



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1071		DATE: 2/24/2025	
COMMITTEE: Insurance			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: AL GREIMANN		PHONE NUMBER: 660-890-8092	
BUSINESS/ORGANIZATION NAME: ROYAL OAKS HOSPITAL		TITLE: CEO	
ADDRESS: 307 NORTH WINDSOR			
CITY: WINDSOR		STATE: MO	ZIP: 65360
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/24/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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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: 2/24/2025 11:25 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Support of this Bill with all coverages and payments to be made to any Out-Of-State Transfer of the Patient for Mental Health Related Services. Health Insurance Companies NEED to have understanding and compassion, by not being so greedy and stern!



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JACOB SCOTT		PHONE NUMBER:	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION; MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS		TITLE:	
ADDRESS: 113 MADISON ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: jscott@msma.org	ATTENDANCE: In-Person	SUBMIT DATE: 2/24/2025 9:16 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: KATHI HARNESS		PHONE NUMBER:
REPRESENTING: ST. LUKE'S HEALTH SYSTEM		TITLE:
ADDRESS: P O BOX 2302		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/24/2025 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: MEAGAN HOWERTON		PHONE NUMBER:
REPRESENTING: MISSOURI AMBULANCE ASSOCIATION		TITLE:
ADDRESS: PO BOX 156		
CITY: JEFFERSON CITY		STATE: MO
		ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/24/2025 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: WILLIAM MATHESON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: wjmpym@umsystem.edu		ATTENDANCE: Written	SUBMIT DATE: 2/21/2025 3:31 PM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: HAMPTON WILLIAMS		PHONE NUMBER: 417-793-0673
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:
ADDRESS: 220 W. HIGH STREET, SUITE B		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/24/2025 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROB MONSEES		PHONE NUMBER: 573-999-9652	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: PO BOX 60			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/24/2025 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, BLUE CROSS BLUE SHIELD OF KANSAS CITY		TITLE:	
ADDRESS: 208 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/24/2025 12:00 AM	
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