



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2355		DATE: 1/31/2022	
COMMITTEE: Health and Mental Health Policy			
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: LYNTHIA ANDREWS BOWMAN, DO		PHONE NUMBER: 816-262-7697	
BUSINESS/ORGANIZATION NAME: STATE ADVISORY COUNCIL EMS		TITLE: CHAIR SAC, ER PHYSICIAN	
ADDRESS: 16335 NW 130TH TERRACE			
CITY: PLATTE CITY		STATE: MO	ZIP: 64079
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2022 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ARNIE C. AC DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 1/31/2022 11:44 PM

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I Agree With This Bill and the Intent of This Legislation. It Seems That This Working Committee Will Do real Deeds For Missourians and Our Citizens.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BILL ANDERSON		PHONE NUMBER: 573-893-3700	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: 4712 COUNTRY CLUB DR			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2022 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CARA HOOVER		PHONE NUMBER: 573-356-9698	
REPRESENTING: SSM HEALTH		TITLE:	
ADDRESS: PO BOX 2322			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2022 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DEBBIE LEONI, MSA, RN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: SOUTHEAST HEALTH		TITLE: DIRECTOR, CARDIAC OUTREACH	
ADDRESS: 1701 LACEY ST			
CITY: CAPE GIRARDEAU		STATE: MO	ZIP: 63701
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2022 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: GENE BRADLEY		PHONE NUMBER: 816-261-8469	
BUSINESS/ORGANIZATION NAME: ATCHISON-HOLT AMBULANCE DISTRICT		TITLE: EMS CHIEF	
ADDRESS: 303 SOUTH THIRD ST			
CITY: TARKIO		STATE: MO	ZIP: 64491
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2022 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: MISSOURI ASSOCIATION OF PHYSICIAN ASSISTANTS; FIRE SERVICE ALLIANCE		TITLE:	
ADDRESS: 213 E CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2022 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KAT PROBST		PHONE NUMBER: 314-591-5192	
BUSINESS/ORGANIZATION NAME: MISSOURI AMBULANCE ASSOCIATION		TITLE: PRESIDENT	
ADDRESS: PO BOX 522			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2022 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: PO BOX 1483			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2022 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: LIZ HENDERSON		PHONE NUMBER: 618-719-1032	
REPRESENTING: BJC HEALTHCARE		TITLE:	
ADDRESS: PO BOX 156			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2022 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MARK ALEXANDER		PHONE NUMBER: 417-844-3669	
BUSINESS/ORGANIZATION NAME: MISSOURI AMBULANCE ASSOCIATION		TITLE: DIRECTOR, COX HEALTH EMS	
ADDRESS: 1199 CHIPSHOT LANE			
CITY: MARSHFIELD		STATE: MO	ZIP: 65706
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2022 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MICHAEL L WALLACE		PHONE NUMBER: 816-469-9410	
BUSINESS/ORGANIZATION NAME: MID-AMERICA REGIONAL COUNCIL		TITLE: TCD CHAIR	
ADDRESS: 602 BROADWAY			
CITY: KANSAS CITY		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2022 12:00 AM	

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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: MICHELLE WILLIAMS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: michellelwilliams2010@gmail.com		ATTENDANCE: Written	SUBMIT DATE: 1/29/2022 12:08 PM
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I agree with representative McDaniel and the Rackley family.			



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RUBY M. MEHRER		PHONE NUMBER: 816-506-2792	
BUSINESS/ORGANIZATION NAME: MO EMS ASSOCIATION; LIFEFLIGHT EAGLE AIR AMBULANCE		TITLE:	
ADDRESS: 1558 CANTERBURY LANE			
CITY: LIBERTY		STATE: MO	ZIP: 64068
EMAIL: ruby@lifeflighteagle.org	ATTENDANCE: In-Person		SUBMIT DATE: 1/28/2022 2:11 PM

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The Missouri Emergency Medical Services Association (MEMSA) was formed in 1983 and represents the first responders rendering initial medical care at scenes of accidents and other adverse events such as Strokes and STEMI's (serious heart attacks). It is important that these patients with a time-critical diagnosis are transported to an appropriate hospital that is designated as a Trauma, Stroke or STEMI center. The TCD system establishes this network in order to assure the patients get proper treatment. MEMSA has long been involved with the legislative efforts affecting emergency medical services. MEMSA members have had active participation in the preparation of the Time Critical Diagnosis HB 2355 and strongly supports it. We encourage the members of Health and Mental Health Committee to pass it. Respectfully, Ruby Mehrer, Immediate Past President MEMSA



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TERESA LIENHOP		PHONE NUMBER: 816-308-7086	
BUSINESS/ORGANIZATION NAME: UNIVERSITY HEALTH TRUMAN MEDICAL CENTER		TITLE: DIRECTOR, TRAUMA SERVICES	
ADDRESS: 2301 HOLMES ST			
CITY: KANSAS CITY		STATE: MO	ZIP: 64108
EMAIL: teresa.lienhop@uhkc.org	ATTENDANCE: Written	SUBMIT DATE: 1/28/2022 10:57 AM	
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I support this bill on behalf of University Health Truman Medical Center



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: TRACY MCDONALD		PHONE NUMBER: 913-991-2171	
BUSINESS/ORGANIZATION NAME: HCA		TITLE: AVP TRAUMA, HCA MIDAMERICA	
ADDRESS: 10420 NW MIRROR LAKE DRIVE			
CITY: KANSAS CITY		STATE: MO	ZIP: 64152
EMAIL: tracy.mcdonald@hcamidwest.com	ATTENDANCE: Written		SUBMIT DATE: 1/31/2022 11:23 AM
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Regarding: House Bill 2355 Time Critical Diagnosis January 31, 2022 Dear Chairman Stephens: I represent the Trauma Service Line for HCA MidAmerica. As a life-long resident of Missouri, and a nurse leader of 30 years in the Kansas City area, I wish to express my support for House Bill 2355 sponsored by Representative Andrews. This bill is essential to ensuring that citizens experiencing life-threatening events, such as traumatic injuries, strokes and heart attacks receive the best and most timely care. HB 2355 updates the currently outdated regulations for time critical diagnosis and aligns the code with current, widely accepted standards. Additionally, it removes some irrelevant and burdensome requirements within the existing statute. Finally, it establishes a Time Critical Diagnosis Advisory Committee which allows a balanced voice for hospitals and Emergency Medical Services to provide recommendations to the DHSS on issues that concern our patients as well as healthcare organizations. Therefore I urge the committee to support HB 2355. Regards, Tracy McDonald, MSN, RN, CCRN-K, NEA-BC Assistant Vice President MidAmerica Division Trauma Services HCA Healthcare



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: WILLIAM MARRS		PHONE NUMBER: 417-848-8561	
REPRESENTING: MERCY HEALTH		TITLE:	
ADDRESS: 1337 E HARRISON ST			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65804
EMAIL: willmarrs@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 1/31/2022 11:31 AM

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Mercy Health is in support of this bill. We feel that this advisory committee is a first step to substantially progress the ability of physicians to make a time critical diagnosis and better healthcare outcomes of everyday Missourians.