

BILL NUMBER: HB 628				DATE: 3/22/2021	
COMMITTEE: General Laws					
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	ATIONAL PURPOSES	
		WITNESS NAME			
BUSINESS/ORG	ANIZATION:				
WITNESS NAME: ALAN O. FREEMA	N, DMGT, FACHE		PHONE NUME 314-814-8		
BUSINESS/ORGANIZATION AFFINIA HEALTH			TITLE: PRESIDEI	NT/CEO	
ADDRESS: 1717 BIDDLE STREET					
CITY: SAINT LOUIS			STATE: MO	ZIP: 63106	
EMAIL:		ATTENDANCE:	SUBMIT 0 3/22/20	DATE: 121 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.					



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TESTIFYING:	☑ IN SUPPORT OF	☐ IN OPPOSITION TO	☐FOR INFORM	MATIONAL 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@yah	oo.com	ATTENDANCE: Written	SUBMIT 3/22/2	DATE: 021 5:33 PM	
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I am in Support of this Bill if Dentists are properly trained.



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		WITNESS NAME		
BUSINESS/ORG	ANIZATION:			
WITNESS NAME: DWIGHT E. MCLE	OD		PHONE NUMB 660-626-2	
BUSINESS/ORGANIZATION A.T. STILL UNIVER ORAL HEALTH		OOL OF DENSTISTRY AND	DEAN	
ADDRESS: 600 WEST JEFFER	RSON			
CITY: KIRKSVILLE			STATE: MO	ZIP: 63501
EMAIL:		ATTENDANCE:	SUBMIT D 3/22/20	OATE: 21 12:00 AM
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECORD	LINDER CHA	PTER 610 RSMo



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TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: ELLEN WENTZ			PHONE NUME	BER:
BUSINESS/ORGANIZATIO	DN NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL: ellenwentz@gmail	l.com	ATTENDANCE: Written	SUBMIT D 3/17/20	DATE: 121 10:10 PM
THE INFORMA	TION ON THIS FORM	I IS PUBLIC RECOR	D LINDER CHA	PTER 610 RSMo

Dental hygienist already give intraoral injections, so I'm requesting you also allow us to administer vaccines. There are more dental hygienist in the state than dentist and many of us are retired and available to volunteer.



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TESTIFYING: IN SUPPO	RT OF ✓IN OPPOSIT	ION TO FOR INFOR	MATIONAL PURPOSES	
	WITNESS NA	ME		
REGISTERED LOBBYIST:				
WITNESS NAME: SHANTEL DOOLING		PHONE NU 573-353		
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION TITLE:				
ADDRESS: 113 MADISON STREET				
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101	
EMAIL:	ATTENDANCE:		T DATE: 2021 12:00 AM	
THE INFORMATION ON THI	S FORM IS PUBLIC F	RECORD UNDER CH	APTER 610, RSMo.	



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TESTIFYING:	\square IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: STEPHEN NITTLE	R		PHONE NUME 573-634-3	
REPRESENTING: MISSOURI ASSOC SURGEONS (MAO	IATION OF OSTEOPAT	HIC PHYSICIANS AND	TITLE: REGISTER	RED LOBBYIST
ADDRESS: 1423 RANDY LANI	Ē			
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL: stephen@hahnoda	aniel.com	ATTENDANCE: Written	SUBMIT 0 3/22/20	DATE: 21 6:57 PM
THE INFORMAT	TION ON THIS EOD	M IS DUBLIC DECOR	D LINDED CHA	DTED 640 DCMa

While the circumstances outlined in HB 628 are very limited: MAOPS is opposed to HB 628, as we believe it is in a expansion of dentists' scope of practice



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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: OLIVIA WILSON			PHONE NUME 573-634-4 8		
REPRESENTING: MISSOURI DENTA	L ASSOCIATION		TITLE:		
ADDRESS: 213 EAST CAPITOL					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65201	
EMAIL:		ATTENDANCE:	SUBMIT D 3/22/20	OATE: 21 12:00 AM	
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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: RUSSELL B. MEL	CHERT		PHONE NUMB	ER:	
BUSINESS/ORGANIZATION	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL:		ATTENDANCE:	SUBMIT D 3/22/20	OATE: 21 12:00 AM	
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