



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2115		DATE: 4/23/2024
COMMITTEE: Healthcare Reform		
TESTIFYING: <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. AC "HONEST ABE" DIENOFF- STATE PUBLIC ADV		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: MO
		ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JEFF MESSENGER		PHONE NUMBER: 417-889-3222	
BUSINESS/ORGANIZATION NAME: OZARK PROSTHETICS & ORTHOTICS		TITLE: CFO	
ADDRESS: 3250 S. DELAWARE AVE			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65804
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JEFF HOWELL		PHONE NUMBER: 573-636-5151	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION		TITLE:	
ADDRESS: 113 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MICHAEL J. HENDERSON		PHONE NUMBER: 573-893-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE: GENERAL COUNSEL & GOVERNMENT AFFAIRS DIRECTOR	
ADDRESS: 220 EAST HIGH STREET, SUITE B			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: mike@moinsurancecoalition.com	ATTENDANCE: submissionOnly	SUBMIT DATE: 4/9/2024 9:17 AM	
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The Missouri Insurance Coalition opposes HB 2115, including but not limited to its provisions relating to treatment without a prescription, prior authorization, and any willing provider.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RYAN DEBOEF		PHONE NUMBER: 417-234-5046	
REPRESENTING: MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS & SURGEONS		TITLE:	
ADDRESS: 1423 RANDY LANE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432
REPRESENTING: AMERICA'S HEALTH INSURANCE PLANS		TITLE:
ADDRESS: 208 MADISON STREET		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/9/2024 12:00 AM
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