



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 2644</b>		DATE: <b>3/11/2026</b>	
COMMITTEE: <b>Professional Registration and Licensing</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JAMEY MURPHY</b>		PHONE NUMBER: <b>573-893-3700</b>	
REPRESENTING: <b>MISSOURI HOSPITAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>4712 COUNTRY CLUB DRIVE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65109</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/11/2026 12:00 AM</b>	
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KATHRYN MYERS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/11/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>KRISTIN ANDERSON</b>		PHONE NUMBER: <b>913-948-2518</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI SOCIETY FOR RESPIRATORY CARE</b>		TITLE: <b>PRESIDENT</b>	
ADDRESS: <b>1858 BOOKBINDER DRIVE</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63146</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/11/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>KURTIS NORMAN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>3/11/2026 12:00 AM</b>
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>KYNA IMAN</b>		PHONE NUMBER: <b>314-651-1185</b>
REPRESENTING: <b>MO NURSES ASSOCIATION</b>		TITLE:
ADDRESS: <b>P.O. BOX 1483</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/11/2026 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>LISA CRACCHIOLO</b>		PHONE NUMBER: <b>314-333-2905</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI SOCIETY FOR RESPIRATORY CARE</b>		TITLE:	
ADDRESS: <b>3215 HAEGER RD</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63129</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/11/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>NATHAN POUNDS</b>		PHONE NUMBER: <b>417-299-1189</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI SOCIETY FOR RESPIRATORY CARE</b>		TITLE:	
ADDRESS: <b>3140 WEST TUDOR STREET</b>			
CITY: <b>SPRINGFIELD</b>		STATE: <b>MO</b>	ZIP: <b>65803</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/11/2026 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>WILHELMINA PELLEGRIN</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: <b>3/11/2026 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT</b>		PHONE NUMBER: <b>314-440-9000</b>	
BUSINESS/ORGANIZATION NAME: <b>STATE PUBLIC ADVOCACY</b>		TITLE: <b>STATE PUBLIC ADVOCATE</b>	
ADDRESS: <b>P.O. BOX #1535</b>			
CITY: <b>O' FALLON</b>		STATE: <b>MO</b>	ZIP: <b>63366</b>
EMAIL: <b>ArnieDienoff@Mail.Com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>3/11/2026 11:52 PM</b>	

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**I am Opposed to this Compact and taking away Our State Oversight and Investigation.**



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<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>MICHAEL COMPTON</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: <b>ACT FOR MISSOURI</b>		TITLE:
ADDRESS:		
CITY: <b>WARRENSBURG</b>		STATE: <b>MO</b>
		ZIP: <b>64093</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/11/2026 12:00 AM</b>
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