesthesiologist is required to complete minimum 40 spinal anesthetics before graduating vs. a CRNA is only required to complete 10). An Anesthesiologist is taught how to manage multiple operating rooms or multiple critically ill patients at one time, a level of care not appropriate for a CRNA because the training is fundamentally different. Anesthesiologists are also taught how to teach in a clinical setting and manage trainees in the OR. These skills are not routinely taught in CRNA school, even though they often have students in the OR whether working with an Anesthesiologist or not. These core differences in training necessitate the role of an Anesthesiologist and allow Anesthesiologists to provide guidance and management that

improves outcomes for hospitals and patients. One of the areas where this is demonstrated best is in the outpatient setting. Outpatient surgeries are increasingly common as medical advancement allows innovative procedures. Preventing hospitalization for outpatient surgeries improves outcomes for patients as well as reduces cost for the healthcare system. An independently funded analysis of more than 2.4 million outpatient orthopedic surgeries demonstrated that the odds of hospitalization after outpatient surgery were 80% higher when anesthesia care was led by a nurse anesthetist instead of an anesthesiologist (Memsoudis SG et al. published in Journal for Clinical Anesthesiology). This striking difference demonstrates the value of physician-led anesthesia care and the ability to mitigate complications, thus preventing excessive cost and stress for the patient and the healthcare system. I state all this while understanding the significant health-care shortage we are experiencing, especially in rural areas. And I promise you will not meet an Anesthesiologist in MO who has not felt the pressure of being short-staffed, especially post-covid. However, high-quality anesthesia care should never be compromised for the sake of increasing the number of practitioners. The consequences are too grave. Additionally, technology continues to assist us in managing this shortage and advancement in telemedicine allows physicians to help manage patients in rural areas (please research the Anesthesia Control Tower project employed at Washington University School of Medicine in St. Louis). Furthermore, 5 recent analyses demonstrate no evidence that opting out of the safety standard Physician-Led Anesthesia Care increases access to care. Many of the claims made by proponents of this are distorting the value and impact physician-led anesthesia care provides. Terminology varies, whether "direct supervision" vs "collaboration" or other phrases, but across the US, physician involvement in patient anesthesia care is a common practice. If able, please also view this summary of research over the past 30 years that demonstrates physician anesthesiologist care, when compared to CRNA only care, decreases risk of death/complications and decreases unexpected admission after an outpatient procedure, thus preventing unnecessary healthcare costs for patients and hospitals. Summary found at: https://www.asahq.org/madeforthismoment/wp-content/uploads/2022/04/MFTM-Research-Summary_2-18-22.pdf Thank you for your time and your commitment to the people of Missouri. Please continue to look out for your constituents by upholding the national safety-standard and do not support HB 1561.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: PETER WITTL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: pwittl34@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:51 PM
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Anesthesiologists require additional training that is a requirement for safety of patients. Unsupervised CRNA are a risk to patient safety. MD/DO providers are a critical component of Anesthesia and are needed to be the leaders of the Anesthesia team. CRNAs serve a great role under supervision of MD/DO anesthesiologists.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: QUINN JOHNSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/27/2024 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ROBERT B FISHER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: robertbfisher@mchsi.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 9:37 PM

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I want to record my testimony in opposition to HB 1561 proposes that CRNAS and certain other technical medical support providers be allowed to practice in an independent and largely unsupervised manner without appropriate oversight by medically qualified professionals. They propose providing and administering scheduled medications to patients outside of licensing of the DEA and Missouri BNDD. They propose providing nonstandardized anesthesia medication and technique protocols to patients while sharing patient care in the presence of medical personnel unfamiliar with these non standard protocols and medication usage. This inevitability leads to unsatisfactory communication in patients' care with increased chance for incidence of errors with a wide range of consequences. They do not provide a satisfactory sustainable team standard provision of anesthesia in medically resource scarce regions due to dependence on special funding unavailable to other physician practitioners able to provide team medically standard care from cost constraints. This perpetuates medical care scarcity and lower care availability in these underserved regions. The medical team model of anesthesia under various names is the predominate one in the majority of states in the USA. This bill would downgrade this model which is time proven. The CRNAS named do not have the education, training and experience obtained in medical school, postgraduate medical training and medical practice in critical care provision including the post anesthesia care unit, (recovery room) to render these necessary elements of the medical anesthesia care in the pre, intra and post surgical setting. I believe this bill HB 1561 represents a setback in healthcare for many Missourians if allowed to pass. Please let me know if you have interest in further information around these issues. Robert B. Fisher DO



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RYAN DEANGELIS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: deangelis.r@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 2:00 PM
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I stand in opposition to the current bill for three main reasons. First, it expands licensing and independent practice in a way that may compromise patient safety, as the specialization that anesthesiologists bring (with years of rigorous training in critical care scenarios and comprehensive medical knowledge) to the healthcare environment is essential to high quality and cost-effective healthcare. The appropriate, ethical solution to the shortage of anesthesiologists across Missouri (and the country) is to expand the number of physicians being trained, not filling that gap with CRNAs because their training is more expedient. Indeed, their significantly shorter and limited depth of training is precisely why I find it unjust to patients and the healthcare system at large. Second, the bill does nothing to expand medicare compensation in a manner that would allow anesthesiologists to fill rural gaps in care delivery. High-quality anesthesia care should never be compromised for the sake of increasing the number of practitioners. Finally, it acts as a political wedge between CRNA and supervising anesthesiologists, who ought to and regularly work as a team to deliver anesthetics in a safe way. This type of politically driven and cultural disruption would endanger patient safety in an attempt to unduly expand practice scope.



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COMMITTEE: Professional Registration and Licensing			
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: RYAN DEBOEF		PHONE NUMBER: 573-635-6944	
REPRESENTING: MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS		TITLE:	
ADDRESS: 1424 RANDY LN.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: ryan@hahndeboef.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/27/2024 12:37 PM	
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MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1561		DATE: 2/27/2024
COMMITTEE: Professional Registration and Licensing		
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: SAGAR BANSAL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sbdhz@umsystem.edu	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 6:25 PM
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CRNAs should not be allowed to practice without physician supervision. With the difference in education there is a limited understanding of many deeper concepts of medicine on the part of CRNAs that affect the safe practice of Anesthesia. In my experience this will increase the risk of adverse events and outcomes for our patients who trust us with their lives.



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: SHOURIK DUTTA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: d.shourik@wustl.edu	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:39 PM
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I stand in opposition to the current bill for 3 main reasons. First, it expands licensing and independent practice in a way that may compromise patient safety, as the specialization that anesthesiologists bring (with years of rigorous training in critical care scenarios) to the healthcare environment is essential to high quality and cost effective health care. Second, the bill does nothing to expand medicare compensation in a manner that would allow anesthesiologist to fill rural gaps in care delivery. High-quality anesthesia care should never be compromised for the sake of increasing the number of practitioners. Finally, it acts as a political wedge between CRNA and supervising anesthesiologist, who ought to and regularly work as a team to deliver anesthetics in a safe way. This type of politically driven and cultural disruption would endanger patient safety in an attempt to unduly expand practice scope. Shourik Dutta, MDWUSTL Barnes Jewish Hospital



MISSOURI HOUSE OF REPRESENTATIVES
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COMMITTEE: Professional Registration and Licensing		
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 GEISS		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: geiss.steven@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/26/2024 7:20 PM
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This bill would not increase access to patients and will only result in a risk to patient safety. Physicians have more training, experience, and better judgement than their advanced nurse counterparts. While the CRNA is a valuable part of the team that is necessary to continue to provide a growing healthcare need of anesthesia for procedures, the crna is not a replacement for a physician in the operating room.



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN DANDO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: hoeftdando@aol.com		ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:10 PM
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I am in opposition to HB1561



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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: TIMOTHY A. SWEARENGIN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: MISSOURI STATE MEDICAL ASSOCIATION		TITLE: DO
ADDRESS: 113 MADISON STREET		
CITY: JEFFERSON CITY		STATE: MO
CITY:		ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/27/2024 12:00 AM
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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: TIMOTHY FOREMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: tdfvf6@umsystem.edu	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 12:16 PM
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Collaboration between anesthesia providers and physicians is essential to patient safety. It is crucial that we keep physicians involved in anesthesia care as a matter of patient safety. It is better if we work together rather than separate. Furthermore, we should also work to increase access to care in rural Missouri, however this bill as written will not increase the number of surgeries done, or patients taken care of in rural Missouri. We already do surgery with physician and CRNA collaboration.



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: VAFA FOROUGH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: vforoughi@premier-anesthesia.com		ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 1:51 PM
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There are many reasons put forth to allow for CRNAs to practice independently. Many point to reasons that at first glance may sound logical. However, none allow for better patient care or outcome. I work with a group of CRNAs who are extremely good and we take excellent care of our patients. But the operative word is WE. Medical training and Nursing training paths take slightly different routes. It is with the overlap of these paths that we are able to take great care of our patients. There is no doubt that a copilot can land a plane by themselves but the presence of team made up of a pilot and copilot makes the process significantly safer. I had a patient a while back who had sever nausea prior to an orthopedic procedure. The nurse wanted to administer nausea medicine right away. But I wanted to know WHY the patient was nauseated. The nurse rightly so wanted to comfort the patient but I wanted to know the Why's. As it tuned out, we cancelled the case and sent to patient to an ER. He ended up having emergency bowel surgery for obstruction. The TEAM work well and we took care from the patient from different angles. The question we need to answer is "Do we want to remain the BEST providers of healthcare in the operating rooms" or do we want to break up the team for reasons that are never fully disclosed. The effort should be placed on how to make the team better not to break it up for economical reasons. Can copilots land planes by themselves frequently? YES. Do I want to be on that plane for all of my travels ? NO. This is NOT a comment about quality of practice of CRNAs. I work with many CRNAs. I have the utmost respect for them. We are colleagues and friends. They are highly trained professionals. But it is the team approach that makes the care we provide amazing. Period.



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: WANDA WILSON, DO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: wilsonwgdo@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/27/2024 12:22 PM
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I am opposed to HB No. 1561 and feel CRNAs should be under supervision of an Anesthesiologist or other qualified physician or in a collaborative arrangement with an Anesthesiologist. Selecting, issuing orders for, and administering controlled substances should remain under supervision or collaborative agreement of an Anesthesiologist or other qualified physician. CRNAs should not be authorized to administer infusion therapy. They do not have the medical education nor clinical training necessary to safely diagnose, make therapeutic decisions for and manage infusion therapy patients.