



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2974		DATE: 1/28/2026	
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: ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: In-Person		SUBMIT DATE: 1/28/2026 11:25 PM
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I am in Support of this Bill. This is a reasonable request.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JAMEY MURPHY		PHONE NUMBER:
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:
ADDRESS: 4712 COUNTRY CLUB DRIVE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/28/2026 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER: 573-635-6092	
REPRESENTING: BJC HEALTHCARE		TITLE:	
ADDRESS: PO BOX 1005			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/28/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JOSEPH MILLER		PHONE NUMBER: 417-529-9078	
BUSINESS/ORGANIZATION NAME: BURRELL BEHAVIORAL HEALTH & PREFERRED FAMILY HEALTHCARE		TITLE: VP GOVERNMENT AFFAIRS	
ADDRESS:			
CITY:		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/28/2026 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JUSTIN ALFERMAN		PHONE NUMBER: 636-667-1093
REPRESENTING: SSM HEALTH		TITLE:
ADDRESS:		
CITY: ST. LOUIS		STATE: MO
		ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/28/2026 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: KYNA IMAN		PHONE NUMBER: 314-651-1185
REPRESENTING: MO NURSES ASSOCIATION		TITLE:
ADDRESS: P.O. BOX 1483		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/28/2026 12:00 AM
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LILIANA TASLER		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 1/26/2026 5:36 PM	
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Telehealth enables more people to access the health care they need.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MEAGAN HOWERTON		PHONE NUMBER:	
REPRESENTING: MO ATHLETIC TRAINERS' ASSOCIATION, MO SPEECH-LANGUAGE HEARING ASSN.		TITLE:	
ADDRESS: PO BOX 156			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/28/2026 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SAM PANETTIERE		PHONE NUMBER: 816-883-8222	
REPRESENTING: UNITED WE		TITLE:	
ADDRESS: 2100 CENTRAL STREET LLE			
CITY: KANSAS CITY		STATE: MO	ZIP: 64108
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/28/2026 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUZANNE OPPERMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 1/27/2026 7:59 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. Health Care Professionals are in high demand. Their reciprocity needs to be approved.		



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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUZANNE OPPERMAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 1/27/2026 9:24 AM
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I am writing to ask your support of HG 2974, lines 73-77, as this section provides for huge assistance to increase the number of Health Care Providers desperately needed in Missouri. This is because of Missouri's status as a "health care desert" for all but three of our Counties!

Professional Registration and Licensing

"Any health care provider licensed under the provisions of this section shall be deemed fully licensed to practice in this state and may provide tele-health services as described in section 191.1145 to the same extent and in the same manner as a health care provider who received his or her license without a waiver of any requirements."

Thank you,



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: WESLEY SUTTON		PHONE NUMBER: 573-508-4832	
BUSINESS/ORGANIZATION NAME: MO. DIVISION OF PROFESSIONAL REGISTRATION		TITLE: DEPUTY DIRECTOR	
ADDRESS: 3605 MISSOURI BLVD.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/28/2026 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: WILLIAM MARRS		PHONE NUMBER:
REPRESENTING: MERCY HEALTHCARE SYSTEMS		TITLE:
ADDRESS: 223 E CAPIOL AVE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL: govservicesjcmo@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 1/28/2026 12:46 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SARAH BERRY		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 1/26/2026 1:18 PM

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HB 2974 is the Legislature admitting it’s tired of doing the hard part of public protection—setting Missouri standards and enforcing them—so it’s outsourcing that work to “whatever some other jurisdiction required.”

This bill forces Missouri boards to waive education, exam, and experience requirements if another jurisdiction says there were “minimum requirements,” and gives boards up to six months to process it (or 30 days for military/law-enforcement spouses).

That isn’t reform. That’s a shortcut with a bow on it.

And the kicker: it explicitly says a healthcare provider licensed this way is “fully licensed” and may provide telehealth “to the same extent” as someone who met Missouri’s requirements—meaning Missouri patients are asked to accept Missouri-level liability with non-Missouri vetting.

If Missouri’s licensing standards matter, then Missouri should enforce them—not waive them on autopilot because it’s administratively convenient.

Vote NO on HB 2974.

“Minimum requirements” is not a standard—it’s a shrug dressed up as statute.

-Rev. Sarah M. Berry