



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 803		DATE: 2/25/2025	
COMMITTEE: Health and Mental Health			
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: 2/25/2025 11:55 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I am in Support of this Bill. This is a MUST!			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHRISTINE JACKSON, DO/MPH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/25/2025 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: GARRETT WEBB		PHONE NUMBER: 219-229-1104	
REPRESENTING: MISSOURI CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS		TITLE: REGISTERED LOBBYIST	
ADDRESS: PO BOX 1219			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: webb@coestrategies.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/25/2025 12:02 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

The Missouri Chapter of the American Academy of Pediatrics, representing 1,100 physicians, trainees, and pediatric-provider members throughout Missouri, strongly believes improving prenatal screening protocols by adding HIV and Hepatitis C and a second screening will help to improve health outcomes for mothers and children.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER: 573-635-6092	
REPRESENTING: ST. LOUIS COUNTY; BJC ST. LOUIS CHILDREN'S HOSPITAL		TITLE:	
ADDRESS: PO BOX 1805			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: jessica@wintonpolicygroup.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/25/2025 12:06 PM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KYNA IMAN		PHONE NUMBER: 314-651-1185	
REPRESENTING: MISSOURI NURSES ASSOCIATION		TITLE:	
ADDRESS: PO BOX 1483			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2025 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: PATRICIA DANIEL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sdaniel.mo@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/25/2025 7:30 PM

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This law will benefit the health of the mother and unborn child. I support it.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROBYN SCHELP		PHONE NUMBER: 660-441-3260	
REPRESENTING: KIDS WIN MISSOURI		TITLE:	
ADDRESS:			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2025 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SARAH SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE		TITLE:	
ADDRESS: 213 E CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: sgh@molobby.com	ATTENDANCE: In-Person		SUBMIT DATE: 2/25/2025 12:13 PM
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Support



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ALEX JULESKUSKY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: alexroewe@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/22/2025 12:54 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

This is simply NOT OK! This is an invasion of privacy! The government should NOT be involved in healthcare decisions, let alone “tracking” pregnancy! There is no good that will come out of this. When are we going to wake up from this nightmare? We the people are saying no. YOU work for us, we do NOT work for you! This has to stop!! Vote NO on this!



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANDREA KURIANOWICZ		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: serenannd@hotmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/20/2025 12:45 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
It's invasive and a violation of my medical and personal rights.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ANDREA SHEA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: andreamollett@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/21/2025 6:14 PM

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

This bill and any efforts to track a woman's personal health information is a violation of our personal, inalienable rights. This is not the legislation of a country that values freedom.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: CHRISTINA FRITSCHI		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: cfritschi2000@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/19/2025 10:20 PM

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

This bill is an invasion of privacy and will force women to avoid medical care. It also is against our last election's "yes" vote for abortion access in Missouri.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: HEATHER HAGEMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: hhageman@sbcglobal.net	ATTENDANCE: Written		SUBMIT DATE: 2/25/2025 7:47 AM

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

This bill is a complete violation of basic human rights.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: HOLLY EVANS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: hollyrevans@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/19/2025 8:02 PM

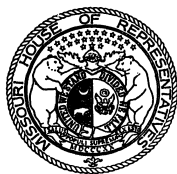
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This bill would violate the privacy and self-determination of your constituents.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JAMES BRUEMMER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: championjimbruemmer@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/20/2025 5:51 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
Keep our medical records private.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JENIFER PURVIS-DIERKS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: gloria636@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 2/20/2025 9:36 AM

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

This is a huge invasion of privacy. A government database of pregnant women is a huge government overstep. You have no right to this protected health information.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MOLLIE EDGAR		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mollieedgar@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/19/2025 10:29 PM

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This is completely insane that this is even being considered. There is no freedom in a country that chooses to track female citizens and their health.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: N PERRY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: nlieblievs@aol.com	ATTENDANCE: Written		SUBMIT DATE: 2/19/2025 8:17 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

This is an absurd waste of resources and goes totally against the idea of "small government" and our hard-earned freedoms. It is also highly insulting to everyone in foster care in the state as well as directly against the recommended best practices of the entire healthcare field. The state is absolutely embarrassing in terms of pre- and postnatal maternal care, maternal leave, childcare services and support, childrens' healthcare, providing quality education, and so on - why would anyone want to bring a child into the state?



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SARAH LOUISE JENSEN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sarahljensen@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/21/2025 4:13 AM
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I don't believe this bill is in line with free choice and privacy when it comes to healthcare and women's rights. This information is no one's business and I disagree wholly with this bill and hope my representatives will, as well.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SYDNEY MARTIN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: sydneymartinwork@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 2/19/2025 6:50 PM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written		SUBMIT DATE: 2/22/2025 6:05 AM
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“...the physician or person providing care must, [add: with the consent of the patient], administer treatment....” Also, retain the provision that approved and standard tests must be made in a Department-approved laboratory.