



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HCR 42		DATE: 4/23/2026	
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. AC "HONEST-ABE" DIENOFF		PHONE NUMBER: 314-440-9000	
BUSINESS/ORGANIZATION NAME: STATE PUBLIC ADVOCACY		TITLE: STATE PUBLIC ADVOCATE	
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EMAIL: ArnieDienoff@Mail.Com	ATTENDANCE: In-Person	SUBMIT DATE: 4/23/2026 11:59 PM	

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

I am in Support of this House Concurrent Resolution to save Missouri Medicaid Receiptants Money and reduced Co-Pays for Prescriptions



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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: 4/23/2026 7:17 AM
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I oppose HCR 42 in the strongest possible terms.

This resolution is a clear example of political messaging being inserted into state policy under the guise of patient affordability. It is not a serious policy proposal. It is an attempt to legitimize a branded, politically aligned platform while pressuring structural changes to the healthcare system without analysis, oversight, or accountability.

HCR 42 explicitly promotes “TrumpRx,” which is not neutral policy—it is a named, politically affiliated initiative.

The Missouri General Assembly should not be used as a vehicle to endorse or market specific platforms, particularly when doing so blurs the line between governance and political advocacy.

More concerning, the resolution pushes for fundamental changes to insurance cost-sharing rules by requiring that cash-pay prescription purchases made outside of established insurance systems be credited toward deductibles and out-of-pocket maximums. That is not a technical adjustment—it is a direct attempt to bypass and destabilize existing insurance frameworks, negotiated pricing systems, and pharmacy benefit management structures.

There is no fiscal note. No actuarial modeling.

No analysis of premium impact.

No assessment of how this would affect risk pools, insurer behavior, or long-term market stability.

Instead, this resolution attempts to force a structural shift in how healthcare is financed by appealing to frustration around drug prices, without offering a viable or vetted solution.

Additionally, HCR 42 pressures federal agencies and encourages participation in evolving federal models without demonstrating that those models are effective, sustainable, or in the best interest of Missouri taxpayers. This is policy by assumption, not evidence.

If the legislature is serious about lowering drug costs, then it should engage in transparent, data-driven policymaking—not symbolic resolutions that double as political endorsements and indirect lobbying tools.

This resolution does not solve a problem. It attempts to rewire a complex system without understanding it, while using public authority to advance a specific narrative.

Missouri deserves better than performative policy dressed up as reform.

For these reasons, I urge a decisive NO vote.