

MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: HB 1048				DATE: 2/11/2025	
COMMITTEE: Transportation					
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		IATIONAL PURPOSES	
	WITNESS NAME				
INDIVIDUAL:					
			PHONE NUM	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:	
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/11/2025 11:58 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: JACQUELYN M. SAMPLE			PHONE NUMBER: 573-424-8494	
BUSINESS/ORGANIZATION NAME: MISSOURI OCCUPATIONAL THERAPY ASSOCIATION				
ADDRESS: 5000 MAPLE LEAF DR.				
CITY: COLUMBIA			STATE: MO	ZIP: 65201
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/11/2025 12:00 AM	
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INDIVIDUAL:					
WITNESS NAME: JOE WIDMER			PHONE NUME	BER:	
BUSINESS/ORGANIZATION NAME:			TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: jwwidmer2012@hotmail.com		ATTENDANCE: Written		SUBMIT DATE: 2/11/2025 11:52 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					
I'm all in favor of adding Occupational Therapist for approval of disability placards and tags, however, I					

I'm all in favor of adding Occupational Therapist for approval of disability placards and tags, however, I would also like to see that the renewal process be eliminated. My reason for that is, once you're accepted for permanent disability then the renewal ought to be moot. I would like to see this added as an amendment or maybe introduce it as legislation on its own. Thank you.



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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: LEAH BOTKIN			PHONE NUM	BER:	
BUSINESS/ORGANIZATIC	DN NAME:		TITLE:	TITLE:	
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: ATTENDANCE: ATTENDANCE: Written				SUBMIT DATE: 2/7/2025 9:41 PM	
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECORD	UNDER CHA	PTER 610, RSMo.	
complete the docu This responsibility mobility, assessin environmental mo	umentation required for aligns directly with ou the impact of health c difications to support ir	dvocate for occupational f accessible parking placar r scope of practice, which onditions on daily activition dependence and commu obility impairments, endur	rds for individua i includes evalu es, and recomn nity participatic	als with disabilities. ating functional nending on.Occupational	
concerns that nec Framework: Doma as motor and proc critical in determin Therapy Associati	essitate accessible parl in and Process (4th ed. ess skills, neuromuscu ning a person's need for on (AOTA) recognizes a	king. According to the Oco), OT practitioners evaluat loskeletal function, and fu accessible parking. Furth dvocacy for accessibility icting this documentation	cupational Ther te and address unctional mobil hermore, the Ar and participatio	apy Practice client factors such ity, all of which are nerican Occupational on as a key	

as motor and process skills, neuromusculoskeletal function, and functional mobility, all of which are critical in determining a person's need for accessible parking. Furthermore, the American Occupational Therapy Association (AOTA) recognizes advocacy for accessibility and participation as a key component of our professional role.Restricting this documentation solely to physicians or other healthcare providers underutilizes the expertise of occupational therapists and can create unnecessary barriers for individuals who need timely access to accommodations. Allowing OTs to complete this documentation would improve efficiency, reduce healthcare system burdens, and ensure that individuals with disabilities receive appropriate and accurate assessments for their mobility needs.Given our expertise in functional assessment and disability-related accommodations, occupational therapists should be recognized as qualified providers for determining eligibility for accessible parking placards. This change would enhance access to necessary accommodations and further support the independence and well-being of individuals with disabilities.



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WITNESS NAME: PHONE NUMBER: PHONE NUMBER:			BER:		
BUSINESS/ORGANIZATION NAME: TITLE:					
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: Onesuegibson@protonmail.com		ATTENDANCE: Written		SUBMIT DATE: 2/9/2025 1:08 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					