



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | | |
|--|---------------------------------|---|----------------------|
| BILL NUMBER: HB 2979 | | DATE: 3/12/2026 | |
| COMMITTEE: Health and Mental Health | | | |
| 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: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT | | PHONE NUMBER: 314-440-9000 | |
| BUSINESS/ORGANIZATION NAME: STATE PUBLIC ADVOCACY | | TITLE: STATE PUBLIC ADVOCATE | |
| ADDRESS: P.O. BOX #1535 | | | |
| CITY: O' FALLON | | STATE: MO | ZIP: 63366 |
| EMAIL: ArnieDienoff@Mail.Com | ATTENDANCE: In-Person | SUBMIT DATE: 3/12/2026 11:59 PM | |

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

I am in Support of this Bill and its intention to provide additional Medical Doctors to the Rural Areas and Counties of Our Great State.



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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: DR. DAVID LANCASTER | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS & SURGEONS | | TITLE: DOCTOR OF OSTEOPATHY | |
| ADDRESS: 1423 RANDY LANE | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM | |
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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: GEORGE P. HUBBELL MD | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: MISSOURI STATE MEDICAL ASSOCIATION | | TITLE: | |
| ADDRESS: 113 MADISON STREET | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM | |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: HAMPTON WILLIAMS | | PHONE NUMBER: 573-893-4241 |
| REPRESENTING: MISSOURI INSURANCE COALITION | | TITLE: |
| ADDRESS: 220 EAST HIGH STREET, SUITE B | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65616 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM |
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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: JACOB SCOTT | | PHONE NUMBER: | |
| REPRESENTING: MISSOURI STATE ORTHOPEDIC ASSOCIATION; MISSOURI GASTROENTEROLOGY SOCIETY | | TITLE: REGISTERED LOBBYIST | |
| ADDRESS: 113 MADISON ST | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65102 |
| EMAIL: jscott@msma.org | ATTENDANCE: In-Person | SUBMIT DATE: 3/12/2026 8:10 AM | |
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| WITNESS NAME | | | |
| INDIVIDUAL: | | | |
| WITNESS NAME: JANNA LANCASTER | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM | |
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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: NATALIE LONG | | PHONE NUMBER: 573-635-0830 | |
| BUSINESS/ORGANIZATION NAME: MISSOURI ACADEMY OF FAMILY PHYSICIANS | | TITLE: MEDICAL DOCTOR | |
| ADDRESS: 722 W. HIGH STREET | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM | |
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| WITNESS NAME | | |
| INDIVIDUAL: | | |
| WITNESS NAME: WILLIAM CARPENTER DO FASAM | | PHONE NUMBER: |
| BUSINESS/ORGANIZATION NAME: | | TITLE: |
| ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| EMAIL: | ATTENDANCE: Written | SUBMIT DATE: 3/12/2026 6:27 AM |
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Chair and Members of the Committee,

My name is Dr. William Carpenter, and I am a practicing psychiatrist in Missouri. Thank you for the opportunity to provide a statement today in support of HB 2979.

Missouri, like much of the country, faces a significant shortage of mental health professionals. Patients seeking psychiatric care often wait several months for an appointment. Continuity of care is critically important in psychiatry, where therapeutic relationships, medication management, and ongoing monitoring are essential to patient stability and safety.

Non-compete clauses in physician contracts can disrupt this continuity in ways that may put vulnerable patients at risk. When a psychiatrist leaves a practice but is prohibited from continuing to serve patients within the community, those patients may suddenly lose access to the clinician who knows their history, medications, and treatment plan. For psychiatric patients, the therapeutic relationship itself is often part of the treatment, and abruptly severing that relationship can carry real clinical risk. In many areas, there are simply not enough psychiatrists available to absorb these patients quickly. For individuals living with conditions such as major depression, bipolar disorder, PTSD, or schizophrenia, interruptions in care can lead to destabilization, hospitalization, or crisis situations.

Beyond patient care, this is also a matter of professional autonomy. Physicians are licensed professionals with a direct fiduciary responsibility to their patients. While hospitals and health systems are important partners in care delivery, non-compete agreements often function less to protect legitimate business interests and more to consolidate corporate leverage over the physician workforce.

Eliminating these restrictions would strengthen recruitment, improve competition, and allow physicians to practice where they are most needed—ultimately benefiting both patients and communities across Missouri.

For these reasons, I respectfully urge the committee to support HB 2979.

Thank you for your time and consideration.



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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: ALEX TUTTLE | | PHONE NUMBER: 636-751-5022 | |
| REPRESENTING: TUTTLE AND ASSOCIATES, HANNIBAL REGIONAL HEALTH SYSTEM; GOLDEN VALLEY MEMORIAL HOSPITAL | | TITLE: | |
| ADDRESS: 62069 ALLEE ROAD | | | |
| CITY: CALIFORNIA | | STATE: MO | ZIP: 65018 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM | |
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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: BRENT HEMPHILL | | PHONE NUMBER: | |
| REPRESENTING: MOSAIC HEALTH | | TITLE: | |
| ADDRESS: POB 156 | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM | |
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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: CHANCE HEPOLA | | PHONE NUMBER: | |
| REPRESENTING: MISSOURI CHAMBER OF COMMERCE AND INDUSTRY | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: MO | ZIP: |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM | |
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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: JENNIFER KOZINN | | PHONE NUMBER: 816-691-2038 | |
| REPRESENTING: NORTH KANSAS CITY HOSPITAL | | TITLE: | |
| ADDRESS: 2800 CLAY EDWARDS DRIVE | | | |
| CITY: NORTH KANSAS CITY | | STATE: MO | ZIP: 64116 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM | |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: JESSICA PETRIE | | PHONE NUMBER: 573-635-6092 |
| REPRESENTING: BJC HEALTHCARE; COXHEALTH | | TITLE: |
| ADDRESS: PO BOX 1805 | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65102 |
| EMAIL: jessica@wintonpolicygroup.com | ATTENDANCE: In-Person | SUBMIT DATE: 3/12/2026 9:42 AM |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: NOEL TORPEY | | PHONE NUMBER: |
| REPRESENTING: PEDIATRIX MEDICAL GROUP | | TITLE: |
| ADDRESS: 217 EAST CAPITOL | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65101 |
| EMAIL: ntorpey@hbstrategies.us | ATTENDANCE: Written | SUBMIT DATE: 3/10/2026 12:23 PM |
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| This would be terrible for the state and its healthcare delivery. | | |



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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: ROB MONSEES | | PHONE NUMBER: 573-893-3700 | |
| REPRESENTING: MISSOURI HOSPITAL ASSOCIATION | | TITLE: | |
| ADDRESS: PO BOX 60 | | | |
| CITY: JC | | STATE: MO | ZIP: 65109 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM | |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: WILL MARRS | | PHONE NUMBER: |
| REPRESENTING: MERCY HEALTH SYSTEMS | | TITLE: |
| ADDRESS: 223 E CAPITOL AVE | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65101 |
| EMAIL: govservicesjcmo@gmail.com | ATTENDANCE: In-Person | SUBMIT DATE: 3/12/2026 8:08 AM |

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We utilize non-competes both to keep competition over clinical services within reason for the geography we serve but also to keep our patients with their preferred provider long-term versus them jumping to other systems or other cities. This is a tool of the free market and we would oppose similar bills that interfere with our abilities to negotiate as an employer as well.



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| WITNESS NAME | | | |
| INDIVIDUAL: | | | |
| WITNESS NAME: ABIGAIL HERNDON | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: | ATTENDANCE: Written | | SUBMIT DATE: 3/11/2026 10:30 PM |
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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: JORGEN SCHLEMEIER | | PHONE NUMBER: 573-634-4876 | |
| REPRESENTING: WASHINGTON UNIVERSITY | | TITLE: | |
| ADDRESS: 213 EAST CAPITOL AVENUE | | | |
| CITY: JEFFERSON CITY | | STATE: MO | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM | |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: KYNA IMAN | | PHONE NUMBER: 314-651-1185 |
| REPRESENTING: MISSOURI NURSES ASSOCIATION | | TITLE: |
| ADDRESS: P.O. BOX 1483 | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65102 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/12/2026 12:00 AM |

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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: OLIVIA WILSON | | PHONE NUMBER: 816-785-3781 |
| REPRESENTING: UNIVERSITY OF MISSOURI HEALTH CARE (MUHC) | | TITLE: |
| ADDRESS: 217 E. CAPITOL | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65101 |
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