



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                                      |   |
|--|--------------------------------------|---|
| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b>                 |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |   |
| <b>WITNESS NAME</b>  |                                      |   |
| <b>INDIVIDUAL:</b>   |                                      |   |
| WITNESS NAME:<br><b>ARNIE C.HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>  |                                      | PHONE NUMBER:<br><b>314-440-9000</b>      |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                    |
| ADDRESS:<br><b>P.O. BOX #1535</b>  |                                      |   |
| CITY:<br><b>O' FALLON</b>  |                                      | STATE:<br><b>MO</b>                       |
|  |                                      | ZIP:<br><b>63366</b>                      |
| EMAIL:<br><b>arniedienoff@mail.com</b>   | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>4/15/2024 11:28 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |   |

I am in Support of this Bill and intension. But let's make ground and get Programs and Services to serve Missourians with "Alzheimer's" as soon as possible, when diagnosed. Let's make some great In-Roads with Research and joining efforts with State Universities with studies on this subject to find remedies.



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| <b>WITNESS NAME</b>  |                                |  |                      |
| <b>REGISTERED LOBBYIST:</b>  |                                |  |                      |
| WITNESS NAME:<br><b>CATHERINE ROEHL</b>  |                                | PHONE NUMBER:<br><b>573-443-6922</b>       |                      |
| REPRESENTING:<br><b>ALZHEIMER'S ASSOCIATION</b>  |                                | TITLE:<br><b>DIRECTOR OF STATE AFFAIRS</b> |                      |
| ADDRESS:<br><b>1601 E BROADWAY, #245</b>   |                                |  |                      |
| CITY:<br><b>COLUMBIA</b>   |                                | STATE:<br><b>MO</b>                        | ZIP:<br><b>65201</b> |
| EMAIL:<br><b>cjroehl@alz.org</b>   | ATTENDANCE:<br><b>physical</b> | SUBMIT DATE:<br><b>4/15/2024 2:03 AM</b>   |                      |
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Good afternoon, Chairman Stephens and members of the Health and Mental Health Policy committee. Thank you for the opportunity to offer comments for a second time today. I would also like to thank Representative Mayhew for sponsoring this legislation. I'm Catherine Roehl and I am representing the Alzheimer's Association as the Director of State Affairs in support of HB 2837, to modify the establishing language of the Alzheimer's State Plan Task Force, with the amendment that the phrase "advice and consent of the senate" is removed from line 33 on page 2. As I mentioned a couple of minutes ago, the Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support, and research. We currently serve 115 counties in Missouri, and one of our goals is to ensure the state is equipped to handle the increasing number of individuals diagnosed with Alzheimer's and other dementias. One such initiative to do this, was the establishment of an Alzheimer's State Plan Task Force. It was originally passed in 2021, however, it was not appointed and needed to be reestablished with a new timeline in 2022. This was largely due to the lengthy appointment process each of the 21 members was required to go through, being a Senate confirmation hearing for members that are not part of the general assembly or department and division directors. While appointments were made from, roughly, October – December 2022, they were removed in the new year, after the State Plan was published on January 1, 2023. This has prohibited the Task Force from meeting in an official capacity and providing the annual update to the State Plan, as dictated in statute. It is my understanding that Senate confirmation hearings for individuals appointed to a task force is not common, and am asking that the language creating the requirement be removed to allow the group to remain appointed and keep the current State Plan up to date. The Association is also in support of the removal of the December 2027 expiration date and the subsequent requirement that a new State Plan be published every five years, starting in 2027. As there continue to be developments in Alzheimer's and dementia research, the challenges those living with the disease are also changing, and the numbers of those being diagnosed is only increasing. The guidance outlining how Missouri should address this public health crisis and support those living with the disease needs to remain up to date to reflect those changes. We have already seen positive outcomes from the current state plan, and want to make sure those benefits can be seen into the future. Instead of seeking to reestablish the Task Force every five years, the thought was to have a standing Task Force that could continuously be addressing these issues. We ask for your support of these modifications in the existing language relating to the Alzheimer's State Plan Task Force, and appreciate your time and consideration. I am happy to answer any questions.



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| <b>WITNESS NAME</b>  |                                      |   |                      |
| <b>INDIVIDUAL:</b>   |                                      |   |                      |
| WITNESS NAME:<br><b>GRACE ELAINE DAVIS</b>   |                                      | PHONE NUMBER:<br><b>573-825-1281</b>      |                      |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                    |                      |
| ADDRESS:<br><b>174 BROCH TUARACH PLACE</b>   |                                      |   |                      |
| CITY:<br><b>JACKSON</b>  |                                      | STATE:<br><b>MO</b>                       | ZIP:<br><b>63755</b> |
| EMAIL:<br><b>graced@bradshawsteele.com</b>   | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>4/12/2024 12:48 PM</b> |                      |
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My name is Grace Davis. I wrote in support of HB 2071, and my story is stated therein. I'm going to focus in this testimony on what I understand the facts of HB 2837 are, and the good that RSMo 191.116 has done thus far. The Alzheimer's State Plan Task Force has already been in action, and goes hand in hand with the work the State Coordinator would implement. The Missouri Alzheimer's State Plan Taskforce is a group that was commissioned by you all, the legislature, to assess the current and future impact of Alzheimer's on Missourians and offer solutions for the future. It involves the key agencies on the state / public side of Dementia care, including the Department of Health and Human Services, Social Services, Department of Mental Health, and the Veterans Commission. Members of your assembly, of the House of Representatives and Senate, are on the taskforce. Professionals who advocate for and work with people with Dementia are in the group. Caregivers are in the group. And at least one person with Alzheimer's or Dementia is there to bring an inside perspective on this horrible disease. The purpose of the Task force is to gather information, from a wide range of backgrounds and perspectives on the board, and from the public, and to assess the impact of Alzheimer's and Dementia on the people of our great state. The hope is that the Task Force can offer multifaceted and practical solutions. They put together the state plan, which is essential to allow each of you on this committee to address the policy side of the equation; to allow someone like the (hopeful) state coordinator to address the coordination of care, services, respite, and resources; to allow agencies to work in harmony and with a unified goal; to create accountability for all stakeholders; to allow a conversation about the suggestions put forth; and to provide transparency and a place for input for Missourians. The Task Force has hosted town halls, community forums, and heard directly from Missourians on the issues they are facing when confronted with Dementia. The Task Force identified concrete steps (that are more than attainable) which would directly impact these citizens, including education on early diagnosis, increasing respite grants for care providers who constantly put their health at risk to care for their loved ones, improving quality of care through continuing education of professionals and promoting workforce development, and coordinating care through a state coordinator. Re-establishing our task force is essential to continue such transparent, accountable, effective, up-to-date care to Missourians. It will ensure that we are able to put grants, like the CDC BOLD grant, to good use in our state. It will make sure that Missouri does not fall behind in its efforts to address Alzheimer's and all other dementia. Missourian's fight against the public health crisis that is Alzheimer's and Dementia is not set to expire anytime soon. Don't let one of the best tools to fight this crisis, the Task Force, expire as well. Please approve the Alzheimer's State Plan Task Force, and pass HB 2837.



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| <b>WITNESS NAME</b>  |                                      |   |
| <b>INDIVIDUAL:</b>   |                                      |   |
| WITNESS NAME:<br><b>MICHAEL DONNELLY</b>   |                                      | PHONE NUMBER:<br><b>314-363-0261</b>      |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                    |
| ADDRESS:<br><b>1437 REAUVILLE DR</b>   |                                      |   |
| CITY:<br><b>WARSON WOODS</b>   |                                      | STATE:<br><b>MO</b>                       |
|  |                                      | ZIP:<br><b>63122</b>                      |
| EMAIL:<br><b>michaelseandonnelly@gmail.com</b>   | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>4/12/2024 11:40 AM</b> |
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I'm writing in support of this HB to further support those who care for those with dementia. Please consider this as a benefit to our state and it's citizens.



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**I am in Support of this Bill and Legislation to create a New Office of "Dementia Services Coordinator" to assist Missouri Citizens through the maze of Red-Tape to get required and needed services as soon as possible to help deal with the awful disease of "Dementia."**



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| EMAIL:<br><b>cjroehl@alz.org</b>   | ATTENDANCE:<br><b>physical</b> | SUBMIT DATE:<br><b>4/15/2024 2:06 AM</b>   |                      |

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Good afternoon Chair Stephens and members of the Health and Mental Health Policy Committee. Thank you for the opportunity to offer comments today. And thank you to Representative Mayhew for sponsoring and supporting this legislation. I'm Catherine Roehl and I am representing the Alzheimer's Association, as the Director of State Affairs, in support of HB 2071, that would establish a state Dementia Service Coordinator position in the Department of Health & Senior Services. Alzheimer's is a public health crisis in Missouri that is devastating over 120,000 individuals aged 65 and older, and even more families, and these numbers are only expected to continue increasing. The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support, and research. In Missouri, we have two chapters that, together, serve all 115 counties. I am also here as someone whose family has been impacted by this terrible disease seven times, on both my mom's and dad's side. I have seen firsthand the challenges faced by every member of the family when a loved one is diagnosed with dementia, and have witnessed many of our constituents go through similar, and worse, situations. In the last 12-18 months, many advancements have been made related to diagnosis and treatments for Alzheimer's. But we cannot stop there. We need to ensure Missouri is preparing to be dementia-capable as the number of those affected continues to grow. The creation of a Dementia Service Coordinator position would be the first full time state employee focused on dementia care and policy. This position would aim to create a coordinated, statewide response to Alzheimer's and other dementias in Missouri. Some of the ways the position would accomplish this is by:

- Providing support in the drafting, implementation, and evaluation of future Alzheimer's State Plans as well as for other annual reports
- Organizing community stakeholders and resources to identify proactive and effective solutions
- This is especially important in rural communities, where there is a significant lack of resources within a manageable distance
- Establishing and maintaining relationships with other agencies and organizations in the community in order to meet community needs and prevent duplication of services
- Evaluating existing Alzheimer's and dementia programs and services
- Programs exist across multiple state agencies and divisions, which makes it difficult to coordinate
- Ensuring that the existing state programs are being utilized to their full potential and are effective
- Identify gaps in services
- Increase awareness of and facilitate access to quality, coordinated care for people with dementia
- This includes many of the recommendation areas in the state plan, including, but not limited to, dementia specific training, aiming to keep people at home longer, which would limit future Medicaid spending, workforce development, etc.

We ask for your support of this legislation that would help address this growing public health crisis at the state level and thank you for your consideration of this initiative to create a Dementia Service Coordinator position. I am happy to answer any questions.



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My name is Grace Davis, and I am an attorney in Cape Girardeau, Missouri. I am a third generation Mizzou Tiger. The first one to go to Mizzou, in my family, was my Grandpa, my "Papa," the Rev. James Martin Shemwell. He died of Alzheimer's Dementia during my last year in law school. He was a giant to me. He served in the Army, preached all over Missouri, was a volunteer firefighter in his rural communities, and was a ride-along Chaplain for the Highway Patrol. He was smart, funny, and kind. He loved his dog, bike rides, and peanut butter sandwiches. But this all quickly faded. Alzheimer's Dementia took him from us, and we had a horrible experience with his dementia. We did not know where to turn, what resources were available, what care was needed, or how to handle the quick deterioration that this brilliant man was going through. He was scared, we were clueless. My grandmother, his main caretaker, missed her own cancer diagnosis because she was so busy caring for him. My parents would travel hours to go assist in caring for him. I took time in law school to visit and care for him. In the end, he lay there in the fetal position, unable to even open his eyes or talk. In the end, our family was exhausted, fractured, and my grandmother's health was ruined. All because we had no idea there were services, and no professionals in the field or in the rural doctors' offices told us. I threw myself into working with Alzheimer's and Dementia groups, hoping to learn more and make a difference. But when my Husband's grandfather fell victim to the same disease, I found that even with all my new knowledge, I was still clueless as to aspects of his care. This time, I could point my in-laws towards some resources, but the coordination of them was difficult. My mother in law wore out her tires running back and forth between Cape Girardeau and St. Charles. Her siblings were all juggling care, full time jobs, and families. Even getting a proper diagnosis was incredibly difficult. My family and my husband's family needed a central resource that was able to coordinate both private and public services, and refer us to the right ones. But not central resource exists yet in this state. We needed education, and many of the individual service providers needed education, on all aspects of dementia for the person living with it, their caregivers, and the other services available. This did not yet exist in this state. Coordination of care, coordination of services, coordination of benefits, education for the public and professionals, awareness for the public and professionals, and a central point of contact is crucial for ensuring that most Missourians facing this disease can get the help they need. Further, it is essential for state agencies, private organizations, and state programs to work together, instead of disjointedly with no communication. A team of horses is useless in pulling a cart without someone to hitch them together and guide them. Alzheimer's and Dementia are not going away anytime soon, and even if we get a cure in the future, people will still need a first step in accessing that care. A permanent state coordinator is necessary, and their services to vulnerable Missourians with memory loss needs to be protected from the budgetary whims of an agency. Please, don't let what happened to my family, happen to any more families. Don't let the advances in public and private care stay inaccessible and

**unused. Appoint a Missouri Dementia Services Coordinator. Please, pass HB 2071.**





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I'm writing in support of this HB to further support those who care for those with dementia. Please consider this as a benefit to our state and it's citizens.



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| <b>WITNESS NAME</b>  |             |   |
| <b>REGISTERED LOBBYIST:</b>  |             |   |
| WITNESS NAME:<br><b>AISLINN MCCARTHEY-SINCLAIR</b>   |             | PHONE NUMBER:<br><b>707-494-9046</b>      |
| REPRESENTING:<br><b>MISSOURI ALLIANCE FOR ANIMAL LEGISLATION</b>   |             | TITLE:                                    |
| ADDRESS:<br><b>PO BOX 4309</b>   |             |   |
| CITY:<br><b>ST. LOUIS</b>  |             | STATE:<br><b>MO</b>                       |
|  |             | ZIP:<br><b>63123</b>                      |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>4/15/2024 12:00 AM</b> |
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| <b>WITNESS NAME</b>  |             |   |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |   |                      |
| WITNESS NAME:<br><b>KIM BROWN</b>  |             | PHONE NUMBER:<br><b>314-645-4610</b>                    |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>ANIMAL PROTECTIVE ASSOCIATION OF MISSOURI</b>  |             | TITLE:<br><b>VICE PRESIDENT/CHIEF OPERATING OFFICER</b> |                      |
| ADDRESS:<br><b>1705 S. HANLEY RD.</b>  |             |   |                      |
| CITY:<br><b>ST. LOUIS</b>  |             | STATE:<br><b>MO</b>                                     | ZIP:<br><b>63144</b> |
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| WITNESS NAME:<br><b>MELISSA VATTEROTT</b>  |                                      | PHONE NUMBER:<br><b>314-581-0561</b>     |                      |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                   |                      |
| ADDRESS:   |                                      |  |                      |
| CITY:<br><b>WEBSTER GROVES</b>   |                                      | STATE:<br><b>MO</b>                      | ZIP:<br><b>63119</b> |
| EMAIL:<br><b>mvatt113@gmail.com</b>  | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>4/15/2024 9:50 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |  |                      |

Dear Chairman Stephens and Members of the Committee, House Bill 2705 provides multiple benefits for a relatively small tax credit. Animal shelters are often at capacity with rescued animals and urgently need individuals to adopt these animals. Pets provide an abundance of positivity for their new owners including companionship and more time dedicated to outdoor exercise through walking the animals. This tax credit will help alleviate the burden on animal shelters and help those who would love to have an animal as a companion but are otherwise discouraged by the cost of pet adoptions. I have two rescued dogs and I cannot imagine my life without them. I do not have children and these animals are very much like children for me. The animals have done just as much for me as I have done for them and a tax credit like the one proposed in HB 2705 will help others make the decision to adopt animals, changing their lives in a positive way as well. With the mental, emotional, and physical benefits of owning a pet and the benefit this tax credit would provide by likely increasing the number of animals adopted from animal shelters, HB 2705 is a great bill. As such, I urge this committee to vote "yes" on HB 2705. Thank you for your time and consideration. Melissa Vatterott



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                                      |  |                      |
|--|--------------------------------------|--|----------------------|
| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b>                |                      |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |  |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |  |                      |
| <b>WITNESS NAME</b>  |                                      |  |                      |
| <b>REGISTERED LOBBYIST:</b>  |                                      |  |                      |
| WITNESS NAME:<br><b>RICHARD MCINTOSH</b>   |                                      | PHONE NUMBER:<br><b>573-257-0078</b>     |                      |
| REPRESENTING:<br><b>ANIMAL LEGAL DEFENSE LEGISLATIVE FUND</b>  |                                      | TITLE:                                   |                      |
| ADDRESS:<br><b>612 EAST CAPITOL AVENUE</b>   |                                      |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |                                      | STATE:<br><b>MO</b>                      | ZIP:<br><b>65101</b> |
| EMAIL:<br><b>richard@govconsultants.com</b>  | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>4/15/2024 2:37 PM</b> |                      |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
The Animal Legal Defense Legislative Fund would like to go on record in support of this legislation.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                                      |  |
|--|--------------------------------------|--|
| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b>                |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |  |
| <b>WITNESS NAME</b>  |                                      |  |
| <b>INDIVIDUAL:</b>   |                                      |  |
| WITNESS NAME:<br><b>SUSAN GIBSON</b>   |                                      | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                   |
| ADDRESS:   |                                      |  |
| CITY:  |                                      | STATE:<br><b>MO</b>                      |
|  |                                      | ZIP:                                     |
| EMAIL:<br><b>Onesuegibson@protonmail.com</b>   | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>4/13/2024 3:28 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |  |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                                      |   |
|--|--------------------------------------|---|
| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b>                 |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |   |
| <b>WITNESS NAME</b>  |                                      |   |
| <b>INDIVIDUAL:</b>   |                                      |   |
| WITNESS NAME:<br><b>ARNIE C.HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>  |                                      | PHONE NUMBER:<br><b>314-440-9000</b>      |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                    |
| ADDRESS:<br><b>P.O. BOX #1535</b>  |                                      |   |
| CITY:<br><b>O' FALLON</b>  |                                      | STATE:<br><b>MO</b>                       |
|  |                                      | ZIP:<br><b>63366</b>                      |
| EMAIL:<br><b>arniedienoff@mail.com</b>   | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>4/15/2024 11:28 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |   |

**I am Opposed to this Bill. Adopting a Pet from a County or City Shelter or from a Not-For-Profit Organization shall come from the Goodness of Missourians, without getting rewards or Tax-Credits on State Income Taxes. Adopting a Pet is the right-thing to do for Missourians and Missouri Families. We do NOT NEED Tax-Credits as a Reward or Bonus!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |  |   |
|--|--|---|
| BILL NUMBER:<br><b>HB 1793</b>   |  | DATE:<br><b>4/22/2024</b>                 |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |  |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |  |   |
| <b>WITNESS NAME</b>  |  |   |
| <b>INDIVIDUAL:</b>   |  |   |
| WITNESS NAME:<br><b>ALIANA GOOD</b>  |  | PHONE NUMBER:<br><b>314-412-2070</b>      |
| BUSINESS/ORGANIZATION NAME:  |  | TITLE:                                    |
| ADDRESS:<br><b>6185 REGINA RD.</b>   |  |   |
| CITY:<br><b>CEDAR HILL</b>   |  | STATE:<br><b>MO</b>                       |
| EMAIL:   |  | ZIP:                                      |
| ATTENDANCE:  |  | SUBMIT DATE:<br><b>3/25/2024 12:00 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |  |   |





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                                      |   |
|--|--------------------------------------|---|
| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b>                 |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |   |
| <b>WITNESS NAME</b>  |                                      |   |
| <b>INDIVIDUAL:</b>   |                                      |   |
| WITNESS NAME:<br><b>AMY M. GIBBAR</b>  |                                      | PHONE NUMBER:<br><b>636-208-6764</b>      |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                    |
| ADDRESS:<br><b>12842 MADSEN LN.</b>  |                                      |   |
| CITY:<br><b>FESTUS</b>   |                                      | STATE:<br><b>MO</b>                       |
|  |                                      | ZIP:<br><b>63028</b>                      |
| EMAIL:<br><b>agibbar@chestnut.org</b>  | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>3/25/2024 11:18 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |   |

I have a child who suffers from depression and anxiety. My child has had a suicide attempt and continues to believe there is not a reason to live, many days, resulting in 2 hospitalizations. It would give me peace of mind to know that others that see my child daily, during the school year, are educated and prepared to take action, to save my child.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                                      |   |
|--|--------------------------------------|---|
| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b>                 |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |   |
| <b>WITNESS NAME</b>  |                                      |   |
| <b>INDIVIDUAL:</b>   |                                      |   |
| WITNESS NAME:<br><b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>  |                                      | PHONE NUMBER:<br><b>314-440-9000</b>      |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                    |
| ADDRESS:<br><b>P.O. BOX #1535</b>  |                                      |   |
| CITY:<br><b>O' FALLON</b>  |                                      | STATE:<br><b>MO</b>                       |
|  |                                      | ZIP:<br><b>63366</b>                      |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>  | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>3/25/2024 11:43 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |   |

**I am in favor of this Bill and increasing the Program to include younger children in Elementary School. This Bill is a Must across Our Great State. Mental Health and Assisting Programs are Needed in every Community across Our State! Let's get this Bill onto the Governor's Desk!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |   |                      |
|--|-------------|---|----------------------|
| BILL NUMBER:<br><b>HB 1793</b>   |             | DATE:<br><b>4/22/2024</b>                 |                      |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |             |   |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |                      |
| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>CHASE CAMPBELL</b>   |             | PHONE NUMBER:<br><b>573-864-0972</b>      |                      |
| REPRESENTING:<br><b>WINTON POLICY GROUP, NATIONAL ASSOCIATION OF SOCIAL WORKERS</b>  |             | TITLE:                                    |                      |
| ADDRESS:<br><b>124 E HIGH ST</b>   |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/25/2024 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |                      |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| BILL NUMBER:<br><b>HB 1793</b>   |             | DATE:<br><b>4/22/2024</b>                 |                      |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |             |   |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |                      |
| <b>WITNESS NAME</b>  |             |   |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |   |                      |
| WITNESS NAME:<br><b>DAVID HAUG</b>   |             | PHONE NUMBER:<br><b>636-708-6780</b>      |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>JEFFERSON R-7 SCHOOL DISTRICT</b>  |             | TITLE:<br><b>SUPERINTENDENT</b>           |                      |
| ADDRESS:<br><b>1250 DOOLING HOLLOW</b>   |             |   |                      |
| CITY:<br><b>FESTUS</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>63028</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/25/2024 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |                      |



MISSOURI HOUSE OF REPRESENTATIVES  
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| BILL NUMBER:<br><b>HB 1793</b>   |             | DATE:<br><b>4/22/2024</b>                 |                      |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |             |   |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |                      |
| <b>WITNESS NAME</b>  |             |   |                      |
| <b>INDIVIDUAL:</b>   |             |   |                      |
| WITNESS NAME:<br><b>DEBBIE SCHUMAKER</b>   |             | PHONE NUMBER:<br><b>314-471-7213</b>      |                      |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                                    |                      |
| ADDRESS:<br><b>1082 WEAVER ROAD</b>  |             |   |                      |
| CITY:<br><b>FESTUS</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>63028</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/25/2024 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |                      |



MISSOURI HOUSE OF REPRESENTATIVES  
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| BILL NUMBER:<br><b>HB 1793</b>   |             | DATE:<br><b>4/22/2024</b>                 |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |             |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |
| <b>WITNESS NAME</b>  |             |   |
| <b>INDIVIDUAL:</b>   |             |   |
| WITNESS NAME:<br><b>JACLYN BROWN</b>   |             | PHONE NUMBER:<br><b>636-465-4609</b>      |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                                    |
| ADDRESS:<br><b>12356 RIDGEVIEW LANE</b>  |             |   |
| CITY:<br><b>DESOTO</b>   |             | STATE:<br><b>MO</b>                       |
|  |             | ZIP:<br><b>63020</b>                      |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/25/2024 12:00 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| BILL NUMBER:<br><b>HB 1793</b>   |             | DATE:<br><b>4/22/2024</b>                         |                      |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |             |   |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |                      |
| <b>WITNESS NAME</b>  |             |   |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |   |                      |
| WITNESS NAME:<br><b>JIM WALLIS</b>   |             | PHONE NUMBER:<br><b>618-975-0188</b>              |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>CHESTNUT HEALTH SYSTEMS</b>  |             | TITLE:<br><b>DIRECTOR OF BUSINESS DEVELOPMENT</b> |                      |
| ADDRESS:<br><b>102 4TH STREET</b>  |             |   |                      |
| CITY:<br><b>HILLSBORO</b>  |             | STATE:<br><b>MO</b>                               | ZIP:<br><b>63050</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/25/2024 12:00 AM</b>         |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |                      |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                                      |   |                      |
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| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b>                 |                      |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |   |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |   |                      |
| <b>WITNESS NAME</b>  |                                      |   |                      |
| <b>INDIVIDUAL:</b>   |                                      |   |                      |
| WITNESS NAME:<br><b>JOHN BOYER</b>   |                                      | PHONE NUMBER:<br><b>573-225-2469</b>      |                      |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                    |                      |
| ADDRESS:<br><b>3742 LIVERPOOL DR.</b>  |                                      |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |                                      | STATE:<br><b>MO</b>                       | ZIP:<br><b>65109</b> |
| EMAIL:<br><b>johnboyer0744@icloud.com</b>  | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>3/20/2024 12:05 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |   |                      |

**As a healthcare and disabled veteran I have seen first hand the effects of mental health including suicide. For our youth, every child has been exposed to trauma. For decades we have been at war, had national disasters and. The Covid pandemic. Trauma is not just physical abuse and can be from all the above. We need to help our children process this traumas. However this needs to be privatized as DMH has been corrupted, and no longer service the citizen but the families that continue to plague the citizens of services**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |   |
|--|-------------|---|
| BILL NUMBER:<br><b>HB 1793</b>   |             | DATE:<br><b>4/22/2024</b>                 |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |             |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |
| <b>WITNESS NAME</b>  |             |   |
| <b>INDIVIDUAL:</b>   |             |   |
| WITNESS NAME:<br><b>KATHERINE HUCK</b>   |             | PHONE NUMBER:<br><b>314-378-9377</b>      |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                                    |
| ADDRESS:<br><b>418 DEER CROSSING</b>   |             |   |
| CITY:<br><b>FESTUS</b>   |             | STATE:<br><b>MO</b>                       |
|  |             | ZIP:<br><b>63028</b>                      |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/25/2024 12:00 AM</b> |
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |
| <b>WITNESS NAME</b>  |             |   |
| <b>INDIVIDUAL:</b>   |             |   |
| WITNESS NAME:<br><b>STEVE HORN</b>   |             | PHONE NUMBER:<br><b>636-795-6304</b>      |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                                    |
| ADDRESS:<br><b>1250 DOOLING HOLLOW</b>   |             |   |
| CITY:<br><b>FESTUS</b>   |             | STATE:<br><b>MO</b>                       |
|  |             | ZIP:<br><b>63028</b>                      |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/25/2024 12:00 AM</b> |
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |             |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |
| <b>WITNESS NAME</b>  |             |   |
| <b>INDIVIDUAL:</b>   |             |   |
| WITNESS NAME:<br><b>WAYNE LEE</b>  |             | PHONE NUMBER:<br><b>573-821-4547</b>      |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                                    |
| ADDRESS:<br><b>1310 LINDEN DRIVE #133</b>  |             |   |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       |
|  |             | ZIP:<br><b>65109</b>                      |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/25/2024 12:00 AM</b> |
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MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |  |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |  |
| <b>WITNESS NAME</b>  |                                      |  |
| <b>INDIVIDUAL:</b>   |                                      |  |
| WITNESS NAME:<br><b>DON BICKHAUS</b>   |                                      | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                   |
| ADDRESS:   |                                      |  |
| CITY:  |                                      | STATE:<br><b>MO</b>                      |
|  |                                      | ZIP:                                     |
| EMAIL:<br><b>doniibecky@yahoo.com</b>  | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>3/17/2024 1:47 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |  |

**We have enough training for our teachers concerning this issue. We DO NOT need to add yet another layer of distractions to the already overburdened duties of our educational system. Missouri's education system is failing to truly educate the youth of Missouri because they've been to distracted by following all the 'safety' protocols and 'social services' programs. Enough is enough!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| BILL NUMBER:<br><b>HB 1793</b>   |             | DATE:<br><b>4/22/2024</b>                 |      |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |             |   |      |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |      |
| <b>WITNESS NAME</b>  |             |   |      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |      |
| WITNESS NAME:<br><b>LISA PANNETT</b>   |             | PHONE NUMBER:                             |      |
| REPRESENTING:<br><b>ARMORVINE</b>  |             | TITLE:                                    |      |
| ADDRESS:   |             |   |      |
| CITY:  |             | STATE:<br><b>MO</b>                       | ZIP: |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/25/2024 12:00 AM</b> |      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |      |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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|--|--------------------------------------|---------------------------|--|
| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b> |  |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |                           |  |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |                           |  |
| <b>WITNESS NAME</b>  |                                      |                           |  |
| <b>INDIVIDUAL:</b>   |                                      |                           |  |
| WITNESS NAME:<br><b>MICHAEL</b>  |                                      | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                    |  |
| ADDRESS:   |                                      |                           |  |
| CITY:  |                                      | STATE:<br><b>MO</b>       | ZIP:                                     |
| EMAIL:<br><b>libertytree.cottage976@passinbox.com</b>  | ATTENDANCE:<br><b>submissionOnly</b> |                           | SUBMIT DATE:<br><b>3/17/2024 3:53 PM</b> |

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

I OPPOSE HB 2471 as introduced. This bill gives too much authority and latitude to the Department of Elementary and Secondary Education (DESE). Several times it states, "...established by the department". This is problematic because DESE members are appointed instead of elected by the citizens. If the current language of the bill is passed as introduced, it would give a "blank check" to appointed officials to create policy that may be contrary to the intent of this bill and the will of the citizens. It would be akin to "having to pass the bill to find out what's in it". Policy is best set by ELECTED officials who can be held accountable by the citizens who voted them into office, NOT appointed officials who are insulated from citizen accountability. I oppose this bill so long as it allows DESE to "establish" or "promulgate" anything after the bill is passed. All establishing and promulgating should be done by elected representatives prior to being voted on.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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|--|--------------------------------------|--|------|
| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b>                |      |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |  |      |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |  |      |
| <b>WITNESS NAME</b>  |                                      |  |      |
| <b>INDIVIDUAL:</b>   |                                      |  |      |
| WITNESS NAME:<br><b>MICHAEL</b>  |                                      | PHONE NUMBER:                            |      |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                   |      |
| ADDRESS:   |                                      |  |      |
| CITY:  |                                      | STATE:<br><b>MO</b>                      | ZIP: |
| EMAIL:<br><b>libertytree.cottage976@passinbox.com</b>  | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>3/25/2024 4:27 PM</b> |      |

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

I OPPOSE HB 2471 as introduced. I find that allowing departments to create rules and regulations can often have unintended consequences and not always align with the spirit and intent of a bill. I think it's best if the state legislature integrates guardrails into bills instead of giving such flexibility to departments to promulgate rules and regulations. For this reason, I oppose the language on lines 9, 10, 14, 36, and 37 of section 170.307. I'm sick and tired of bills such as this one giving DESE a blank check. DESE should not be creating any programs. I oppose: "Instruction shall be based on a program established by the department of elementary and secondary education". I oppose: "As part of the program established by the department, shall:" I oppose: "Instruction shall be based on a program established by the department of elementary and secondary education."



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b>                 |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |   |
| <b>WITNESS NAME</b>  |                                      |   |
| <b>INDIVIDUAL:</b>   |                                      |   |
| WITNESS NAME:<br><b>ALEXIS CURRAN</b>  |                                      | PHONE NUMBER:<br><b>573-842-5148</b>      |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                    |
| ADDRESS:<br><b>220 W LAKEWOOD ST. 208A</b>   |                                      |   |
| CITY:<br><b>SPRINGFIELD</b>  |                                      | STATE:<br><b>MO</b>                       |
|  |                                      | ZIP:<br><b>65810</b>                      |
| EMAIL:<br><b>alexis.curran2@gmail.com</b>  | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>4/19/2024 11:57 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |   |

**I support increased access to health care, including mental health care. By requiring employers to provide leave for mental health appointments, we are not only improving mental health for Missourians, but also decreasing absenteeism and increasing productivity in the workplace.**





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b>                 |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |   |
| <b>WITNESS NAME</b>  |                                      |   |
| <b>INDIVIDUAL:</b>   |                                      |   |
| WITNESS NAME:<br><b>ARNIE C.HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>  |                                      | PHONE NUMBER:<br><b>314-440-9000</b>      |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                    |
| ADDRESS:<br><b>P.O. BOX #1535</b>  |                                      |   |
| CITY:<br><b>O' FALLON</b>  |                                      | STATE:<br><b>MO</b>                       |
|  |                                      | ZIP:<br><b>63366</b>                      |
| EMAIL:<br><b>arniedienoff@mail.com</b>   | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>4/15/2024 11:28 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |   |

**I am in Support of this bill and Providing Unpaid Leave once a week to attend Mental Health Appointments. Mental Health in the United States and the State of Missouri is at ALL-Time Highs and we as a State NEED to Support our Fellow-Missouri Citizens unpaid opportunities to attend these Mental Medical Appointments.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b>                 |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |   |
| <b>WITNESS NAME</b>  |                                      |   |
| <b>INDIVIDUAL:</b>   |                                      |   |
| WITNESS NAME:<br><b>DON BICKHAUS</b>   |                                      | PHONE NUMBER:                             |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                                    |
| ADDRESS:   |                                      |   |
| CITY:  |                                      | STATE:<br><b>MO</b>                       |
|  |                                      | ZIP:                                      |
| EMAIL:<br><b>doniibecky@yahoo.com</b>  | ATTENDANCE:<br><b>submissionOnly</b> | SUBMIT DATE:<br><b>4/19/2024 10:35 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |   |

**Good common sense legislation that is truly needed nowadays!**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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|--|--------------------------------------|---------------------------|---|
| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b> |   |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |                           |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |                           |   |
| <b>WITNESS NAME</b>  |                                      |                           |   |
| <b>INDIVIDUAL:</b>   |                                      |                           |   |
| WITNESS NAME:<br><b>SUSAN GIBSON</b>   |                                      | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                    |   |
| ADDRESS:   |                                      |                           |   |
| CITY:  |                                      | STATE:<br><b>MO</b>       | ZIP:                                      |
| EMAIL:<br><b>Onesuegibson@protonmail.com</b>   | ATTENDANCE:<br><b>submissionOnly</b> |                           | SUBMIT DATE:<br><b>4/20/2024 10:25 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |                           |   |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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|--|--------------------------------------|---------------------------|--|
| BILL NUMBER:<br><b>HB 1793</b>   |                                      | DATE:<br><b>4/22/2024</b> |  |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |                                      |                           |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                      |                           |  |
| <b>WITNESS NAME</b>  |                                      |                           |  |
| <b>INDIVIDUAL:</b>   |                                      |                           |  |
| WITNESS NAME:<br><b>SUSAN GIBSON</b>   |                                      | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                                      | TITLE:                    |  |
| ADDRESS:   |                                      |                           |  |
| CITY:  |                                      | STATE:<br><b>MO</b>       | ZIP:                                     |
| EMAIL:<br><b>Onesuegibson@protonmail.com</b>   | ATTENDANCE:<br><b>submissionOnly</b> |                           | SUBMIT DATE:<br><b>4/13/2024 3:28 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                      |                           |  |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

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| BILL NUMBER:<br><b>HB 1793</b>   |             | DATE:<br><b>4/22/2024</b>                 |                      |
| COMMITTEE:<br><b>Health and Mental Health Policy</b>   |             |   |                      |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |                      |
| <b>WITNESS NAME</b>  |             |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |   |                      |
| WITNESS NAME:<br><b>PHILLIP ARZEN</b>  |             | PHONE NUMBER:                             |                      |
| REPRESENTING:<br><b>MISSOURI CHAMBER OF COMMERCE</b>   |             | TITLE:                                    |                      |
| ADDRESS:<br><b>428 E. CAPITOL AVE.</b>   |             |   |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65101</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>4/22/2024 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |                      |