



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HCR 6		DATE: 3/8/2021	
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 C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written	SUBMIT DATE: 3/8/2021 12:07 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
I am in Support of this Bill.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KYNA IMAN		PHONE NUMBER: 314-651-1185	
REPRESENTING: MISSOURI NURSES ASSOCIATION		TITLE:	
ADDRESS: PO BOX 1483			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/8/2021 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JOSHUA MUELLER		PHONE NUMBER: 314-312-2107	
BUSINESS/ORGANIZATION NAME: MOST POLICY INITIATIVE		TITLE: HEALTH & MENTAL HEALTH POLICY FELLOW	
ADDRESS: 238 E HIGH ST., 3RD FLOOR			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: josh@mostpolicyinitiative.org	ATTENDANCE: Written		SUBMIT DATE: 3/8/2021 11:00 AM
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An informational brief on the topic of opioids in Missouri prepared by the MOST Policy Initiative can be found at https://mostpolicyinitiative.org/wp-content/uploads/2021/03/HCR_6_MOST_Science_Note_Opioids_in_Missouri.pdf.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SUSAN FLANIGAN		PHONE NUMBER: 573-301-4845	
BUSINESS/ORGANIZATION NAME: MISSOURI DEPARTMENT OF MENTAL HEALTH		TITLE:	
ADDRESS: 1706 EAST ELM STREET			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/8/2021 12:00 AM	
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