

| BILL NUMBER:<br>HB 497           |                        |                    |                                | DATE:<br><b>2/10/2025</b> |
|----------------------------------|------------------------|--------------------|--------------------------------|---------------------------|
| COMMITTEE: Insurance             |                        |                    |                                |                           |
| TESTIFYING:                      | <b>☑</b> IN SUPPORT OF | ☐ IN OPPOSITION TO | FOR INFORM                     | ATIONAL PURPOSES          |
|                                  |                        | WITNESS NAME       |                                |                           |
| REGISTERED LO                    | OBBYIST:               |                    |                                |                           |
| WITNESS NAME:<br>HAMPTON WILLIA  | MS                     |                    | PHONE NUME<br><b>417-793-0</b> |                           |
| REPRESENTING:<br>MISSOURI INSURA | ANCE COALITION         |                    | TITLE:                         |                           |
| ADDRESS:<br>220 W. HIGH STRE     | EET, SUITE B           |                    |                                |                           |
| CITY:<br>JEFFERSON CITY          |                        |                    | STATE:<br><b>MO</b>            | ZIP:<br><b>65101</b>      |
| EMAIL:                           |                        | ATTENDANCE:        | SUBMIT 0<br>2/10/20            | DATE:<br>125 12:00 AM     |
| THE INFORMA                      | TION ON THIS FOR       | M IS PUBLIC RECOR  | D UNDER CHA                    | PTER 610. RSMo.           |



| BILL NUMBER:<br>HB 497               |                               |                    |                                | DATE:<br><b>2/10/2025</b> |
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| TESTIFYING:                          | ☑IN SUPPORT OF                | ☐ IN OPPOSITION TO | ☐FOR INFORM                    | ATIONAL PURPOSES          |
|                                      |                               | WITNESS NAME       |                                |                           |
| <b>BUSINESS/ORG</b>                  | ANIZATION:                    |                    |                                |                           |
| WITNESS NAME:<br>LUKE REED           |                               |                    | PHONE NUME<br><b>573-634-3</b> |                           |
| BUSINESS/ORGANIZATION MISSOURI CHAME | ON NAME:<br>BER OF COMMERCE A | ND INDUSTRY        | TITLE:                         |                           |
| ADDRESS: 428 EAST CAPITOL AVENUE     |                               |                    |                                |                           |
| CITY:<br>JEFFERSON CITY              |                               |                    | STATE:<br><b>MO</b>            | ZIP:<br><b>65101</b>      |
| EMAIL:                               |                               | ATTENDANCE:        | SUBMIT [<br>2/10/20            | DATE:<br>125 12:00 AM     |
| THE INFORMA                          | TION ON THIS FOR              | M IS PUBLIC RECOR  | D UNDER CHA                    | PTER 610, RSMo.           |



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| COMMITTEE: Insurance                             |                   |                       |                               |                              |
| TESTIFYING:                                      | ✓ IN SUPPORT OF   | ☐ IN OPPOSITION TO    | ☐FOR INFORM                   | IATIONAL PURPOSES            |
|  |                   | WITNESS NAME          |                               |                              |
| REGISTERED LO                                    | OBBYIST:          |                       |                               |                              |
| WITNESS NAME:<br>MATTHEW SMITH                   |                   |                       | PHONE NUM<br><b>417-988-2</b> |                              |
| REPRESENTING: ASSOCIATED INDUSTRIES OF MMISSOURI |                   |                       | VP OF GO<br>AFFAIRS           | OVERNMENT                    |
| ADDRESS:<br>130 RIEF CT, UNIT                    | В                 |                       |                               |                              |
| CITY:<br>HOLTS SUMMIT                            |                   |                       | STATE:<br>MO                  | ZIP:<br><b>65043</b>         |
| EMAIL:<br>mjsmith65742@gm                        | nail.com          | ATTENDANCE: In-Person | SUBMIT <b>2/10/2</b> (        | DATE:<br><b>)25 12:18 PM</b> |
| THE INFORMAT                                     | TION ON THIS FORM | I IS PUBLIC RECOR     | D UNDER CHA                   | PTER 610, RSMo.              |



| BILL NUMBER:<br><b>HB 497</b>                |                                       |                    |                                | DATE:<br><b>2/10/2025</b> |
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| COMMITTEE:<br>Insurance                      |                                       |                    |                                |                           |
| TESTIFYING:                                  | ☑ IN SUPPORT OF                       | ☐ IN OPPOSITION TO | ☐FOR INFORM                    | ATIONAL PURPOSES          |
|  |                                       | WITNESS NAME       |                                |                           |
| BUSINESS/ORG                                 | ANIZATION:                            |                    |                                |                           |
| WITNESS NAME:<br>MATTHEW W. MUF              | RPHY                                  |                    | PHONE NUME<br><b>573-356-6</b> |                           |
| BUSINESS/ORGANIZATIO<br>MISSOURI AUTO D      | N NAME:<br>D <b>EALERS ASSOCIATIO</b> | ON                 | TITLE:<br>ATTORNE              | Υ                         |
| ADDRESS: 3901 SOUTH PROVIDENCE ROAD, SUITE D |                                       |                    |                                |                           |
| CITY:<br>COLUMBIA                            |                                       |                    | STATE:<br>MO                   | ZIP:<br><b>65203</b>      |
| EMAIL:                                       |                                       | ATTENDANCE:        | SUBMIT 0<br>2/10/20            | DATE:<br>125 12:00 AM     |
| THE INFORMAT                                 | TION ON THIS FOR                      | M IS PUBLIC RECOR  | D UNDER CHA                    | PTER 610, RSMo.           |



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| COMMITTEE:<br>Insurance       |                  |                    |                       |                           |
| TESTIFYING:                   | ☑ IN SUPPORT OF  | ☐ IN OPPOSITION TO | ☐FOR INFORMA          | TIONAL PURPOSES           |
|                               |                  | WITNESS NAME       |                       |                           |
| BUSINESS/ORG                  | ANIZATION:       |                    |                       |                           |
| WITNESS NAME: PATRICK BONNO   | Т                |                    | PHONE NUMBE           | ER:                       |
| BUSINESS/ORGANIZATION MIRMA   | ON NAME:         |                    | TITLE:<br>LOSS CON    | TROL DIRECTOR             |
| ADDRESS: 3002 FALLING LEA     | AF COURT         |                    |                       |                           |
| CITY:<br>COLUMBIA             |                  |                    | STATE:<br><b>MO</b>   | ZIP:<br><b>65201</b>      |
| EMAIL:                        |                  | ATTENDANCE:        | SUBMIT DA<br>2/10/202 | ATE:<br>25 12:00 AM       |
| THE INFORMA                   | TION ON THIS FOR | M IS PUBLIC RECOR  | D UNDER CHAP          | PTER 610, RSMo.           |



| BILL NUMBER:<br><b>HB 497</b>   |                  |                    |                         | DATE:<br><b>2/10/2025</b> |   |
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| COMMITTEE:<br>Insurance         |                  |                    |                         |                           |   |
| TESTIFYING:                     | ☑IN SUPPORT OF   | ☐ IN OPPOSITION TO |                         | ATIONAL PURPOSES          | , |
|                                 |                  | WITNESS NAME       |                         |                           |   |
| REGISTERED LO                   | OBBYIST:         |                    |                         |                           |   |
| WITNESS NAME:<br>PHILLIP ARNZEN |                  |                    | PHONE NUME<br>314-952-4 |                           |   |
| REPRESENTING:<br>NAMIC          |                  |                    | TITLE:                  |                           |   |
| ADDRESS:<br>2955 SOUTH RUN      | NING DEER COURT  |                    |                         |                           |   |
| CITY:<br>COLUMBIA               |                  |                    | STATE:<br><b>MO</b>     | ZIP:<br><b>65201</b>      |   |
| EMAIL:                          |                  | ATTENDANCE:        | SUBMIT 0<br>2/10/20     | DATE:<br>125 12:00 AM     |   |
| THE INFORMA                     | TION ON THIS FOR | M IS PUBLIC RECOR  | D UNDER CHA             | PTER 610. RSMo.           |   |



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| COMMITTEE:<br>Insurance         |                    |                    | ·                                |                           |
| TESTIFYING:                     | ☑IN SUPPORT OF     | ☐ IN OPPOSITION TO |                                  | ATIONAL PURPOSES          |
|                                 |                    | WITNESS NAME       |                                  |                           |
| REGISTERED LO                   | DBBYIST:           |                    |                                  |                           |
| WITNESS NAME:<br>RICH AUBUCHON  |                    |                    | PHONE NUME<br><b>573-616-1</b> 8 |                           |
| REPRESENTING:<br>AMERICAN PROPI | ERTY CASUALTY INSI | URANCE ASSOCIATION | TITLE:                           |                           |
| ADDRESS:<br>112 EAST HIGH ST    | г.                 |                    |                                  |                           |
| CITY:<br>JC                     |                    |                    | STATE:<br>MO                     | ZIP:<br><b>65101</b>      |
| EMAIL:                          |                    | ATTENDANCE:        | SUBMIT D<br>2/10/20              | DATE:<br>25 12:00 AM      |
| THE INFORMA                     | TION ON THIS FOR   | M IS PUBLIC RECOR  | D UNDER CHA                      | PTER 610. RSMo.           |



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| COMMITTEE:<br>Insurance              |                                  |                       |                              | •                         |
| TESTIFYING:                          | <b>☑</b> IN SUPPORT OF           | ☐ IN OPPOSITION TO    | ☐FOR INFORM                  | MATIONAL PURPOSES         |
|                                      |                                  | WITNESS NAME          |                              |                           |
| BUSINESS/ORG                         | ANIZATION:                       |                       |                              |                           |
| WITNESS NAME:<br>STEVE HOBBS         |                                  |                       | PHONE NUM<br><b>573-473-</b> |                           |
| BUSINESS/ORGANIZATION MISSOURI ASSOC | ON NAME:<br>CIATION OF COUNTIES/ | MAC TRUST             | TITLE:<br>EXECUTI            | VE DIRECTOR               |
| ADDRESS: 1648 EAST ELM STREET        |                                  |                       |                              |                           |
| CITY:<br>JEFFERSON CITY              |                                  |                       | STATE:<br>MO                 | ZIP:<br><b>65101</b>      |
| EMAIL:<br>shobbs@mocount             | ties.com                         | ATTENDANCE: In-Person | SUBMIT <b>2/10/2</b>         | DATE:<br>025 11:23 AM     |
| THE INFORMA                          | TION ON THIS FORM                | I IS PUBLIC RECOR     | D UNDER CHA                  | APTER 610. RSMo.          |



#### MISSOURI HOUSE OF REPRESENTATIVES

#### WITNESS APPEARANCE FORM

| BILL NUMBER:<br>HB 497                |                  |                     |                   | DATE:<br>2/10/2025           |
|---------------------------------------|------------------|---------------------|-------------------|------------------------------|
| COMMITTEE:<br>Insurance               |                  |                     |                   | ,                            |
| TESTIFYING:                           | ☑IN SUPPORT OF   | ☐ IN OPPOSITION TO  | ☐FOR INFO         | RMATIONAL PURPOSES           |
|                                       |                  | WITNESS NAME        |                   |                              |
| BUSINESS/ORG                          | ANIZATION:       |                     |                   |                              |
| WITNESS NAME:<br>TORI MERCADO         |                  |                     | PHONE N<br>417-86 |                              |
|                                       |                  |                     | TITLE:<br>PUBLIC  | C AFFAIRS MANAGER            |
| ADDRESS: 202 S JOHN Q HAMMONS PARKWAY |                  |                     |                   |                              |
| CITY:<br>SPRINGFIELD                  |                  |                     | STATE: <b>MO</b>  | ZIP:<br><b>65806</b>         |
| EMAIL:<br>tmercado@spring             | fieldchamber.com | ATTENDANCE: Written |                   | MIT DATE:<br>0/2025 12:22 PM |

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

Dear Chairman Diehl and members of the House Committee on Insurance: On behalf of the Springfield Area Chamber of Commerce and our 1,500-member businesses, please accept this letter of support for House Bill 497 sponsored by Representative Christ. House Bill 497 provides important clarifications to Missouri's workers' compensation system, ensuring consistency in how claims and medical treatments are evaluated. By aligning the standard for determining compensability with the standard for covering specific medical treatments, this legislation strengthens the integrity of the system. Under this bill, a work-related injury must be the prevailing factor causing the need for medical treatment in order for that treatment to be covered under workers' compensation. This critical clarification ensures that Missouri's workers' compensation system remains fair and predictable while preventing unnecessary claims that drive up costs for employers. Establishing a consistent standard for determining both claims and medical treatment coverage creates greater certainty for businesses while maintaining appropriate protections for injured workers. Missouri businesses rely on a well-balanced workers? compensation system that provides necessary benefits while avoiding unnecessary cost burdens. The Springfield Area Chamber of Commerce supports efforts to enhance clarity and fairness within the system, and we encourage your support of House Bill 497 to ensure a stable and sustainable framework for both employers and employees. Sincerely, Matt Morrow President and CEO, Springfield Area Chamber of Commerce 202 S John Q Hammons Parkway Springfield, MO 65806



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| TESTIFYING:   | ☐ IN SUPPORT OF     | ✓ IN OPPOSITION TO       | ☐FOR INFORM         | ATIONAL PURPOS            | ES |
|   |                     | WITNESS NAME             |                     |                           |    |
| INDIVIDUAL:   |                     |                          |                     |                           |    |
| WITNESS NAME: ARNIE C."HONES  | T-ABE" DIENOFF-STAT | E PUBLIC ADVOCATE        | PHONE NUME          | BER:                      |    |
| BUSINESS/ORGANIZATIO  | ON NAME:            |                          | TITLE:              |                           |    |
| ADDRESS:  |                     |                          | <u> </u>            |                           |    |
| CITY:   |                     |                          | STATE:              | ZIP:                      |    |
| EMAIL:<br>arniedienoff@yah  | oo.com              | ATTENDANCE:<br>In-Person | SUBMIT I<br>2/10/20 | DATE:<br>025 11:30 PM     |    |
| THE INCORMATION ON THIS CODM IS BURLIC DECORD HINDER CHARTER 610, DSM |                     |                          |                     |                           |    |

I am Opposed to this Bill. This Bill is written and proposed by Special-Interest who will profit from Our State Worker's Compansation Program. Defeat this Bill!



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| COMMITTEE: Insurance            |                  |                    |            | •                  |                        |
| TESTIFYING:                     | ☐IN SUPPORT OF   | ✓ IN OPPOSITION TO | ☐FOR INFOR | RMATIC             | NAL PURPOSES           |
|                                 |                  | WITNESS NAME       |            |                    |                        |
| INDIVIDUAL:                     |                  |                    |            |                    |                        |
| WITNESS NAME:<br>MIKE SCHLUETER | R                |                    | PHONE NU   | JMBER:             |                        |
| BUSINESS/ORGANIZATION           | ON NAME:         |                    | TITLE:     |                    |                        |
| ADDRESS:                        |                  |                    |            |                    |                        |
| CITY:                           |                  |                    | STATE:     |                    | ZIP:                   |
| EMAIL:                          |                  | ATTENDANCE:        |            | IT DATE:<br>2025 1 | 2:00 AM                |
| THE INFORMA                     | TION ON THIS FOR | M IS PUBLIC RECOR  | D UNDER CH | APTE               | R 610. RSMo.           |



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|                                |                  | WITNESS NAME       |                     |                            |
| INDIVIDUAL:                    |                  |                    |                     |                            |
| WITNESS NAME:<br>RANDY ALBERHA | ASKY             |                    | PHONE NUMB          | ER:                        |
| BUSINESS/ORGANIZATION          | ON NAME:         |                    | TITLE:              |                            |
| ADDRESS:                       |                  |                    | ·                   |                            |
| CITY:                          |                  |                    | STATE:              | ZIP:                       |
| EMAIL:                         |                  | ATTENDANCE:        | SUBMIT D<br>2/10/20 | ATE:<br><b>25 12:00 AM</b> |
| THE INFORMA                    | TION ON THIS FOR | M IS PUBLIC RECOR  | D UNDER CHA         | PTER 610, RSMo.            |