



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1925</b>		DATE: <b>3/5/2024</b>	
COMMITTEE: <b>Healthcare Reform</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>BILL ANDERSON</b>		PHONE NUMBER: <b>573-893-3700</b>	
REPRESENTING: <b>MISSOURI HOSPITAL ASSOCIATION</b>		TITLE: <b>VP, STATE LEGISLATION</b>	
ADDRESS: <b>4712 COUNTRY CLUB DR</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65109</b>
EMAIL: <b>banderson@mhanet.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/5/2024 4:40 PM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>BRIAN BERNSKOETTER</b>		PHONE NUMBER: <b>636-2872</b>	
REPRESENTING: <b>MISSOURI ACADEMY OF FAMILY PHYSICIANS</b>		TITLE:	
ADDRESS: <b>101 E. HIGH</b>			
CITY: <b>JC</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>CHANCE HEPOLA</b>		PHONE NUMBER: <b>580-235-6751</b>	
BUSINESS/ORGANIZATION NAME: <b>COX HEALTH</b>		TITLE: <b>GOVERNMENT RELATIONS MANAGER</b>	
ADDRESS: <b>3801 S. NATIONAL AVENUE</b>			
CITY: <b>SPRINGFIELD</b>		STATE: <b>MO</b>	ZIP: <b>65807</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>CHASE CAMPBELL</b>		PHONE NUMBER: <b>573-864-0972</b>	
REPRESENTING: <b>MISSOURI ASSOCIATION OF RURAL HEALTH CLINICS, WINTON POLICY GROUP</b>		TITLE:	
ADDRESS: <b>124 E HIGH ST</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>DAVID JACKSON</b>		PHONE NUMBER: <b>314-406-2933</b>	
REPRESENTING: <b>JEFFERSON CITY MEDICAL GROUP</b>		TITLE:	
ADDRESS: <b>PO BOX 1865</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>63005</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2024 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JEFF HOWELL</b>		PHONE NUMBER: <b>573-636-5151</b>	
REPRESENTING: <b>MO STATE MEDICAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>KARA CORCHES</b>		PHONE NUMBER: <b>573-634-3511</b>	
REPRESENTING: <b>MISSOURI CHAMBER OF COMMERCE AND INDUSTRY</b>		TITLE:	
ADDRESS: <b>420 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>KATHI HARNESS</b>		PHONE NUMBER: <b>573-353-4188</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>
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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>MO NURSES ASSOCIATION</b>		TITLE:	
ADDRESS: <b>P.O. BOX 1483</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>LYNNE M. SCHLOSSER</b>		PHONE NUMBER: <b>913-461-8724</b>
REPRESENTING: <b>MISSOURI CHIROPRACTIC PHYSICIANS ASSOCIATION</b>		TITLE:
ADDRESS: <b>1521 PEPPERWOOD DRIVE</b>		
CITY: <b>ST LOUIS</b>		STATE: <b>MO</b>
		ZIP: <b>63146</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/5/2024 12:00 AM</b>
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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>In-Person</b>	SUBMIT DATE: <b>3/5/2024 11:54 PM</b>
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**I am Opposed to this Bill and providing Grants.**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>KATIE GAMBLE</b>		PHONE NUMBER: <b>573-634-4876</b>	
REPRESENTING: <b>MISSOURI ACADEMY OF PHYSICIANS ASSISTANTS, INDEPENDENT COLLEGES AND UNIVERSITIES OF MISSOURI</b>		TITLE:	
ADDRESS: <b>PO BOX 1865</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
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