

BILL NUMBER: HB 2733				DATE: 3/25/2024
COMMITTEE: Health and Mental	Health Policy			
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: ADAM RAPERT			PHONE NUME 573-791-5	
REPRESENTING: MISSOURI PODIATRIC MEDICAL ASSOCIATION				
ADDRESS: 215 E. CAPITOL A	VENUE			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT [3/25/20	DATE: 124 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



BILL NUMBER: HB 2733				DA 3/2	TE: 25/2024
COMMITTEE: Health and Mental	Health Policy				
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ORMATIC	ONAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONEST	WITNESS NAME: PHONE NUMBER: PHONE NUMBER:				
BUSINESS/ORGANIZATIO	N NAME:		TITLE	:	
ADDRESS:					
CITY:			STATE	E:	ZIP:
EMAIL: arniedienoff@yaho	oo.com	ATTENDANCE: Written		UBMIT DATE: / 25/2024 1	1:43 PM
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I am in Support of this Bill and Stand Boldly that NO Discrimination shall be allowed or tolerated in Participation of Health Care Insurance Plans.					



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: DEREK LEFFERT			PHONE NUME 573-280-8	
REPRESENTING: ASSOCIATION OF MISSOURI NURSE PRACTITIONERS				
ADDRESS: PO BOX 104853				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65110
EMAIL:		ATTENDANCE:	SUBMIT E 3/25/20	DATE: 124 12:00 AM
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	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: FELICIA HAMPTON		PHONE NUMB	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: fhampton89@gmail.com	ATTENDANCE: Written	SUBMIT D 3/25/20	ATE: 24 9:57 PM
THE INFORMATION ON THIS FORM			
To the Health and Mental Health Policy Co 2733, also known as the "Patients First Ac fair and equal treatment for healthcare pro- prohibits group health plans and health in providers who are acting within the scope healthcare providers based on their licens plan or insurance program.One of the key to be reimbursed at the same rate for the so of practice. This provision not only promo a wide range of healthcare providers who shares similarities with HB 935 (2023), em providing equal opportunities for healthcare take a significant step towards creating a	t." This crucial bill, spor oviders participating in h isurance issuers from dis of their license or certif sure when it comes to rei provisions of this bill is same service, as long as otes fairness, but it also e can deliver quality care. phasizing the importanc are providers across the	nsored by Smith (ealth insurance p scriminating agai icate. It is unjust imbursement or p that it requires h the service falls ensures that patie It is worth noting e of addressing t board.By passing	155), aims to ensure blans.HB 2733 nst healthcare to penalize participation in any ealthcare providers within their scope ents have access to that HB 2733 his issue and



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		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: JASON CROCKET	т		PHONE NUME 417-894-4		
BUSINESS/ORGANIZATION NAME: MISSOURI CHIROPRACTIC PHYSICIAN ASSOCIATION			TITLE: PRESIDE	TITLE: PRESIDENT	
ADDRESS: 733 W. KEARNEY					
CITY: SPRINGFIELD			STATE: MO	ZIP: 65803	
EMAIL:		ATTENDANCE:	SUBMIT [3/25/20	DATE: 124 12:00 AM	
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: KYNA IMAN			PHONE NUME 314-651-1	
REPRESENTING: MISSOURI OCCUPATIONAL THERAPISTS ASSOCIATION			TITLE: LOBBYIST	
ADDRESS: P.O. BOX 1483				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 63044
EMAIL: kynaiman@earthli	nk.net	ATTENDANCE: Written	SUBMIT E 3/25/20	DATE: 124 7:47 PM
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: KYNA IMAN			PHONE NUME 314-651-1	
REPRESENTING: MISSOURI NURSE	S ASSOCIATION		TITLE:	
ADDRESS: P.O. BOX 1483				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT E 3/25/20	DATE: 124 12:00 AM
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TESTIFYING: VIN SUPP			ATIONAL PURPOSES
	WITNESS NAME		
BUSINESS/ORGANIZATIO	N:		
WITNESS NAME: LEE ANN BARRETT		PHONE NUMB 573-635-67	
BUSINESS/ORGANIZATION NAME: MISSOURI OPTOMETRIC ASSO	DCIATION		/E DIRECTOR
ADDRESS: 305 JEFFERSON ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: moaed@moeyecare.org	ATTENDANCE: Written	SUBMIT D 3/25/20	DATE: 24 9:22 AM
THE INFORMATION ON T	HIS FORM IS PUBLIC RECC	RD UNDER CHA	PTER 610, RSMo.
health care system is the diver often, though, health insurers a access to covered services pro care professionals who are wo contained language that sough against whole classes of health 300gg-5(a)). This federal provic greater ability to seek care fror covered health services from the their respective states. This pro- discriminate against licensed p- licensure. We believe that this	ciation is in favor of HB2733.One sity and distribution of our high- seek to suppress subscriber util ovided by entire categories of high rking within their scope of pract at to address these concerns by a care providers acting within the der nondiscrimination law is aim in the provider of their choice an he range of providers licensed a ovision would help consumers by providers by adding unnecessary provision is a necessary part of rs, and is a key component of er re they need it – no matter where	quality health care p ization of needed ca gh-quality licensed a ice. The Affordable preventing plans fro eir state scope of pr ed at empowering co d safeguarding patie nd certified to provio y ensuring that insu y barriers to access striking an importan suring that patients	orofessionals. Too re by limiting patient and certified health Care Act (ACA) om discriminating actice (42 USC onsumers with a ent access to de such services by urers cannot to care based on nt balance between



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REGISTERED LOBBYIST:				
WITNESS NAME: MICHAEL J. HENDERSON		PHONE NUME 573-893-4		
REPRESENTING: MISSOURI INSURANCE COALITION			L COUNSEL & MENT AFFAIRS R	
ADDRESS: 220 EAST HIGH STREET, SUITE B				
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101	
EMAIL: mike@moinsurancecoalition.com	ATTENDANCE: In-Person	SUBMIT [3/25/20	DATE: 124 9:13 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				
The Missouri Insurance Coalition oppose	es HB 2733.			



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		WITNESS NAME		
REGISTERED LC	BBYIST:			
WITNESS NAME: SHANNON COOPE	R		PHONE NUMBER: 660-890-1432	
REPRESENTING: AMERICANS HEAL SHEILD OF KC	TH INSURANCE PLAN			
ADDRESS: 208 MADISON				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL: cooper@thegidden	nsgroup.com	ATTENDANCE: Written	SUBMIT I 3/25/20	DATE:)24 11:02 AM
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Opposing the legis	lation			