



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 478		DATE: 2/5/2025
COMMITTEE: Professional Registration and Licensing		
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: HEATHER HEBERLE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: heberle4@outlook.com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2025 6:35 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 478		DATE: 2/5/2025	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JAMES HARRIS		PHONE NUMBER: 573-761-7875	
REPRESENTING: FGA ACTION		TITLE:	
ADDRESS: 122 E HIGH STREET, SUITE 200			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/5/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 478		DATE: 2/5/2025
COMMITTEE: Professional Registration and Licensing		
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: JAMIE DAUGHERTY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: bommer26@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2025 6:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Hello, Please consider the importance of this bill which offers a temporary license for new graduates to practice under the supervision of an RD for up to six months prior to passing the RD exam.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 478		DATE: 2/5/2025	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: LYNNE SCHLOSSER		PHONE NUMBER: 913-461-8724	
REPRESENTING: MISSOURI ASSOCIATION OF CHIROPRACTIC PHYSICIANS ASSOCIATION		TITLE: CONTRACT LOBBYIST	
ADDRESS: 1521 PEPPERWOOD DRIVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63146
EMAIL: lyneschlosser@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2025 1:58 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

The Missouri Chiropractic Physician Association would like to go on the record in support.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 478		DATE: 2/5/2025	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: LYNNE SCHLOSSER		PHONE NUMBER: 913-461-8724	
REPRESENTING: MISSOURI SOCIETY OF PROFESSIONAL LAND SURVEYORS		TITLE: CONTRACT LOBBYIST	
ADDRESS: 1521 PEPPERWOOD DRIVE			
CITY: ST. LOUIS		STATE: MO	ZIP: 63146
EMAIL: lyneschlosser@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2025 1:55 PM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
Missouri Society of Professional Land Surveyors would like to go on the record in support.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 478		DATE: 2/5/2025	
COMMITTEE: Professional Registration and Licensing			
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: REBECCA ADAMS		PHONE NUMBER: 636-686-0682	
BUSINESS/ORGANIZATION NAME: BALANCED NUTRITION THERAPY, LLC		TITLE: DIETITIAN	
ADDRESS: 140 PROSPECT AVE			
CITY: KIRKWOOD		STATE: MO	ZIP: 63122
EMAIL: Rebecca@bntllc.com	ATTENDANCE: Written	SUBMIT DATE: 2/4/2025 3:57 PM	

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I support the Compact for Missouri Dietitians because it enhances access to care, reduces barriers for dietitians, and strengthens our profession. By allowing RDs to practice across state lines with a compact privilege, this bill makes it easier for dietitians to provide care in multiple states, ensuring continuity for patients who move or seek virtual services. The temporary license for new graduates also helps bridge workforce gaps by allowing supervised practice while awaiting exam results. This compact is a crucial step in addressing workforce shortages, supporting military families, and expanding access to quality nutrition care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 478		DATE: 2/5/2025
COMMITTEE: Professional Registration and Licensing		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" 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: 2/5/2025 11:09 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am Opposed to this Bill. If a person moves to our State, then they MUST abide by our Promulgated Rules, Regulations and License Requirements, including any Testing, Certificates and Permits.