



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1291		DATE: 3/22/2021	
COMMITTEE: General Laws			
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: ARNIE "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 3/22/2021 5:33 PM

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

I am in Full Support of Fair Services for all Missourians in Mo. Health-Net.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID WILLIS		PHONE NUMBER: 816-419-9260	
REPRESENTING: MISSOURI HEALTH PLAN ASSOCIATION		TITLE:	
ADDRESS: 1227 STATE ROAD MM			
CITY: NEW BLOOMSFIELD		STATE: MO	ZIP: 65063
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/22/2021 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: DR. KEVIN CLARY		PHONE NUMBER: 573-884-9066	
BUSINESS/ORGANIZATION NAME: UNIVERSITY OF MISSOURI-HEALTHCARE		TITLE: ASSOCIATE CHIEF MEDICAL OFFICER	
ADDRESS: ONE HOSPITAL DRIVE			
CITY: COLUMBIA		STATE: MO	ZIP: 65212
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/22/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROB MONSEES		PHONE NUMBER: 573-893-3700	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: 4712 COUNTRY CLUB DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/22/2021 12:00 AM	
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