



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 681		DATE: 2/17/2021	
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			
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: 2/17/2021 11:40 AM

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

I am in Support of this Bill. This makes sense and why should a Student pay twice for Health insurance Coverages?



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: PAUL WAGNER		PHONE NUMBER: 573-529-7195	
REPRESENTING: COUNCIL ON PUBLIC HIGHER EDUCATION		TITLE:	
ADDRESS: 905 WESTWINDS DRIVE			
CITY: COLUMBIA		STATE: MO	ZIP: 63501
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/8/2021 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: STEPHANIE M WILLIS		PHONE NUMBER: 8166792755	
REPRESENTING: UNIVERSITY OF MISSOURI - GOVERNMENT RELATIONS		TITLE: UNIVERSITY OF MISSOURI - GOVERNMENT RELATIONS	
ADDRESS: 217 EAST CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: willissm@umsystem.edu	ATTENDANCE: In-Person	SUBMIT DATE: 2/17/2021 3:52 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			