



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2808		DATE: 3/5/2024
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. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: In-Person	SUBMIT DATE: 3/5/2024 11:54 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
I am in Support of this Bill and its intension of the face of the Proposed legislation.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: KENDRA WYATT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: kendra@newbirthcompany.com	ATTENDANCE: In-Person	SUBMIT DATE: 3/4/2024 5:38 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

March 5, 2024 To: Missouri Health Reform Committee Hearing Room 1 Dear Chairman Hayden & Committee Members, I am the Chief Executive Officer of New Birth Company Birth Center and the Co-Chair of the AABC Military Care Task Force with the American Association of Birth Centers. We serve MoHealthNet, Tricare and Veteran pregnant women as well as commercial insured patients. I am providing written testimony in support of HB 2808, a technical fix that enables DHS to modernize ambulatory surgical center and birth center licensing. Next door, Kansas has four licensed birth centers, including our licensed and accredited center in Overland Park, Kansas. We have been in-network with Mo HealthNet managed care for 14 years, serving families from 22 Missouri counties traveling hours to our center to access natural childbirth with a Midwife. Our Certified Nurse Midwives risk assess patients throughout their pregnancies, successfully delivering over 3000 babies in the birth center and hospital setting. I invite members of the legislature to visit our birth center at your convenience. On December 15, 2023, the Centers for Medicare & Medicaid Services (CMS) announced the new Transforming Maternal Health (TMAH) Model. CMS has released a Notice of Funding Opportunity (NOFO) for states Medicaid agencies in Spring 2024. Applications will be due in Summer 2024. Concurrent with passage of HB2808, please request MoHealthNet pull down the TMAH federal funding and technical assistance to modernize Missouri's birth center regulations. Please pass HB2808. It is a critical fix that will enforce consistent birth center licensure and enable DHS to update regulations so Missouri birth centers can flourish. Let's help more Missouri families give birth in Missouri. I welcome your questions. Sincerely, Kendra Wyatt, Missouri Citizen CEO, New Birth Company KDHE Licensed Birth Center, CABC Accredited (m) 816-210-8964 kendra@newbirthcompany.com



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRIAN BERNSKOETTER		PHONE NUMBER: 636-2872	
REPRESENTING: MISSOURI ACADEMY OF FAMILY PHYSICIANS		TITLE:	
ADDRESS: 101 E. HIGH			
CITY: JC		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/5/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JEFF HOWELL		PHONE NUMBER: 573-636-5151	
REPRESENTING: MO STATE MEDICAL ASSOCIATION		TITLE:	
ADDRESS: 113 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/5/2024 12:00 AM	
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: JULIE GIPSON, MBA		PHONE NUMBER: 417-447-2482
BUSINESS/ORGANIZATION NAME: C. REX WITHERSPOON SURGERY CENTER		TITLE: ADMINISTRATOR
ADDRESS: 1103 E MONTCLAIR ST, STE 110		
CITY: SPRINGFIELD		STATE: MO
		ZIP: 65807
EMAIL: administrator@witherspoonsc.com	ATTENDANCE: Written	SUBMIT DATE: 3/4/2024 12:40 PM

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We are a Medicare Certified Ambulatory Surgery Center (ASC) licensed in Missouri specializing in patients requiring general anesthesia for dental, oral or facial procedures. We have been in business since 2005. Our concern with this bill is the striking of 'dentists' as providers in an ASC. 3 critical statistics: 80% of the procedures at our facility are performed by dentists. 70% of the patients at our facility have Medicaid as their insurance. 80% of our patients are children or adults with medical or behavior challenges that require them to have dental work in an outpatient setting. In summary, we are primarily treating underserved, underserved patients with a medical staff consisting of 7 Doctors (MD or DO Anesthesiologists), 4 dual degree oral surgeons (MD, DDS), 3 single degree oral surgeons (DDS or DMD), 8 pediatric dentists (DDS or DMD) and 14 general dentists (DDS or DMD). In the event that dentists are no longer allowed to do procedures in ASCs, the only options for the 22 dentists on our staff will be the hospital and in-office anesthesia in their dental office, neither of which are good for healthcare.



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: BEN TERRELL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF HEALTH AND SENIOR SERVICES		TITLE: LEGISLATIVE LIAISON
ADDRESS:		
CITY:	STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/5/2024 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: DAVID JACKSON		PHONE NUMBER: 314-406-2933
REPRESENTING: MISSOURI SOCIETY OF ANESTHESIOLOGISTS		TITLE:
ADDRESS: PO BOX 1865		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 63005
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/5/2024 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: FRED DREILING		PHONE NUMBER: 816-806-6335	
REPRESENTING: MO SOCIETY OF ORAL AND MAXILLOFACIAL SURGEONS		TITLE:	
ADDRESS: 1025 WEST 64TH TERRACE			
CITY: KANSAS CITY		STATE: MO	ZIP: 64113
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/5/2024 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: HEIDI MILLER		PHONE NUMBER: 314-537-1786	
BUSINESS/ORGANIZATION NAME: DEPT OF HEALTH AND SENIOR SERVICES		TITLE: CHIEF MEDICAL OFFICER	
ADDRESS: 912 WILDWOOD DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/5/2024 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JOHN BARDGETT		PHONE NUMBER: 636-530-9392
REPRESENTING: MO ASSN. OF NURSE ANESTHETISTS		TITLE:
ADDRESS: 16141 SWINGLEY RIDGE ROAD, SUITE 110		
CITY: CHESTERFIELD		STATE: MO
		ZIP: 63107
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/5/2024 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: KATIE GAMBLE		PHONE NUMBER: 573-634-4876
REPRESENTING: MISSOURI AMBULATORY SURGERY CENTER ASSOCIATION		TITLE:
ADDRESS: PO BOX 1865		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/5/2024 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SARA FRANCO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: sara@sterlinganesthesia.com	ATTENDANCE: In-Person	SUBMIT DATE: 3/5/2024 7:13 PM

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I am the owner and primary practitioner at a ketamine clinic. I am also a nurse anesthesiologist with over 13 years of experience.