

| BILL NUMBER:<br>SB 690  |                 |                        |                  | DATE:<br><b>4/19/2022</b> |  |
|---|-----------------|------------------------|------------------|---------------------------|--|
| COMMITTEE:<br>Emerging Issues   |                 |                        |                  |                           |  |
| TESTIFYING:   | ✓ IN SUPPORT OF | IN OPPOSITION TO       | FOR INFORM       | MATIONAL PURPOSES         |  |
|   |                 | WITNESS NAME           |                  |                           |  |
| INDIVIDUAL:   |                 |                        |                  |                           |  |
| WITNESS NAME:<br>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE   |                 |                        |                  | /BER:                     |  |
| BUSINESS/ORGANIZATIO  | DN NAME:        |                        | TITLE:           | TITLE:                    |  |
| ADDRESS:  |                 |                        |                  |                           |  |
| CITY:   |                 |                        | STATE:           | ZIP:                      |  |
| EMAIL:<br>arniedienoff@yah  | oo.com          | ATTENDANCE:<br>Written | SUBMIT<br>4/19/2 | DATE:<br>022 11:45 PM     |  |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.  |                 |                        |                  |                           |  |
| I am in Support of this Bill, Legislation and It's Direct Intent. We NEED As Many Options to Curb the<br>Heroine and Fentanyl Drug Addictions as possible. This NEEDS and MUST Be a Priority for Missouri. It |                 |                        |                  |                           |  |

is Hurting and Destroying Lives, Families and Communities.



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|  |                 | WITNESS NAME     |                        |                           |
|  | OBBYIST:        |                  |                        |                           |
| WITNESS NAME:<br>HEIDI GEISBUHLE                                       | R SUTHERLAND    |                  | PHONE NUM<br>573-636-5 |                           |
| REPRESENTING:<br>MISOSURI MEDICA                                       | AL ASSOCIATION  |                  | TITLE:                 |                           |
| ADDRESS:<br>113 MADISON STREET   |                 |                  |                        |                           |
| CITY:<br>JEFFERSON CITY  |                 |                  | STATE:<br><b>MO</b>    | ZIP:<br>65102             |
| EMAIL:   |                 | ATTENDANCE:      | SUBMIT<br>4/19/20      | DATE:<br>D22 12:00 AM     |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. |                 |                  |                        |                           |



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|  |                   | WITNESS NAME      |                         |                           |
| REGISTERED LO                                    | OBBYIST:          |                   |                         |                           |
| WITNESS NAME:<br>HENRIO THELEMA                  | AQUE              |                   | PHONE NUME<br>678-299-4 |                           |
| REPRESENTING:<br>ASSISTED RECOV<br>PHARMACY ASSC | ERY CENTERS OF AM | IERICA; MISSOURI  | TITLE:                  |                           |
| ADDRESS:<br>P.O. BOX 2303                        |                   |                   |                         |                           |
| CITY:<br>JEFFERSON CITY                          |                   |                   | STATE:<br>MO            | ZIP:<br>65102             |
| EMAIL:   |                   | ATTENDANCE:       | SUBMIT [<br>4/19/20     | DATE:<br>022 12:00 AM     |
| THE INFORMA                                      | TION ON THIS FOR  | M IS PUBLIC RECOR | D UNDER CHA             | PTER 610, RSMo.           |



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| TESTIFYING:                     | ✓ IN SUPPORT OF                            | IN OPPOSITION TO    |                         | ATIONAL PURPOSES          |
|                                 |  | WITNESS NAME        |                         |                           |
| REGISTERED LO                   | OBBYIST:                                   |                     |                         |                           |
| WITNESS NAME:<br>JESSICA PETRIE |  |                     | PHONE NUME<br>573-635-6 |                           |
|                                 | E; COX HEALTH; NATIO<br>S-MISSOURI CHAPTER | ONAL ASSOCIATION OF | TITLE:                  |                           |
| ADDRESS:<br>P.O. BOX 1805       |  |                     |                         |                           |
| CITY:<br>JEFFERSON CITY         |  |                     | STATE:<br>MO            | ZIP:<br>65102             |
| EMAIL:                          |  | ATTENDANCE:         | SUBMIT [<br>4/19/20     | DATE:<br>122 12:00 AM     |
| THE INFORMAT                    | TION ON THIS FOR                           | M IS PUBLIC RECOR   | D UNDER CHA             | PTER 610, RSMo.           |



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| COMMITTEE:<br>Emerging Issues |                  |                   |                          |                           |
| TESTIFYING:                   | ✓ IN SUPPORT OF  | IN OPPOSITION TO  |                          | ATIONAL PURPOSES          |
|                               |                  | WITNESS NAME      |                          |                           |
| BUSINESS/ORG                  | ANIZATION:       |                   |                          |                           |
| WITNESS NAME:<br>JON MARTIN   |                  |                   | PHONE NUMB<br>314-348-60 |                           |
| BUSINESS/ORGANIZATIO          | N NAME:          |                   |                          | R OF PREVENTION           |
| ADDRESS:<br>2653 LOCUST STR   | EET              |                   | ·                        |                           |
| CITY:<br>ST. LOUIS            |                  |                   | STATE:<br>MO             | ZIP:<br>63110             |
| EMAIL:                        |                  | ATTENDANCE:       | SUBMIT D<br>4/19/20      | DATE:<br>22 12:00 AM      |
| THE INFORMA                   | TION ON THIS FOR | M IS PUBLIC RECOR | D UNDER CHA              | PTER 610, RSMo.           |



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| COMMITTEE:<br>Emerging Issues  |                    |                  |                     |                           |
| TESTIFYING:  | ✓ IN SUPPORT OF    | IN OPPOSITION TO |                     | IATIONAL PURPOSES         |
|  |                    | WITNESS NAME     |                     |                           |
| REGISTERED LO  | OBBYIST:           |                  |                     |                           |
| WITNESS NAME:<br>JORGEN SCHLEM   | IEIER              |                  | PHONE NUM           | BER:                      |
| REPRESENTING:<br>MISSOURI CENTE  | R FOR PUBLIC HEALT | H EXCELLENCE     | TITLE:              |                           |
| ADDRESS:<br>213 EAST CAPITO  | L AVENUE           |                  |                     |                           |
| CITY:<br>JEFFERSON CITY  |                    |                  | STATE:<br><b>MO</b> | ZIP:<br>65101             |
| EMAIL:   |                    | ATTENDANCE:      | SUBMIT<br>4/19/2    | DATE:<br>022 12:00 AM     |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. |                    |                  |                     |                           |



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| COMMITTEE:<br>Emerging Issues   |                 |                  |           |                    |
| TESTIFYING:   | ✓ IN SUPPORT OF | IN OPPOSITION TO |           | IATIONAL PURPOSES  |
|   |                 | WITNESS NAME     |           |                    |
| INDIVIDUAL:   |                 |                  |           |                    |
| WITNESS NAME:<br>KENDALL MARTIN   | NEZ-WRIGHT      |                  | PHONE NUM | IBER:              |
| BUSINESS/ORGANIZATIC  | DN NAME:        |                  | TITLE:    |                    |
| ADDRESS:  |                 |                  |           |                    |
| CITY:   |                 |                  | STATE:    | ZIP:               |
| EMAIL: ATTENDANCE: SUBMIT DATE:   kendallmartinezwright@gmail.com Written 4/18/2022 1:21 PM           |                 |                  |           |                    |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.                                |                 |                  |           |                    |
| This bill is a great step into solving the opioid crisis in MO as well as adding provisions in adding |                 |                  |           |                    |

resources for those struggling addiction.



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|---------------------------------|------------------|-------------------|-------------------------|---------------------------|
| COMMITTEE:<br>Emerging Issues   |                  |                   |                         |                           |
| TESTIFYING:                     | ✓ IN SUPPORT OF  | IN OPPOSITION TO  |                         | ATIONAL PURPOSES          |
|                                 |                  | WITNESS NAME      |                         |                           |
| REGISTERED LO                   | OBBYIST:         |                   |                         |                           |
| WITNESS NAME:<br>KYNA IMAN      |                  |                   | PHONE NUME<br>314-651-1 |                           |
| REPRESENTING:<br>MISSOURI NURSE | S ASSOCIATION    |                   | TITLE:                  |                           |
| ADDRESS:<br>P.O. BOX 1483       |                  |                   | · · · ·                 |                           |
| CITY:<br>JEFFERSON CITY         |                  |                   | STATE:<br><b>MO</b>     | ZIP:<br>65102             |
| EMAIL:                          |                  | ATTENDANCE:       | SUBMIT [<br>4/19/20     | DATE:<br>D22 12:00 AM     |
| THE INFORMA                     | TION ON THIS FOR | M IS PUBLIC RECOR | D UNDER CHA             | PTER 610, RSMo.           |



| BILL NUMBER:<br>SB 690           |  |                  |            | DAT<br><b>4/1</b>          | E:<br><b>9/2022</b> |
|----------------------------------|--|------------------|------------|----------------------------|---------------------|
| COMMITTEE:<br>Emerging Issues    |  |                  |            | ·                          |                     |
| TESTIFYING:                      | ✓ IN SUPPORT OF  | IN OPPOSITION TO |            | FORMATIO                   | NAL PURPOSES        |
|                                  |  | WITNESS NAME     |            |                            |                     |
| REGISTERED LO                    | OBBYIST:   |                  |            |                            |                     |
| WITNESS NAME:<br>MANDY HAGSETH   | 1  |                  | PHON       | NE NUMBER:                 |                     |
| REPRESENTING:<br>MISSOURI FAMILY | Y HEALTH COUNCIL   |                  | TITLE      | :                          |                     |
| ADDRESS:<br>1909 SOUTHRIDG       | E DRIVE  |                  |            |                            |                     |
| CITY:<br>JEFFERSON CITY          |  |                  | STAT<br>MO | E:                         | ZIP:<br>65110       |
| EMAIL:                           |  | ATTENDANCE:      |            | UBMIT DATE:<br>1/19/2022 1 | 2:00 AM             |
| THE INFORMA                      | THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. |                  |            |                            |                     |



| BILL NUMBER:<br>SB 690   |                 |                  |     |                           | TE:<br><b>19/2022</b> |
|--|-----------------|------------------|-----|---------------------------|-----------------------|
| COMMITTEE:<br>Emerging Issues  |                 |                  |     | -                         |                       |
| TESTIFYING:  | ✓ IN SUPPORT OF | IN OPPOSITION TO | FOR | INFORMATIO                | ONAL PURPOSES         |
|  |                 | WITNESS NAME     |     |                           |                       |
| INDIVIDUAL:  |                 |                  |     |                           |                       |
| WITNESS NAME:<br>RACHEL WINOGR   | AD              |                  | PI  | HONE NUMBER:              |                       |
| BUSINESS/ORGANIZATIO   | DN NAME:        |                  | TI  | TLE:                      |                       |
| ADDRESS:   |                 |                  |     |                           |                       |
| CITY:  |                 |                  | S   | TATE:                     | ZIP:                  |
| EMAIL:   |                 | ATTENDANCE:      |     | SUBMIT DATE:<br>4/19/2022 | 12:00 AM              |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. |                 |                  |     |                           |                       |



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| COMMITTEE:<br>Emerging Issues  |                           |                        |                        |                           |
| TESTIFYING:  | ✓ IN SUPPORT OF           | IN OPPOSITION TO       |                        | IATIONAL PURPOSES         |
|  |                           | WITNESS NAME           |                        |                           |
| REGISTERED LC  | OBBYIST:                  |                        |                        |                           |
| WITNESS NAME:<br>STEPHEN NITTLEF   | २                         |                        | PHONE NUM<br>573-634-3 |                           |
| REPRESENTING:<br>MISSOURI ASSOC<br>SURGEONS (MAOI  | IATION OF OSTEOPAT<br>PS) | HIC PHYSICIANS AND     | TITLE:                 |                           |
| ADDRESS:<br>1423 RANDY LANE  | E                         |                        |                        |                           |
| CITY:<br>JEFFERSON CITY  |                           |                        | STATE:<br><b>MO</b>    | ZIP:<br>65101             |
| EMAIL:<br>stephen@hahnoda  | aniel.com                 | ATTENDANCE:<br>Written | SUBMIT<br>4/19/2       | DATE:<br>022 5:18 PM      |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.   |                           |                        |                        |                           |
| MAOPS supports SB 690, as we support community-based syringe service programs including needle exchange programs, safe disposal containers, and all associated patient education and referral efforts for substance abuse treatment. |                           |                        |                        |                           |



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|  |                        | WITNESS NAME             |                     |                           |
| INDIVIDUAL:  |                        |                          |                     |                           |
| WITNESS NAME:<br>SUSAN GIBSON  |                        |                          | PHONE NUME          | BER:                      |
| BUSINESS/ORGANIZATIC   | DN NAME:               |                          | TITLE:              |                           |
| ADDRESS:   |                        |                          |                     |                           |
| CITY:  |                        |                          | STATE:              | ZIP:                      |
| EMAIL:<br>Onesuegibson@p   | rotonmail.com          | ATTENDANCE:<br>Written   | SUBMIT [<br>4/18/20 | DATE:<br>122 3:11 PM      |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. |                        |                          |                     |                           |
| It is my hope that t<br>infections.                                    | the committee will pas | s SB 690 to prevent over | dose deaths and     | blood-borne               |



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|------------------------------------|--|---|-----------------|-----------------------------------|--------|
| SB 690                             |  |   |                 | 4/19/2022                         |        |
| COMMITTEE:<br>Emerging Issues      |  |   |                 |                                   |        |
| TESTIFYING:                        | IN SUPPORT OF                                  | ✓ IN OPPOSITION TO  |                 | ORMATIONAL PUP                    | RPOSES |
|                                    |  | WITNESS NAME  |                 |                                   |        |
| INDIVIDUAL:                        |  |   |                 |                                   |        |
| WITNESS NAME:<br>LES WRIGHT        |  |   | PHONE           | PHONE NUMBER:                     |        |
| BUSINESS/ORGANIZATION NAME:        |  |   | TITLE:          | TITLE:                            |        |
| ADDRESS:                           |  |   |                 |                                   |        |
| CITY:                              |  |   | STATE:          | ZIP:                              |        |
| EMAIL:<br>Ilwright2392@charter.net |  | ATTENDANCE:<br>Written  | su<br><b>4/</b> | SUBMIT DATE:<br>4/18/2022 6:40 PM |        |
| THE INFORMAT                       | ION ON THIS FOR                                | M IS PUBLIC RECOR   | D UNDER (       | CHAPTER 610,                      | RSMo.  |
| Community Associ                   | ations Institute (CAI-M<br>on Committee (CAI-M | n homeowner, and a mei<br>IO), I am writing to you i<br>O LAC) represents the c | n opposition    | of HB 2626. CAI-M                 | O and  |

rules were adopted.The democratic system in the community association will cease to exist. Community associations will no longer be able to create rules to help preserve the character, safety, and value of the community.For these and other concerning reasons, I am urging you to OPPOSE HB 2626 today and support homeowners and your constituents in Missouri associations and their property values.



|   | DATE:<br>4/19/2022   |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| OR INFORMATIC   | NAL PURPOSES   |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| PHONE NUMBER:<br>573-552-8148   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| ADDRESS:<br>521 IMPERIAL POINT DR   |  |  |  |  |  |  |
| STATE:<br><b>MO</b>   | ZIP:<br>65049  |  |  |  |  |  |
| SUBMIT DATE:<br>4/18/2022 5   | :26 PM   |  |  |  |  |  |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.  |  |  |  |  |  |  |
| n the link below<br>stituents, a Miss<br>ociations Institut<br>ion Committee (<br>h consists of ne<br>written, the legis<br>sidents, by not<br>bomeowners are<br>however, it will | and submit the<br>sourian<br>(CAI-MO), I am<br>(CAI-MO LAC)<br>arly 1 million<br>slation would<br>allowing boards<br>the rules that<br>have many<br>ave the right to<br>prning effects   |  |  |  |  |  |
|   | PHONE NUMBER:<br>573-552-8148<br>TITLE:<br>PRESIDENT<br>STATE:<br>MO<br>SUBMIT DATE:<br>4/18/2022 5<br>DER CHAPTE<br>elieves each HC<br>n the link below<br>stituents, a Miss<br>ciations Instituti<br>ion Committee (<br>h consists of ne<br>written, the legis<br>sidents, by not<br>omeowners are<br>however, it will<br>es they do not h<br>the most conce<br>ants, codes, and |  |  |  |  |  |