

BILL NUMBER: HB 825				DATE: 2/4/2025
COMMITTEE: Health and Mental Health				
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: AMY R. BECK, PH	D		PHONE NUMI 417-227-0	
REPRESENTING: MISSOURI PSYCH	OLOGICAL ASSOCIAT	ION	TITLE: LEGISLA	TIVE CHAIR
ADDRESS: 1051 S. FREMONT AVENUE				
CITY: SPRINGFIELD			STATE: MO	ZIP: 50804
EMAIL:		ATTENDANCE:	SUBMIT 2/4/202	DATE: 25 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				



BILL NUMBER: HB 825				DATE 2/4/	E: /2025
COMMITTEE: Health and Mental Health					
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	RMATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONES	WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE PHONE NUMBER:				
BUSINESS/ORGANIZATION NAME: TITLE:					
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: In-Person		IT DATE: 025 11:	50 PM
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I am in Support of this Bill.I Supported this Bill in 2024.



BILL NUMBER: HB 825				DATE: 2/4/2025
COMMITTEE: Health and Mental	Health		·	
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: BRIAN BERNSKOI	ETTER		PHONE NUME	BER:
REPRESENTING: MISSOURI ACADE	MY OF FAMILY PHYS	ICIANS	TITLE:	
ADDRESS: 100 E. HIGH				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT D 2/4/202	OATE: 15 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 825			DATE: 2/4/2025		
COMMITTEE: Health and Mental Health					
TESTIFYING : ✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES		
	WITNESS NAME				
BUSINESS/ORGANIZATION:					
WITNESS NAME: BRIAN SHEBLE		PHONE NUMB 314-302-35	·		
BUSINESS/ORGANIZATION NAME: MISSOURI MENTAL HEALTH COUNSELORS ASSOCIATION AND MISSOURI ASSOCIATION OF SCHOOL PSYCHOLOGISTS TITLE: DR.					
ADDRESS: 4163 AVERY LANE					
CITY: BRIDGETON		STATE: MO	ZIP: 63044		
EMAIL: bsheble@growthmindsetstl.org	ATTENDANCE: Written	SUBMIT D 2/4/202	ATE: 5 3:03 PM		

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I am the Past President and the Government and Policy Chairperson for the Missouri Mental Health Counselors Association. In addition, I am the Treasurer for the Missouri Association of School Psychologists. We support this bill as it would provide access to mental health services for all Missourians. As mental health professionals, we should have all tools available to us to help people that need help. This is issue is about access and being able to provide services to people who need it.



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: BRUCE EDDY			PHONE NUME 816-307-4	
BUSINESS/ORGANIZATION COMMUNITY MEN			TITLE: EXECUTIVE	VE DIRECTOR
ADDRESS: 1627 W. MAIN				
CITY: KANSAS CITY			STATE: MO	ZIP: 64109
EMAIL:		ATTENDANCE:	SUBMIT I 2/4/202	DATE: 25 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPO	SES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: CHRISTOPHER LE	EHMAN		PHONE NUM	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
		SUBMIT 1 2/3/202	DATE: 25 10:51 AM		
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Telehealth for Missourians is here to stay. Barriers of access, cost, scheduling, travel & time management are alleviated or eliminated if telehealth is offered and agreed upon by the clinician & patient. Audio only or audio included telehealth should be a viable option & insured, so long as the care provider ensures that HIPPA is adhered to.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: CHUCK HOLLISTE	ER .		PHONE NUME 417-227-0 9	
BUSINESS/ORGANIZATION MISSOURI PSYCH	ON NAME: OLOGICAL ASSOCIAT	TION	TITLE:	
ADDRESS: 1051 S. FREMONT AVENUE				
CITY: SPRINGFIELD			STATE: MO	ZIP: 65804
EMAIL:		ATTENDANCE:	SUBMIT 0 2/4/202	DATE: 15 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



MISSOURI HOUSE OF REPRESENTATIVES

WITNESS APPEARANCE FORM

BILL NUMBER: HB 825				DATE: 2/4/2025
COMMITTEE: Health and Mental	Health			
TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: DEREK LEFFERT			PHONE NUME 573-280-8	
REPRESENTING: ASSOCIATION OF MISSOURI NURSE PRACTITIONERS TITLE: EXECUTIVE DIRECTOR/CEO				VE DIRECTOR/CEO
ADDRESS: PO BOX 104853				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65110
EMAIL: nursepractitioners	@missourinp.org	ATTENDANCE: Written	SUBMIT II 2/2/202	DATE: 25 9:08 PM

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Telehealth is a vital tool that enhances efficiencies, expands the reach of health care providers, and provides alternative options for those patients who may be unable to attend in person appointments. By permitting this revised version of telehealth, more providers can connect with those who may be in remote areas that lack high speed internet connections that are often required under current circumstances. The members of the Association of Missouri Nurse Practitioners support HB 825 and ask the committee to do pass this important piece of legislation.



BILL NUMBER: HB 825				DAT 2/4	TE: 1/2025
COMMITTEE: Health and Mental Health					
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	RMATIO	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:	NDIVIDUAL:				
WITNESS NAME: PHONE NUMBER: DR. PAUL T. KORTE					
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: pkorte@paloaltou	.edu	ATTENDANCE: Written	SUBM 2/3/2	IT DATE: 2025 7:0)5 PM

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Working with patients living in rural Missouri, distance/transportation and technology limitations can be barriers to much needed mental health care. Too often, patients forgo valuable psychotherapy service because of these barriers to care. In my experience as a mental health professional, I've often had patients who are unable to travel to my office for services due to time, money, or limited ability to drive. Likewise, these individuals are then limited in telehealth services because many of Missouri's rural communities are still without high-speed internet. I have patients who are highly motivated to engage in services to address their mental health concerns but continue to struggle with mental health over a much longer period of time than what is necessary due to these barriers to care. I primarily offer psychotherapy, much of which can be adequately provided through audio-only telehealth. This bill helps us to continue providing invaluable services to our rural Missourians and bring mental health recovery to those that would otherwise be unable to access care.



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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: EARL SIMMS			PHONE NUME 636-875-9 9	
REPRESENTING: PARAQUAD			TITLE:	
ADDRESS: 5240 OAKLAND AVENUE				
CITY: ST. LOUIS			STATE: MO	ZIP: 63110
EMAIL:		ATTENDANCE:	SUBMIT D 2/4/202	DATE: 25 12:00 AM
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BILL NUMBER: HB 825				DATE: 2/4/2025
COMMITTEE: Health and Mental	Health			•
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFO	RMATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: GARRETT WEBB			PHONE N	NUMBER:
REPRESENTING: MISSOURI CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS TITLE: REGIS			TERED LOBBYIST	
ADDRESS: PO BOX 1219				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL: webb@coestrateg	ies.com	ATTENDANCE: In-Person		MIT DATE: 2025 4:47 PM
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This Missouri Chapter of the American Academy of Pediatrics, representing more than 1,100 physicians, trainees, and pediatric-provider members throughout Missouri strongly supports this legislation.



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: HEIDI N. LUCAS			PHONE NUMB 573-616-2 7	
REPRESENTING: MISSOURI RURAL	HEALTH ASSOCIATION	ON	TITLE:	
ADDRESS: PO BOX 232				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT D 2/4/202	ATE: 5 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: DATE: 2/4/2025 **HB 825** COMMITTEE: **Health and Mental Health ☑** IN SUPPORT OF ☐ IN OPPOSITION TO FOR INFORMATIONAL PURPOSES **TESTIFYING: WITNESS NAME** REGISTERED LOBBYIST: WITNESS NAME: PHONE NUMBER: **JACOB SCOTT** REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION; MISSOURI **LOBBYIST** ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS 113 MADISON ST STATE: **JEFFERSON CITY** MO 65102 SUBMIT DATE: 2/4/2025 12:06 PM ATTENDANCE: jscott@msma.org In-Person

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In support of the bill



BILL NUMBER: HB 825				DATE: 2/4/2025
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TESTIFYING:	✓ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: JAMEY MURPHY			PHONE NUMB	BER:
REPRESENTING: MISSOURI HOSPIT	TAL ASSOCIATION		TITLE:	
ADDRESS: 4712 COUNTRY CLUB DRIVE				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109
EMAIL:		ATTENDANCE:	SUBMIT D 2/4/202	OATE: 05 12:00 AM
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



BILL NUMBER: HB 825				DATE: 2/4/2025
COMMITTEE: Health and Mental	Health			
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: JESSICA GERFIN			PHONE NUME 314-881-3 4	
BUSINESS/ORGANIZATION ST. LOUIS BEHAV	ON NAME: IORAL MEDICINE INST	TITUTE	TITLE: CEO	
ADDRESS: 1129 MACKLIND AVENUE				
CITY: ST. LOUIS			STATE: MO	ZIP: 63110
EMAIL:		ATTENDANCE:	SUBMIT 0 2/4/202	DATE: 15 12:00 AM
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WITNESS APPEARANCE FORM

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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO ☐	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	DBBYIST:			
WITNESS NAME: JESSICA PETRIE			PHONE NUME 573-635-6	
HEALTHCARE FO	E, COX HEALTH RANK UNDATION, MO ASSOC AL ASSOCIATION SOC	CIATION OF RURAL HEALTH	TITLE:	
ADDRESS: P.O. BOX 1905			•	
JEFFERSON CITY			STATE: MO	ZIP: 65102
EMAIL:		ATTENDANCE:	SUBMIT 0 2/4/202	DATE: 25 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECORD U	NDER CHA	PTER 610, RSMo.



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: JULIE PRATT			PHONE NUME 816-805-4	
BUSINESS/ORGANIZATION BURRELL BEHAV			TITLE: PRESIDEI	NT KC REGION
ADDRESS: 17844 E. 23RD STREET				
CITY: INDEPENDENCE			STATE: MO	ZIP: 64057
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/4/2025 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMo.



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COMMITTEE: Health and Mental	COMMITTEE: Health and Mental Health						
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES			
		WITNESS NAME					
REGISTERED LO	OBBYIST:						
WITNESS NAME: JUSTIN ALFERMA	N		PHONE NUM 636-667-				
REPRESENTING: SSM HEALTH			DIRECTO RELATIO	OR OF GOVERNMENT			
ADDRESS: 12800 CORPORATE HILL DR STE 100							
CITY: ST. LOUIS			STATE: MO	ZIP: 63131			
EMAIL: justinalf@gmail.co	om	ATTENDANCE: In-Person	SUBMIT 2/4/20	DATE: 25 12:11 PM			
THE INCORMA	TION ON THIS EOD	LIC DUBLIC DECOR	D HNDED CH	DTED 640 DCMa			

SSM Health is supportive of Telehealth legislation that increases access for patients.



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: KELSEY COOK			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: kelseycook36@gn	nail.com	ATTENDANCE: Written	SUBMIT [2/3/202	OATE: 25 1:08 PM
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I am an individual who has benefitted from telehealth services, and I have friends with ME and Long Covid who RELY on these services to SURVIVE. Every single day. Our state CANNOT let TeleHealth services die.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSE	S
		WITNESS NAME			
REGISTERED L	OBBYIST:				
WITNESS NAME: KYNA IMAN			PHONE NUMB 314-651-1		
REPRESENTING: MISSOURI OCCUP ASSOCIATION	PATIONAL THERAPY, N	MISSOURI NURSES	TITLE:		
ADDRESS: PO BOX 1483					
CITY: JEFFERSON CITY	•		STATE: MO	ZIP: 65102	
EMAIL:		ATTENDANCE:	SUBMIT D 2/4/202	DATE: 15 12:00 AM	
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COMMITTEE: Health and Mental H	lealth				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
BUSINESS/ORGA	NIZATION:				
WITNESS NAME: MARILYN MCLEOD			PHONE NUME 573-239-3		
BUSINESS/ORGANIZATION NAME: League of women voters of Missouri			TITLE: PRESIDEI	TITLE: PRESIDENT	
ADDRESS: 8706 MANCHESTER RD., SUITE 104					
CITY: ST. LOUIS			STATE: MO	ZIP: 63144	
EMAIL:	ahoo com	ATTENDANCE: Written	SUBMIT [2/4/202	DATE: 25 3:47 PM	

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The League of Women Voters supports HB 825. Health care providers should not be limited in their choice of which electronic platforms are used to deliver services provided that services delivered are in accordance with theHealth Insurance Portability and Accountability Act of 1996. Telehealth services provide a cost effective means to treat a range of health concerns given transportation challenges and other barriers traveling to health visits. This is especially valuable to older people and people who live in rural areas.



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: MEGAN HOWERTO	ON		PHONE NUME	BER:
REPRESENTING: MOSAIC LIFE CAR ASSOCIATION	RE/MISSOURI SPEECH	-LANGUAGE-HEARING	TITLE:	
ADDRESS: PO BOX 156				
CITY: JEFFERSON CITY			STATE: MO	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT I 2/4/202	DATE: 25 12:00 AM
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MISSOURI HOUSE OF REPRESENTATIVES

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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR II	NFORMATIO	NAL PURPOSES
		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: NATHAN J. MADD	EN			ONE NUMBER: 6-393-0105	
BUSINESS/ORGANIZATION NAME: HEALTH FORWARD FOUNDATION TITLE: POLICY IMPACT STRATEGIST				CT STRATEGIST	
ADDRESS: 2300 MAIN STREET, STE. 304					
CITY: KANSAS CITY			ST/	ATE: O	ZIP: 64108
EMAIL: nmadden@healthi	forward.org	ATTENDANCE: Written		SUBMIT DATE: 2/3/2025 3:0	7 PM

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Chair Stinnett and Members of the Committee -On behalf of Health Forward Foundation (Health Forward), I submit this written testimony in support of House Bills 822 and 825. Health Forward works to support and build inclusive, powerful, and health communities characterized by racial equity and economically just systems. We support this bill as it would greatly expand and enhance offerings for telehealth services across the state by allowing for audiovisual and audio-only technology. This legislation would help more people access the benefits of telehealth. We know the evidence that telehealth is just as effective as in-person delivery of services, while operating at less cost (https://www.sciencedirect.com/science/article/ abs/pii/S0738399118300533). In a time where costs only seem to be rising, this is a sound way of helping pull back costs to both consumers and providers. Adding the audio-only component to qualifying telehealth services increases the amount of reach and equity benefits that telehealth can provide. At a broad level, telehealth strengthens rural health care and connects people to services they may not otherwise have access to (https://www.ruralhealth.us/blogs/2023/12/ integrating-telehealth-strengthening-rural-health-caredelivery). Furthermore, we know that for individuals who lack access to the internet or to a smartphone, providing for telehealth with an audio-only option will help increase the equitable delivery of care to those individuals who are unable to access them due to being left behind digitally (https://www.healthaffairs.org/content/forefront/beyond-broadband-equity-access-and-benefits-audioonly-telehealth). Health Forward asks legislators on this committee to vote YES on HBs 822 and 825. These bills offer a meaningful and cost-effective way for people lacking internet or smartphones to bridge the access gap to health services. Please feel free to reach out to me if you have any questions or would like additional resources at nmadden@healthforward.orgRespectfully,Nathan J. Madden, Ph.D.Impact Strategist - PolicyHealth Forward Foundation



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFOR	RMATIO	NAL PURPOSES	
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: RICK JAY SHORT	, JR		PHONE N	JMBER:		
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:			
ADDRESS:						
CITY:			STATE:		ZIP:	
EMAIL: sebastiansd@live.	.com	ATTENDANCE: Written	SUBM 2/3/2	IIT DATE: 2025 8:3	39 AM	

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I am a licensed psychologist provided behavioral health services in a primary care setting. The patients attending this particular clinic would be considered rural and often travel well over half an hour, or two hours in some cases, in order to receive care at this particular clinic (i.e., seeing their primary care provider for over a decade). Additionally, these individuals often have difficulties maintaining consistent internet connections, have a diminished digital literacy, and may not even have a laptop or recent smartphone. Audio-only telehealth has allowed me to provide high-quality care to these patients without them having to travel hours back and forth to the clinic. If these patients experience a drop in quality of connection, I can continue to provide them with care via audio-only telehealth. Audio-only telehealth has dramatically reduced the number of barriers my patients have in accessing behavioral health services at my clinic. Audio-only telehealth only improves care for our patients.



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFO	RMATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: SCOTT MCMASTE	ERS		PHONE N	JMBER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:		ZIP:
EMAIL: scotty.mcm93@gi	mail.com	ATTENDANCE: Written		IIT DATE: /2025 1	0:32 AM
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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: SUSAN GIBSON			PHONE NUMB	ER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: Onesuegibson@protonmail.com		ATTENDANCE: Written	SUBMIT DATE: 2/1/2025 4:10 PM	
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MISSOURI HOUSE OF REPRESENTATIVES

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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
BUSINESS/ORGANIZATION:				
WITNESS NAME: TONIANN RICHAR	RD		PHONE NUMI 816-807-7	
BUSINESS/ORGANIZATION HCC NETWORK	ON NAME:		TITLE: CEO	
ADDRESS: 819 S. BUSINESS HWY 13				
CITY: LEXINGTON			STATE: MO	ZIP: 64067
EMAIL: toniann@hccnetw	ork.org	ATTENDANCE: Written	SUBMIT I 2/3/202	DATE: 25 10:24 PM

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Good evening! My name is Toniann Richard, CEO of HCC Network, a rural community health center located in West Central Missouri. I am writing in strong support of HB 825 and HB 822 to ensure telehealth services, specifically the provision of delivery through audio and audio-visual means, remain a priority for Missouri. During the COVID-19 Pandemic many contingencies were made to ensure people had access to healthcare services including the utilization of different platforms for telehealth including audio via phone, computer or other device as well as audio-visual via technology platforms such as Apple FaceTime, ZOOM and Microsoft TEAMS. It became clear, very quickly, that these platforms provided a safe environment for patients. Providers were also satisfied with the ability to use audio and audio-visual methods to triage and (when appropriate) treat the patient. Several other COVID-19 Telehealth modified regulations were adopted by CMS and are being considered for permanent implementation, including regulatory flexibilities including distance site requirements, allowable services and waivers for payment. HCC Network partners with other safety net providers for expanding services in our service area. Please reach out if you need any additional information. Thank you for your strong consideration for this legislation.



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	IATIONAL PURPOSE	ΞS
		WITNESS NAME			
REGISTERED LOBBYIST:					
WITNESS NAME: WILL MARRS			PHONE NUM 417-848-8		
REPRESENTING: MERCY			TITLE:		
ADDRESS: 817 S PICKWICK AVE					
CITY: SPRINGFIELD			STATE: MO	ZIP: 65804	
EMAIL: govservicesjcmo@	@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/4/2025 12:18 PM		
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Mercy is supportive of advances in technology that allow for more access to patient care, especially in rural areas.



BILL NUMBER: HB 825				DATE: 2/4/2025
COMMITTEE: Health and Menta	l Health			
TESTIFYING:	☐IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: CATHLEEN PROT	TE		PHONE NUM	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: catranhome@gma	EMAIL: ATTENDANCE: SUBMIT DATE: 2/4/2025 10:14 AM			
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				



BILL NUMBER: HB 825				DATE: 2/4/2025
COMMITTEE: Health and Mental	l Health			
TESTIFYING:	\square IN SUPPORT OF	▼ IN OPPOSITION TO	☐FOR INFORM	MATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: JESSICA GANNOI	N		PHONE NUM	BER:
BUSINESS/ORGANIZATION	ON NAME:		TITLE:	
ADDRESS:			·	
CITY:			STATE:	ZIP:
EMAIL: jlynngannon@gm	@gmail.com ATTENDANCE: SUBMIT DATE: 2/3/2025 7:17 PM			
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.				