

BILL NUMBER: HB 991				DATE: 2/17/2025
COMMITTEE: Insurance				
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ARNIE C. AC "HOI	NEST-ABE" DIENOFF-S	TATE PUBLIC ADVO	PHONE NUME	BER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: In-Person	SUBMIT 0 2/17/20	DATE: 125 11:45 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD LINDER CHAPTER 610, RSMo				

I am in full Support of this Bill and its intension to protect Missourians from being taken advanatge of and ripped-off.



BILL NUMBER: HB 991				DATE: 2/17/2025	
COMMITTEE: Insurance					
TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOS	SES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: GARRET SCHMID	т		PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: garretjschmidt@g	mail.com	ATTENDANCE: Written	SUBMIT I 2/16/20	DATE: 125 7:55 PM	
THE INFORMATION ON THIS FORM IS BURLLO BECORD LINDER CHARTER 610, DSMO					

I am in support of this bill. It is a benefit to help protect MO HealthNet enrollees from joining a plan that provides a service they already have access too. The complaint mechanism will help ensure air ambulance membership organizations from engaging in unfair merchandising practices.



BILL NUMBER: HB 991				DATE: 2/17/2025	
COMMITTEE: Insurance			•		
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSE	ES
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: LARRY CASE			PHONE NUMB 573-680-4		
REPRESENTING: MISSOURI ASSOC	CIATION OF INSURANCE	E AGENTS	TITLE:		
ADDRESS: 3315 EMERALD LANE					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65109	
EMAIL:		ATTENDANCE:	SUBMIT D 2/17/20	ATE: 25 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610. RSMc) .



BILL NUMBER: HB 991				DATE: 2/17/2025	
COMMITTEE: Insurance					
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: RALPH AARON BI	RADSHAW		PHONE NUME 618-946-2		
BUSINESS/ORGANIZATION AIR METHODS LL			TITLE: REGIONA	L DIRECTOR SALES	
ADDRESS: 5500 SOUTH QUEBEC STREET					
CITY: GREENWOOD VIL	LAGE		STATE: CO	ZIP:	
EMAIL:		ATTENDANCE:	SUBMIT I 2/17/20	DATE: 125 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					



BILL NUMBER: HB 991			ATE: / 17/2025
COMMITTEE: Insurance		•	
TESTIFYING: IN SUPPORT OF	☑IN OPPOSITION TO ☐F	OR INFORMATI	ONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: DEE ANN POOLE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: catdeeann@gmail.com	ATTENDANCE: Written	SUBMIT DATE 2/17/2025	

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

It appears to me that this bill is a bill to have a bill. I listened to Representative Phelps brief the committee, and he used reasons why a paid company wouldn't be able to pick up a patient by helicopter -- he included no helicopter available and weather. He then went on to say that MoHealthNet patients already have air ambulance service provided, and they shouldn't be encouraged or solicited to pay the \$99 per year to have the helicopter service available from a private company. However, these MoHealthNet patients face the same risks of not being able to have helicopter service due to lack of availability and weather. So, his argument is not logical. When asked by a committeeman to provide data on how many people on MoHealthNet also have purchased the air ambulance service membership, Representative Phelps was unable to answer the question. It's interesting I had the same question from the start and actually clapped when I heard the question asked by the committee member. This is more evidence that this bill is not needed. Why propose a bill if you don't know there's a problem? Therefore, I am in opposition to this bill because it doesn't appear that it's an issue that needs to be addressed by our legislature.



BILL NUMBER: HB 991				DATE: 2/17/2025	
COMMITTEE: Insurance					
TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED L	OBBYIST:				
WITNESS NAME: JORGEN SCHLEN	IEIER		PHONE NUME 573-230-4 2		
REPRESENTING: AIR EVAC			TITLE:		
ADDRESS: 213 EAST CAPITOL AVENUE					
CITY: JEFFERSON CITY	,		STATE: MO	ZIP: 65101	
EMAIL:		ATTENDANCE:	SUBMIT D 2/17/20	OATE: 25 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					



BILL NUMBER: HB 991				DATE: 2/17/2025
COMMITTEE: Insurance				
TESTIFYING:	\square IN SUPPORT OF	✓ IN OPPOSITION TO	☐FOR INFORMA	ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: VICTORIA JONES			PHONE NUMBI	ER:
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: toriatrampler@gm	nail.com	ATTENDANCE: Written	SUBMIT D. 2/13/20 2	ATE: 25 4:13 PM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECORI	D UNDER CHAI	PTER 610, RSMo.

I am opposed to further privatization of healthcare services.