



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 3170		DATE: 2/18/2026	
COMMITTEE: Special Committee on Rural Issues			
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: LAURA MORRIS		PHONE NUMBER: 573-884-9431	
BUSINESS/ORGANIZATION NAME: UNIVERSITY OF MISSOURI HEALTH CARE		TITLE: CHIEF MEDICAL OFFICER, AMBULATORY	
ADDRESS: ONE HOSPITAL DRIVE			
CITY: COLUMBIA		STATE: MO	ZIP: 65212
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/18/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RANDALL HAIGHT MD		PHONE NUMBER: 573-632-5001	
BUSINESS/ORGANIZATION NAME: UNIVERSITY OF MISSOURI HEALTH CARE-CAPITAL REGION		TITLE: CHIEF MEDICAL OFFICER, CMO, CHAIR DEPT COMM PRACTI	
ADDRESS: 1125 MADISON STR.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/18/2026 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RIC RANSOM		PHONE NUMBER: 573-810-9581	
BUSINESS/ORGANIZATION NAME: UNIVERSITY OF MISSOURI HEALTH CARE		TITLE: CEO	
ADDRESS: ONE HOSPITAL DRIVE			
CITY: COLUMBIA		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/18/2026 12:00 AM	
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: TAMARA TATEOSIAN		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME: CALLAWAY CHAMBER OF COMMERCE		TITLE: CEO
ADDRESS: 510 MARKET STREET		
CITY: FULTON		STATE: MO
		ZIP: 65251
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/18/2026 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TOM RACKERS		PHONE NUMBER: 573-230-3991	
BUSINESS/ORGANIZATION NAME: RACKERS CONSULTING		TITLE: OWNER	
ADDRESS: 720 HOBBS ROAD			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/18/2026 12:00 AM	
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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: WILLIAM S. HELLEBUSCH		PHONE NUMBER: 573-486-2031
BUSINESS/ORGANIZATION NAME: HERMANN AREA HOSPITAL DISTRICT		TITLE: CEO
ADDRESS: 509 W 18TH STREET		
CITY: HERMANN		STATE: MO
		ZIP: 65041
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/18/2026 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE: In-Person	SUBMIT DATE: 2/18/2026 12:20 AM
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I am Opposed to this Bill and Granting the University of Missouri Curators Immunity in 25-Missouri Counties, being free of any Liability for Damages and Injuries. This is Bad State Public Policy.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ARNIE C. AC "HONEST ABE" DIENOFF		PHONE NUMBER: 314-440-9000	
BUSINESS/ORGANIZATION NAME: MISSOURI STATE PUBLIC ADVOCACY		TITLE: STATE PUBLIC ADVOCATE	
ADDRESS: PO BOX 1535			
CITY: OFALLON		STATE: MO	ZIP: 63366
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/18/2026 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: DAVID WILLIS		PHONE NUMBER: 816-719-9260
REPRESENTING: MO HEALTH PLAN ASSOCIATION		TITLE:
ADDRESS: 102 E HIGH ST, STE 302		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/18/2026 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: HAMPTON WILLIAMS		PHONE NUMBER: 573-751-4241	
REPRESENTING: MISSOURI INSURANCE COALITION		TITLE:	
ADDRESS: 220 E HIGH ST, STE 200			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/18/2026 12:00 AM	

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