



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1873</b>		DATE: <b>2/5/2024</b>	
COMMITTEE: <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: <b>AMY R. BECK, PHD</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI PSYCHOLOGICAL ASSOCIATION</b>		TITLE: <b>LEGISLATIVE CHAIR, MISSOURI PSYCHOLOGICAL ASSOCIAT</b>	
ADDRESS:			
CITY: <b>KANSAS CITY</b>		STATE: <b>MO</b>	ZIP: <b>64114</b>
EMAIL: <b>drbeckadvocates@gmail.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/5/2024 11:14 AM</b>	

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

Dear Chairperson Stephens and Members of the Health and Mental Health Policy Committee: Missouri has solid telehealth statutes. HB 1873 would make them stronger and more responsive to patient needs. Speaker Plocher has identified a priority of protecting access to health care in this year's legislative session. Telehealth has become a critical tool in the delivery of healthcare services, both in Missouri and nationally. In our state challenged by a lack of access to mental and behavioral health services, treatment delivered through both audio-visual and audio-only telehealth is a therapeutically beneficial, convenient, and cost-effective means to treat a large range of serious health concerns. HB 1873 cleans up and enhances existing telehealth law in 2 ways. 1. Audio-Only: The continued availability and reimbursement of audio-only telehealth is no longer guaranteed by private insurance after the pandemic state of emergency. Audio-only is a critical tool for: • Missourians living in rural areas without a strong internet infrastructure. Only 5 states have a poorer internet infrastructure than Missouri, and the Federal Communications Commission estimates that 147,000 Missouri households do not have access to high-speed internet. • Missourians who cannot afford expensive computers, tablets, or smartphones. • Missourians who have trouble operating more complex technology (e.g. senior citizens). • Providing a back-up option for audio-visual platforms to preserve appointments that may lose connectivity before the appointment is completed. • Missourians who have barriers to in-person care (e.g. living a considerable distance away from needed specialists, limited transportation options, lack of childcare, limited ability to take time away from work, etc.). Both Medicare and Medicaid have incorporated protections for audio-only telehealth in their post-pandemic emergency healthcare regulations. The Center for Medicare and Medicaid (CMS) explicitly warns against reducing reimbursement for audio-only telehealth to discourage fraud or somehow improve care, stating, "At the system-level, payment models that prioritize in-person visits and provide lower payment for telehealth visits may penalize organizations that care for underserved, rural, and low-income populations, consequently discouraging telehealth use." Further, the U.S. Department of Health and Human Services released guidance confirming that audio-only telehealth is easily HIPAA-compliant when using essentially the same reasonable safeguards used with audio-visual telehealth. At this point, nearly half of states have now authorized audio-only telehealth. 2. Third-Party Platforms: Some insurance companies have experimented with unfairly forcing providers to use third-party platforms. Some insurance companies have sought to increase profits by requiring providers to use only certain telehealth platforms authorized by their companies. This has resulted in an unreasonable burden on providers who are suddenly saddled with additional expenses and the need to use multiple platforms with different rules and operating

**procedures. As one psychologist put it, “Can you imagine? You have to use a different platform every hour because insurance company A requires one platform and insurance company B requires a different one.” Due to the confusing process and high cost associated with this activity, several states have put an end to the practice.Action Requested: Please vote Do Pass on HB 1873.Thank you,The Missouri Psychological Association**



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/5/2024 11:11 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I am in Support of this Bill. This is Common-Sense and I can not believe that we actually NEED to Pass a Law for this change and Common-Sense approach to assist Missouri Patients with choices and delivery options.**



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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>BRIAN BERNSKOETTER</b>		PHONE NUMBER: <b>636-2822</b>
REPRESENTING: <b>MISSOURI ACADEMY OF FAMILY PHYSICIANS</b>		TITLE:
ADDRESS: <b>101 E. HIGH</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/5/2024 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>GARRETT WEBB</b>		PHONE NUMBER: <b>219-229-1104</b>	
REPRESENTING: <b>MISSOURI CHAPTER, AMERICAN ACADEMY OF PEDIATRICS; PHOENIX HOME CARE</b>		TITLE: <b>REGISTERED LOBBYIST</b>	
ADDRESS: <b>710A SOULARD STREET</b>			
CITY: <b>SAINT LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63104</b>
EMAIL: <b>webb@coestrategies.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/5/2024 11:33 AM</b>	
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The Missouri Chapter of the American Academy of Pediatrics, representing more than 1,100 physicians, trainees, and pediatric-provider members throughout the state, strongly support HB1421 and HB1873 to authorize the use of audio-only telehealth services as part of the treatment plan of Missourians. Pediatricians know audio-telehealth can provide a vital service for families of all walks of life; especially those residing in areas which lack access to high-speed internet or transportation. Additionally, the use of audio-telehealth can help families - especially first time parents or guardians - to assess symptoms over the phone and determine whether the situation warrants a clinic or hospital visit, or is simply a normal part of "growing up." The use of audio telehealth saves families and Pediatricians time and helps provide another tool to treat children.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JEANETTE MOTT OXFORD</b>		PHONE NUMBER: <b>314-289-4303</b>	
BUSINESS/ORGANIZATION NAME: <b>PARAQUAD</b>		TITLE: <b>PUBLIC POLICY &amp; ADVOCACY MANAGER</b>	
ADDRESS: <b>5240 OAKLAND AVENUE</b>			
CITY: <b>SAINT LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63110</b>
EMAIL: <b>joxford@paraquad.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/5/2024 7:15 PM</b>	

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Paraquad is one of Missouri's 22 centers for independent living, advocating for equity and independence for people with disabilities through services, partnerships, education, and advocacy. We provide five core services: peer counseling, advocacy, independent living skills training, information and referral, and transitions (from nursing home to community, from youth to post-secondary life, etc.). One of our public policy priorities for 2024 is "People with disabilities should have access to quality, affordable health care that meets their needs." High quality telehealth can be very beneficial to people with disabilities given transportation challenges and other barriers to traveling to health visits. We would therefore like to go on record in support of HB 1873.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JESSICA GERFEN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>Jessica.Gerfen@uhsinc.com</b>		ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/5/2024 12:03 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Thank you Representative Thomas and members of the Health and Mental Health Policy Committee. My name is Dr. Jessica Gerfen. I am a Licensed Psychologist in the state of Missouri, as well as the CEO of St. Louis Behavioral Medicine Institute. We call it SLBMI for short. It is based out of St. Louis and Chesterfield Missouri. I urge you to support of HB 1873, Telehealth Services which preserves parity for audio-only telehealth. I am so proud of the fact that Missouri has been in the forefront of telehealth innovation for years. It was one of ten states which allowed for true telehealth payment parity before the pandemic. This meant that myself and other providers across Missouri were able to quickly shift to telehealth during the pandemic and we knew we would be paid for our services, without being financially negative impactful to our patients. For SLBMI, we have over 60 Missouri licensed Psychologists, Psychiatrists, and Master’s level clinicians. We serve between 8 to 10,000 patient visits per month and we provide specialty outpatient and intensive outpatient behavioral health care with 95% of our population being insured. Being able to meet patients literally where they are has saved lives, expanded access, and destroyed some of the artificial barriers to treatment. Telehealth is the new norm in healthcare delivery. Why I am asking you to support HB 1907 is because I know that there are many Missourians who have been helped by audio-only telehealth. And I know because I have been part of helping them the last couple of years. Speaking for just SLBMI alone, the mental health treatment that Missourians have received through audio-only means is life changing and likely otherwise never have been received. We have patients who can’t drive to St. Louis for treatment, who have loved ones at home that they take care of and can’t be left alone, or are patients are medically ill themselves. For patients do not have reliable internet access. I know that Missouri is working so hard and spending a lot of resources in bringing high speed internet to all of the state. This is wonderful but this is going to take time and there are people in Missouri who need the help now. What I also know that, even when the state accomplishes this, there are still going to be a lot of people who cannot afford smart phones. And for the people who can afford them, not everyone knows how to use them. I don’t know if you have ever tried to teach someone who doesn’t know anything about technology how to turn on their video in a telehealth session. But let me tell you, it’s hard. For myself, I am a Psychologist, I did not go to school for IT. Trying to guide someone on how to turn on their video, is difficult and stressful for everyone involved. And honestly this is not what I am there for. I am there to help them with their anxiety, their depression, or how to cope with their medical conditions. Whether or not they can turn on their video is not clinically relevant in a lot of cases to what the session is about. The session is about healing, not about completing the task of turning their video on. It hurt me recently to tell the providers who work at SLBMI that there are insurance companies in Missouri who are no longer paying for audio-only telehealth. It hurt because it meant that that there are people who no longer can be helped by us. And it hurt because I don’t understand why. The Centers for Medicare and Medicaid have confirmed that audio-only telehealth is a safe, cost effective, and therapeutic means

**to provide behavioral health treatment but our patients without smart phones and internet in Missouri are being left behind. It is imperative that we support initiatives that uphold the availability of telehealth, please support HB 1873. Sincerely, Jessica Gerfen, PhD 314-881-3431 Jessica.Gerfen@uhsinc.com**





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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>JESSICA PETRIE</b>		PHONE NUMBER: <b>573-635-6092</b>
REPRESENTING: <b>MISSOURI ASSOCIATION RURAL HEALTH CLINICS, NATIONAL ASSOCIATION OF SOCIAL WORKERS-MISSOURI CHAPTER, COXHEALTH, RANKIN JORDAN</b>		TITLE:
ADDRESS: <b>PO BOX 1805</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/5/2024 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>KATHI HARNESS</b>		PHONE NUMBER: <b>573-634-5200</b>	
REPRESENTING: <b>SAINT LUKE's HEALTH SYSTEM</b>		TITLE:	
ADDRESS: <b>PO BOX 2302</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/5/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>KYNA IMAN</b>		PHONE NUMBER: <b>314-651-1185</b>
REPRESENTING: <b>MISSOURI NURSES ASSOCIATION</b>		TITLE:
ADDRESS: <b>P.O. BOX 1483</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/5/2024 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>MICHAEL</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>MichaelWesten.3up@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/5/2024 6:39 PM</b>

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I support HB 1873 in its original form. This bill simply allows medical providers more flexibility in how they diagnose their patients. It simply allows medical providers to add another tool to their toolbox. It simply expands and improves access to healthcare by Missourians. It does not mandate that any medical provider has to use any particular tool available to them. Too many Missourians either don't know how to operate "smart" technology, don't have access to a computer or smart phone, don't have access to high speed internet, or don't have access to reliable and affordable transportation. An audio-only option would be a huge benefit to such Missourians. I do NOT support any change/amendment to this bill that would require an in-person session before an audio-only session.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>RICK JAY SHORT, JR</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>rishort@compasshn.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/5/2024 7:43 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

Rick Jay Short, Jr PsyD, LP, LPC4415 Faurot Drive, APT 104 Columbia, MO 65203(615) 973-5870 Regarding Testimonial for HB 1873: My name is Dr. Jay Short, and I am a licensed clinical psychologist in the state of Missouri. I am also a Licensed Professional Counselor holding the license in both the state of Texas and Missouri. I am here today as a private psychologist asking for your support of HB 1907 adjusting the definition of telehealth services to include audio-only technologies. I work both at a federally qualified health center providing behavioral health services in primary care and as a testing psychologist. In both settings, my patients and clients have benefitted from the ability for me to provide audio-only telehealth. Specifically, individuals who have had structural barriers related to lack of digital literacy, physical medical conditions preventing them coming into the clinic, transportation issues, and geographic limitations (e.g., rural) have benefitted from audio-only telehealth. This has helped me to provide psychological interventions, psychological assessments, and conduct clinical interviews for individuals who might otherwise not receive these services. Audio-only telehealth specifically benefits underserved populations as they are more likely to use this modality due to barriers such as transportation issues, finding care for children and other individuals, wait times, a lack of providers in rural regions, less access to digital devices such as smartphones, laptops, and broadband internet (Chen et al., 2021; Karimi et al., 2022; Payan et al., 2022). Further, the health disparities for those with barriers to accessing care may be exacerbated if their access to audio-only telehealth services are limited or eliminated (Odukoya et al., 2022). Audio-only telehealth studies have been found to be efficacious in reducing symptoms of depression, anxiety, PTSD symptoms, eating disorders, and OCD symptoms (Chen et al., 2022). Further, studies of audio-only telehealth have found that this telehealth modality increases treatment adherence, reduces drop-out rates in PTSD treatment, and increases show rates for psychological assessment visits (Caze et al., 2020; Chen et al., 2022). In one study, audio-only telehealth visits made up a significant portion of visits (45%) and underserved populations tended to utilize this modality (Chen et al., 2021). References Brenes, G. A., Danhauer, S. C., Lyles, M. F., Hogan, P. E., & Miller, M. E. (2015). Barriers to mental health treatment in rural older adults. *The American Journal of Geriatric Psychiatry*, 23(11), 1172-1178. <https://doi.org/10.1016/j.jagp.2015.06.002> Caze, T., Dorsman, K. A., Carlew, A. R., Diaz, A., & Bailey, K. C. (2020). Can you hear me now? telephone-based Teleneuropsychology improves utilization rates in underserved populations. *Archives of Clinical Neuropsychology*, 35(8), 1234-1239. <https://doi.org/10.1093/arclin/acia098> Chen, J., Li, K. Y., Andino, J., Hill, C. E., Ng, S., Steppe, E., & Ellimoottil, C. (2021). Predictors of audio-only versus video Telehealth visits during the COVID-19 pandemic. *Journal of General Internal Medicine*, 37(5), 1138-1144. <https://doi.org/10.1007/s11606-021-07172-y> Chen, P. V., Helm, A., Caloudas, S. G., Ecker, A., Day, G., Hogan, J., & Lindsay, J. (2022). Evidence of phone vs video-conferencing for mental health treatments: A review of the literature. *Current Psychiatry Reports*, 24(10), 529-539. <https://doi.org/10.1007/s11920-022-01359-8> Karimi, M., Lee,

E.C., Couture, S.J., Gonzales, A.B., Grigorescu, V., Smith, S.R., De Lew, N., and Sommers, B.D. National Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services. (Research Report No. HP-2022-04). Office of the Assistant Secretary for Planning and Evaluation, U. S. Department of Health and Human Services. February 2022.

Odukoya, E. J., Andino, J., Ng, S., Steppe, E., & Ellimoottil, C. (2022). Predictors of Video versus Audio-Only Telehealth Use among Urological Patients. *Urology practice*, 9(3), 198–204. <https://doi.org/10.1097/UPJ.0000000000000301>

Payán, D. D., Frehn, J. L., Garcia, L., Tierney, A. A., & Rodriguez, H. P. (2022). Telemedicine implementation and use in community health centers during COVID-19: Clinic personnel and patient perspectives. *SSM - Qualitative Research in Health*, 2, 100054. <https://doi.org/10.1016/j.ssmqr.2022.100054>

Rowen, J., Giedgowd, G., & Baran, D. (2022). Effective and accessible telephone-based psychotherapy and supervision. *Journal of Psychotherapy Integration*, 32(1), 3–18. <https://doi.org/10.1037/int0000257>



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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>RIVA E CAPELLARI</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>rivacapellari@gmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/4/2024 7:23 PM</b>
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The definition of "telehealth" under Chapter 191, RSMo, was modified to include audiovisual and audio-only technologies which gives health care providers additional options for their patients, especially those with mobility issues or health issues that prevents them from in person meetings. Both Chapter 191 RSMo and the Health Insurance Potability and Accountability Act of 1996.



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RYAN DEBOEF</b>		PHONE NUMBER: <b>573-634-3415</b>	
REPRESENTING: <b>MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS</b>		TITLE:	
ADDRESS: <b>1423 RANDY LN</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>ryan@hahndeboef.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/5/2024 12:01 PM</b>	
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>SUSAN GIBSON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:      ZIP:
EMAIL: <b>Onesuegibson@protonmail.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/2/2024 7:59 PM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>TAMITHA AGUE</b>		PHONE NUMBER: <b>314-650-9948</b>	
REPRESENTING: <b>MISSOURI PSYCHOLOGICAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>1051 SOUTH FREMONT AVENUE</b>			
CITY: <b>SPRINGFIELD</b>		STATE: <b>MO</b>	ZIP: <b>65804</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/5/2024 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: <b>HB 1873</b>		DATE: <b>2/5/2024</b>	
COMMITTEE: <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: <b>WAYNE LEE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>2/5/2024 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: <b>HB 1873</b>		DATE: <b>2/5/2024</b>	
COMMITTEE: <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: <b>WILL MARRS</b>		PHONE NUMBER: <b>417-848-8561</b>	
REPRESENTING: <b>MERCY</b>		TITLE:	
ADDRESS: <b>817 SOUTH PICKWICK AVENUE</b>			
CITY: <b>SPRINGFIELD</b>		STATE: <b>MO</b>	ZIP: <b>65804</b>
EMAIL: <b>willmarrs@gmail.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>2/5/2024 11:06 AM</b>	

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

**Mercy has greatly expanded its telehealth services and believe this only benefits patient care in terms of access and response time. We appreciate the bill sponsor for bringing this forward.**