



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 367</b>		DATE: <b>2/24/2021</b>
COMMITTEE: <b>Downsizing State Government</b>		
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/24/2021 12:58 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		

**I support this Bill.**



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>CHRIS MARSH</b>		PHONE NUMBER: <b>573-556-6730</b>	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI PHYSICAL THERAPY ASSOCIATION</b>		TITLE: <b>PHYSICAL THERAPIST</b>	
ADDRESS: <b>205 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/24/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>INDIVIDUAL:</b>		
WITNESS NAME: <b>JEAN C KNAPP</b>		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE:                  ZIP:
EMAIL: <b>tjknapp1984@yahoo.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/23/2021 9:30 AM</b>
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**I am a retired physical therapist and I support this bill. Please vote to pass this bill out of committee.**



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>JENNIFER SCHNIEDERS</b>		PHONE NUMBER: <b>573-634-8760</b>	
BUSINESS/ORGANIZATION NAME: <b>PHYSICAL THERAPY ASSOCIATION OF MISSOURI</b>		TITLE: <b>PRESIDENT</b>	
ADDRESS: <b>205 EAST CAPITOL AVENUE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65109</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/24/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>		
<b>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>DAVID JACKSON</b>		PHONE NUMBER: <b>314-406-2933</b>
REPRESENTING: <b>SIGNATURE MEDICAL GROUP</b>		TITLE:
ADDRESS: <b>PO BOX 1865</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>56102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/24/2021 12:00 AM</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>HEIDI GEISBUHLER SUTHERLAND</b>		PHONE NUMBER: <b>573-636-5151</b>	
REPRESENTING: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>STEPHEN NITTLER</b>		PHONE NUMBER: <b>573-634-3415</b>	
REPRESENTING: <b>MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS</b>		TITLE:	
ADDRESS: <b>1423 RANDY LANE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>2/24/2021 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>STEPHEN NITTLER</b>		PHONE NUMBER: <b>573-864-3357</b>	
REPRESENTING: <b>MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS (MAOPS).</b>		TITLE: <b>REGISTERED LOBBYIST</b>	
ADDRESS: <b>1423 RANDY LANE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>stephen@hahnodaniel.com</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>2/23/2021 10:47 PM</b>	
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**MAOPS is in opposition to HB 367, as we believe a physician should remain the central component for managing patient care. We believe HB 367 leads to an expansion of scope, beyond the education and training required for physical therapists that could put some patients at risk for further injury, without a diagnosis from a physician. We greatly appreciate the sponsor for working with physicians' groups over the years and for making improvements to the bill.**