

#### MISSOURI HOUSE OF REPRESENTATIVES WITNESS APPEARANCE FORM

BILL NUMBER: <b>HB 762</b>				DA <sup>-</sup> <b>2/</b> 9	TE: <b>9/2021</b>
COMMITTEE: Emerging Issues				•	
TESTIFYING:	☑IN SUPPORT OF	☐ IN OPPOSITION TO	□FOR	INFORMATIC	NAL PURPOSES
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME:  DR. KERRI A BRYLES  PHONE NUMBER:					
BUSINESS/ORGANIZATION NAME: TITLE:					
ADDRESS:					
CITY:			ST	ATE:	ZIP:
EMAIL: kerri@bryles.com		ATTENDANCE: Written	·	SUBMIT DATE: <b>2/9/2021 2:</b>	38 PM

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

I'm believe that gyms need to remain open as safely as possible and should not be closed at the discretion of individual counties. I recently had a severe reaction to a COVID infection which affected my mitral valve in my heart. I had been attending my gym and working out 5 to 6 days a week for the last 2 years. According to both my Cardiologist and Cardiac Surgeon, this ability to keep working out and keep my heart and body as strong as it was, was one of the key reasons I was able survive 6 days on a ventilator and then open heart surgery. Physical and mental health is key during this pandemic. If I am able and required to go to work as a Pharmacist because we are not shutting down Pharmacies or even making them safe enough for those of us that have to work every day (and most likely when I contracted COVID with in-store testing available), there is no reason that gyms and other places they we rely on to keep ourselves healthy should not remain open. Gyms are no less important to our public health than MD offices, pharmacies, and grocery stores.



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		WITNESS NAME		
INDIVIDUAL:				
WITNESS NAME: LUKE GABRIEL			PHONE NUMB	ER:
BUSINESS/ORGANIZATIO	N NAME:		TITLE:	
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL:		ATTENDANCE:	SUBMIT D 2/9/202	ATE: 1 12:00 AM
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TESTIFYING:	☐ IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE "HONEST-	ABE" DIENOFF-STATE	PUBLIC ADVOCATE	PHONE NUME	BER:	
BUSINESS/ORGANIZATIO	ON NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: ArnieDienoff@Yah	noo.Com	ATTENDANCE: Written		SUBMIT DATE: 2/9/2021 11:58 PM	
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I am opposed to this Bill. This should be left for Local Control to Local City & County Health Departments



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TESTIFYING: IN SUPPORT	T OF IN OPPOSITION	ON TO FOR INFORM	MATIONAL PURPOSES	
	WITNESS NAM	ΛE		
REGISTERED LOBBYIST:				
WITNESS NAME: SHANTEL DOOLING		PHONE NUM <b>573-353-</b> 3		
REPRESENTING: MISSOURI STATE MEDICAL ASSO	CIATION	TITLE:		
ADDRESS: 113 MADISON STREET				
CITY: JEFFERSON CITY		STATE: MO	ZIP: <b>65101</b>	
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/9/2021 12:00 AM	
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