



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026	
COMMITTEE: Professional Registration and Licensing			
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: JEFF GAMBLE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/25/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026
COMMITTEE: Professional Registration and Licensing		
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: M. KORY SCULLAWL		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026
COMMITTEE: Professional Registration and Licensing		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: MARK CURTIS		PHONE NUMBER: 660-909-3238
BUSINESS/ORGANIZATION NAME: MISSOURI OPTOMETRY ASSOCIATION		TITLE:
ADDRESS: 608 N MAGUIRE		
CITY: WARRENSBURG		STATE: MO
		ZIP: 64093
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026
COMMITTEE: Professional Registration and Licensing		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ABIGAIL HERNDON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/25/2026 11:47 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

We have ophthalmologists for these exact procedures who are qualified medical experts, we don't need optometrists who are not trained for this. 32 clinical hours is ridiculous for a certificate of this magnitude. As a former phlebotomist I had to have 40hrs of clinical hours plus another 80 for in class training. This is woefully inadequate for training and requirements. This is the government interfering in healthcare and the medical field when they are unqualified to do so.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026
COMMITTEE: Professional Registration and Licensing		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. AC "HONEST-ABE" DIENOFF		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026
COMMITTEE: Professional Registration and Licensing		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: CHRISTINE RYU		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: In-Person	SUBMIT DATE: 2/25/2026 10:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Dear Committee members,

Good morning and thank you for having us today. My name is Christine Ryu, and I would like to express my personal views on HB 2897.

I am the oculoplastics fellow in St. Louis. I am an ophthalmologist who has completed 4 years of medical school and 4 years of surgical ophthalmology residency. I am board certified and able to practice independently. However, I have chosen to undergo 2 additional years of surgical training in oculoplastics, or ophthalmic plastic and reconstructive surgery, which treats the eyelids, orbit (eye socket), and the lacrimal (tear) system.

Residency and fellowship training stresses graduated autonomy and direct supervision. Gradually over the years of training, I was taught to perform surgery, including the laser surgeries listed in HB 2897. At first we observe the senior ophthalmologists perform hundreds of surgeries. Then we are gradually allowed to perform small portions of the surgery, under the supervision of the senior ophthalmologist, so that they can provide real time feedback or take over the procedure if needed. We all make mistakes, especially as we are learning, and this direct, one-on-one supervision is critical for effective learning and the safety of our patients. There is no replacement for this type of training.

Let's talk about the hours of training. If we make a very conservative estimate of 65 hours per week of work (but often at least 80 hour work weeks with calls), and 50 weeks of work, then that is 3250 hours per year. About half of that time is spent in the operating room. Currently in fellowship, I work even longer hours and am on call 24/7, 365 days a year, for 2 years straight. I handle any and all urgent and emergent issues pertaining to the eyelids, eye socket, and tear system at Barnes Jewish Hospital, Mercy Hospital, the Veterans Affairs Hospital, and a busy private practice. I have performed over 2000 surgeries in the last 20 months. It is this intense surgical training that allows me to feel more comfortable in this area of the human body.

Our colleagues in comprehensive ophthalmology, general plastic surgery, facial plastic surgery, and dermatologic surgery are also physicians with extensive surgical training who are qualified and competent to perform biopsies and excisions of eyelid lesions. Despite this, eyelid lesions and concerns are typically referred to oculoplastics providers. I think this speaks to how delicate and unique the form and function of our eyelids are.

“The removal and biopsy of skin lesions without known malignancy” – Does this mean a lesion can be

removed as long as that specific lesion has no known malignancy? No one can know with certainty if a lesion is or is not malignant until the pathologist reveals the diagnosis. Or does it mean if a patient has ever had any malignancy? "Skin lesion" – does this mean the epithelium must be involved? But what about lesions that lie just beneath the skin? What if it's "just" a cyst that is visible through the skin? And what if that turns out to be a deeper lesion whether it be vascular or metastatic cancer? If there is an unexpected amount of bleeding depending on the patient's blood thinners, hematologic conditions, or anatomy, surgical tools may be necessary to stop the bleeding.

"The incision and curettage of a chalazion" – these are commonly called styes. This procedure involves injecting the eyelid with a needle to numb the area. A clamp is placed over the eyelid to flip it over, and a scalpel is used to cut the eyelid open. A specific type of skin cancer, sebaceous cell carcinoma, is well known to masquerade as a stye, and delayed diagnosis can lead to loss of the eye or metastatic cancer.

These proposed additions are sometimes minimized as "in office procedures" or "minor surgeries," but I would like to make this clear: surgery is surgery. Whether with a laser or blade, these surgeries carry risk, especially if not performed by a surgeon with adequate training. Ophthalmologists are not perfect of course, and we all have complications, even with our years of rigorous surgical training. I do not think it is safe to have our patients receive surgery from non-surgeons who have not had the same standard of surgical training. Thank you.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DOUGLAS SNYDER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/25/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: DYLAN HAILEY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2026 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ELIZABETH GRACE RILEY		PHONE NUMBER: 573-634-4876	
REPRESENTING: THE MISSOURI SOCIETY OF ANESTHESIOLOGISTS		TITLE: REGISTERED LOBBYIST	
ADDRESS: 213 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: grace@molobby.com	ATTENDANCE: Written	SUBMIT DATE: 2/25/2026 9:21 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JACOB SCOTT		PHONE NUMBER: 573-691-5707	
REPRESENTING: MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS & SURGEONS		TITLE:	
ADDRESS: 113 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2026 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026
COMMITTEE: Professional Registration and Licensing		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: JONATHAN SCHELL, MD		PHONE NUMBER: 314-351-0101
BUSINESS/ORGANIZATION NAME: MO SOCIETY OF EYE PHYSICIANS AND SURGEONS		TITLE: MD
ADDRESS: 6680 CHIPPEWA SUITE 220		
CITY: ST. LOUIS		STATE: MO
		ZIP: 63109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2897		DATE: 2/25/2026
COMMITTEE: Professional Registration and Licensing		
TESTIFYING: <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: NATHAN HESEMANN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: MISSOURI STATE MEDICAL ASSOCIATION		TITLE: M.D.
ADDRESS: 113 MADISON STREET		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/25/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		