



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 3010		DATE: 2/19/2026	
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			
INDIVIDUAL:			
WITNESS NAME: ABIGALE GERRITY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/19/2026 9:52 AM	

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

I work in a clinical support position at a specialty clinic that treats many chronic and often life threatening patient conditions. My role is to make the care plan decided by our providers accessible to the patient. I wanted to share my experiences yesterday which reflect an average work day for me. First I received a final adverse benefit determination for a continuation of care request for a long term treatment of a life threatening condition. The patient has a new plan that is requiring a step therapy of an alternative treatment. I have submitted the practice parameter guidelines that recommend against the alternative treatment in this patients case so this final determination is acknowledgement that the plan policy will force our providers to practice against the standard of care to treat this patient. Next, I had to step into a patient room and pull a nurse practitioner away from care to call the office of Medicare hearings and appeals as a representative the patient elected to testify on their behalf. This was another continuation of care for chronic treatment for a patient that had a new plan. I had found the guidelines for coverage published by the plan and submitted records confirming that the patient met all of the criteria for coverage per plan policy and had received 3 denials. When the nurse practitioner called in, she was told that the case had already been approved after the records were reviewed and the plan decision was overturned. Later on, I submitted a continuation of care prior authorization request on a patient who had been approved the previous year by the same plan. I immediately received an approval and several minutes later received a denial. There are several forms of the requested drug (often office administered) and I suspected that the plan wanted a different form that what was prescribed. Since that would be appropriate for the patient, I called the plan to clarify. I spent 54 minutes on the phone and was told a) the representative I reached when I called the denial and appeal phone number did not have access to the policy used to issue the determination, b) that we should administer 2.5 pre-filled syringes per dose to meet the plan requirements which is not possible. The call ended with no resolution. I submitted an appeal via fax.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ADAM RAPERT		PHONE NUMBER: 636-577-7370	
REPRESENTING: MISSOURI PODIATRIC MEDICAL ASSOCIATION		TITLE:	
ADDRESS: 215 E. CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: ALEX TUTTLE		PHONE NUMBER: 636-751-5022
REPRESENTING: GOLDEN VALLEY MEMORIAL HOSPITAL		TITLE: PRINCIPAL
ADDRESS: 62069 ALLEE RD		
CITY: CALIFORNIA		STATE: MO
		ZIP: 65018
EMAIL: aletutt@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/19/2026 1:25 PM
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Golden Valley Memorial Hospital Supports these provisions.		



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ALEX TUTTLE		PHONE NUMBER: 636-751-5022	
REPRESENTING: HANNIBAL REGIONSL HEALTH SYSTEM		TITLE: PRINCIPAL	
ADDRESS: 62069 ALLEE RD			
CITY: CALIFORNIA		STATE: MO	ZIP: 65018
EMAIL: aletutt@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/19/2026 8:14 AM	

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Hannibal Regional Health System supports these provisions



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: BILL GAMBLE		PHONE NUMBER: 573-634-4876
REPRESENTING: NEW LIBERTY HOSPITAL CORPORATION		TITLE:
ADDRESS: PO BOX 1865		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRIAN BERNSKOETTER		PHONE NUMBER: 636-2822	
REPRESENTING: MISSOURI ACADEMY OF FAMILY PHYSICIANS		TITLE:	
ADDRESS: 101 E. HIGH			
CITY: JC		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BRIANNA COPE		PHONE NUMBER: 573-882-9450	
BUSINESS/ORGANIZATION NAME: MU HEALTHCARE		TITLE: DIRECTOR, FINANCIAL CLEARANCE	
ADDRESS: 1 HOSPITAL DR			
CITY: COLUMBIA		STATE: MO	ZIP: 65212
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: CHRIS ROEPE		PHONE NUMBER: 816-294-0497
REPRESENTING: AMERICAN PHYSICAL THERAPY ASSOCIATION - MISSOURI		TITLE:
ADDRESS:		
CITY: JEFFERSON CITY	STATE: MO	ZIP: 65102
EMAIL: roepe@bardgett.net	ATTENDANCE: In-Person	SUBMIT DATE: 2/19/2026 1:39 PM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: CHRIS ROEPE		PHONE NUMBER: 816-294-0497
REPRESENTING: UNIVERSITY HEALTH KANSAS CITY		TITLE:
ADDRESS:		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL: roepe@bardgett.net	ATTENDANCE: In-Person	SUBMIT DATE: 2/19/2026 1:07 PM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID WINTON		PHONE NUMBER:	
REPRESENTING: BJC HEALTH CARE; REACH FOUNDATION; MISSOURI ASSOCIATION OF RURAL HEALTH CLINICS; RANKEN JORDAN; NATIONAL ASSOCIATION OF SOCIAL WORKERS		TITLE:	
ADDRESS:			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: david@wintonpolicygroup.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/19/2026 1:04 PM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DESI BRISCO		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/18/2026 5:28 PM

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

To the Honorable Members of the Missouri General Assembly,
 ?Missouri is at a health crossroads. For decades, the "Standard American Diet"—characterized by high intake of processed sugars, refined grains, and excessive animal fats—has fueled a quiet but deadly epidemic of chronic disease across our state. As citizens, we are seeing the direct link between what we eat and the rising rates of hypertension (high blood pressure), Type 2 diabetes, and cardiovascular disease.
 ?The science is clear: food is more than just fuel; it is a primary intervention for health. Yet, for many Missourians, the healthiest choice is the hardest to afford.
 ?The Impact of the American Diet on Missourians
 ?The prevalence of chronic illness in Missouri is largely driven by nutritional gaps. High consumption of saturated animal fats and sodium is a leading contributor to arterial plaque and high blood pressure. These underlying conditions do not just diminish the quality of life; they place an enormous financial burden on our state's healthcare system, specifically MO HealthNet.
 ?A New Vision: HB 3010 and the Section 1115 Waiver
 ?We strongly advocate for the passage and implementation of House Bill 3010. This legislation establishes the "Food is Medicine Act," which directs the Department of Social Services to seek a federal waiver to provide nutritional services as a covered medical benefit.
 ?By allowing doctors to "prescribe" healthy food, Missouri can:
 ?Empower Patients: Give Missourians the tools to manage diabetes and heart disease through fresh produce and whole foods rather than relying solely on lifelong medication.
 ?Support Local Growers: The bill prioritizes the inclusion of Missouri's own local farmers and community-based organizations, keeping our healthcare dollars within our state's economy.
 ?Reduce Long-term Costs: Investing in nutrition now prevents expensive emergency room visits, hospitalizations, and long-term disability later.
 ?The Benefit to "We the People"
 ?The option to have a healthcare provider prescribe a tailored, healthy diet—and the means to access that food through grocery provisions or pantry stocking—is a common-sense solution. It shifts our focus from "sick care" to true healthcare.
 ?We urge the Missouri state government to recognize that a healthy Missouri begins on the dinner plate. Supporting HB 3010 is a commitment to the longevity, productivity, and well-being of every citizen in this state.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: GARRETT WEBB		PHONE NUMBER: 219-229-1104	
REPRESENTING: MISSOURI CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS; MISSOURI PSYCHOLOGICAL ASSOCIATION; PHOENIX HOME & HOSPICE CARE		TITLE: REGISTERED LOBBYIST	
ADDRESS: PO BOX 1219			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: webb@coestrategies.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/19/2026 9:14 AM	
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The Missouri Chapter of the American Academy of Pediatrics, representing 1,100 physicians, trainees, and pediatric-provider members across Missouri strongly supports efforts to reduce barriers to care, especially for the vulnerable pediatric population.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JACOB SCOTT		PHONE NUMBER: 573-691-5707	
REPRESENTING: MISSOURI STATE ORTHOPAEDIC ASSOCIATION AND MISSOURI GASTROENTEROLOGY SOCIETY		TITLE:	
ADDRESS: 113 MADISON STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM	
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: JANA COOK		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: PHELPS HEALTH		TITLE:
ADDRESS: 1000 W. 16TH ST.		
CITY: ROLLA		STATE: MO
		ZIP: 65401
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JOHN C. LUCIO DO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: SSM HEALTH		TITLE: REGIONAL CHIEF MEDICAL OFFICER	
ADDRESS: 2505 MISSION DR			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: FREEMAN HOSP, AMERICAN COLLEGE OF OBGYN, WASHINGTON UNIV, MO AMBULATORY OF SURGERY CENTERS ASSOC.		TITLE:	
ADDRESS: 213 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 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: 12800 MISSION HILL			
CITY: ST. LOUIS		STATE: MO	ZIP: 63131
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 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: GOVERNMENTAL CONSULTANT	
ADDRESS: PO BOX 1483			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: kynaiman@earthlink.net	ATTENDANCE: Written	SUBMIT DATE: 2/19/2026 1:12 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. Missouri Nurses support prior authorization.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: LEE ANN ROBERTS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/18/2026 4:29 PM	
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Testimony in Support of HB3010

Submitted by: Lee Ann Roberts, LCSW. Registered Play Therapist, TF-CBT, DBT, PSB-CBT, ITCT, PCIT
Licensed Clinical Social Worker



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: MEAGAN HOWERTON		PHONE NUMBER: 573-418-7616
REPRESENTING: MOSAIC LIFE CARE; MISSOURI AMBULANCE ASSOCIATION		TITLE:
ADDRESS: PO BOX 156		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL: MeaganHowerton6@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/19/2026 12:51 PM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RACHEL BAUER		PHONE NUMBER: 573-691-5707	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION AND MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS		TITLE:	
ADDRESS: 113 MADISON ST.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM	
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RAGHUVAMSH PENUGONDA		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: Written	SUBMIT DATE: 2/18/2026 11:41 PM
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Dear Committee members,

My name is Raghu Penugonda and I am a member of the Saint Louis University Healthcare Policy Pod, a public health research and advocacy organization. This bill provides much needed relief for the bureaucratic strain prior authorization places on physicians and patients. According to the AMA, more than 1 in 4 physicians report PA has led to a serious adverse event for a patient in their care. 95% of surveyed physicians believe PA significantly increases burnout and 94% believe that PA delays necessary care. For patients with cancer, chronic, acute, and mental health conditions, these delays can lead to irreversible harm. Prior Authorization is a process that delays care, increases physician burnout, and increases administrative costs. This bill would be the first step in removing the unnecessary middle man between patients and their clinicians. Prior authorization create barriers for care and strain healthcare professionals. For these reasons, I urge you to support HB 3010 to help Missouri better serve its patients and its healthcare professionals.



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: RICHELLE MARTING		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: NKC HEALTH-NORTH KANSAS CITY HOSPITAL		TITLE: DIRECTOR OF CONTRACTING
ADDRESS: 2800 CLAY EDWARDS DRIVE		
CITY: KANSAS CITY		STATE: MO
		ZIP: 64116
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROB MONSEES		PHONE NUMBER: 573-999-9652	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: PO BOX 60			
CITY: JC		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SARAH LANFORD		PHONE NUMBER: 832-474-0100	
BUSINESS/ORGANIZATION NAME: MISSOURI ONCOLOGY SOCIETY (MOS); ASSOCIATION FOR CLINICAL ONCOLOGY (ASCO)		TITLE: ASSOCIATE DIRECTOR OF STATE ADVOCACY	
ADDRESS: 2318 MILL ROAD			
CITY: ALEXANDRIA		STATE: VA	ZIP: 22314
EMAIL: sarah.lanford@asco.org	ATTENDANCE: Written	SUBMIT DATE: 2/19/2026 10:31 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

Dear Chair Stinnett and Members of the House Committee on Health and Mental Health,

The Missouri Oncology Society (MOS) and the Association for Clinical Oncology (ASCO) are pleased to support HB 3010, which establishes guardrails around prior authorization processes in the state.

Prior authorization requires patients or their providers to secure pre-approval as a condition of payment or insurance coverage of services. In a recent ASCO survey, 80% of respondents said that a patient has experienced significant impacts on their health, such as disease progress, because of prior authorization processes. The most common harms to patients include delays in treatment (95%) and diagnostic imaging (94%), patients being forced onto second-choice therapy (93%) or denied therapy (87%), and increased out-of-pocket costs (88%). These survey responses confirm that prior authorization results in unnecessary delays or denials of cancer care.

MOS and ASCO are committed to supporting policies that reduce cost while preserving quality of cancer care; however, it is critical that such policies be developed and implemented in a way that does not undermine patient access. Payer utilization management approaches like prior authorization are of particular concern because they represent greater likelihood of raising barriers to appropriate care for individuals with cancer.

MOS and ASCO are pleased that HB 3010:

- Promotes continuity of care by stipulating that prior authorization for the treatment of chronic and long-term conditions, such as cancer, must remain valid for either the duration of treatment or 12 month;
- Streamlines workflows by aligning electronic prior authorization requirements and timelines for responses with the Centers for Medicare and Medicaid Services (CMS) Interoperability and Prior Authorization Final Rule;
- Reduces administrative burden by exempting clinicians with a prior authorization approval rate of at least 90% from certain prior authorization requirements; and
- Improves transparency by implementing prior authorization statistic reporting requirements.

MOS and ASCO are encouraged by the steps HB 3010 takes toward improving prior authorization in Missouri, and we welcome the opportunity to be a resource for you. For a more detailed understanding

of our policy recommendations on this issue, we invite you to read the ASCO Position Statement: Prior Authorization. Please contact Sarah Lanford at ASCO at Sarah.Lanford@asco.org if you have any questions or if we can be of assistance.

Best,
Yifan Tu, MD
President, MOS

Lynn Schuchter, MD, FASCO
Chair of the Board, ASCO

MOS is a community of oncologists, nurse practitioners, physician assistants, and other allied health professionals who provide a powerful voice for multidisciplinary cancer care teams and the patients they serve. ASCO is an organization representing physicians who care for people with cancer. With over 50,000 members, our core mission is to ensure that cancer patients have meaningful access to high-quality cancer care.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 3010		DATE: 2/19/2026	
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			
REGISTERED LOBBYIST:			
WITNESS NAME: SHANON HAWK		PHONE NUMBER: 573-659-6704	
REPRESENTING: MISSOURI SOCIETY OF EYE PHYSICIANS AND SURGEONS		TITLE: EXECUTIVE VP OF GOVERNMENT AFFAIRS	
ADDRESS: 101 E. HIGH ST., FIRST FLOOR			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: shawk727@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/19/2026 12:33 PM	
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The Missouri Society of Eye Physicians and Surgeons supports legislation to streamline the prior authorization process to ensure that patients are not being delayed necessary care.



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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: TERESA COYAN		PHONE NUMBER: 417-689-4895	
BUSINESS/ORGANIZATION NAME: COX HEALTH		TITLE: CHIEF OF STAFF/VP OF GOV RELATIONS	
ADDRESS: 1423 N JEFFERSON AVE			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65802
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: WILL MARRS		PHONE NUMBER: 417-848-8561
REPRESENTING: MERCY HEALTH SYSTEMS		TITLE:
ADDRESS: 223 E CAPITOL AVE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65804
EMAIL: govservicesjcmo@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/19/2026 12:14 PM
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This bill will greatly reduce paperwork and delays to care and allow providers to dedicate their focus on serving patients.



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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: DAVID WILLIS		PHONE NUMBER: 816-719-9260	
BUSINESS/ORGANIZATION NAME: MISSOURI HEALTH PLAN ASSOCIATION		TITLE:	
ADDRESS: 107 E HIGH ST			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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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: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432	
REPRESENTING: AMERICA'S HEALTH INS PLANS		TITLE:	
ADDRESS: 208 MADISON			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: STEVEN MARION		PHONE NUMBER: 573-536-2630
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF COMMERCE AND INSURANCE		TITLE:
ADDRESS: 301 W HIGH STREET		
CITY: JEFFERSON CITY		STATE: MO
CITY:		ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/19/2026 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		