



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 100		DATE: 1/31/2023	
COMMITTEE: Healthcare Reform			
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. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 1/31/2023 11:04 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Support of this Legislation and Proposed Bill. Consumer Protections are here in this Bill to Protect Missouri Citizens from Dental Services being sold.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: CHRIS ROEPE		PHONE NUMBER:
REPRESENTING: ASSOCIATION OF DENTAL SUPPORT ORGANIZATIONS		TITLE:
ADDRESS: 205 E. CAPITOL AVE, SUITE 100		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2023 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876
REPRESENTING: MO DENTAL ASSOC		TITLE:
ADDRESS: 213 E. CAPITOL AVE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2023 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BARBARA C. BENTRUP		PHONE NUMBER: 314-656-3000	
BUSINESS/ORGANIZATION NAME: DELTA DENTAL OF MISSOURI		TITLE: CEO & CORPORATE COUNSEL	
ADDRESS: 12399 GRAVOIS RD.			
CITY: ST. LOUIS		STATE: MO	ZIP: 63127
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: MIKE WINTER		PHONE NUMBER: 573-230-6644	
REPRESENTING: AMERICAN COUNCIL OF LIFE INSURERS		TITLE:	
ADDRESS: PO BOX 305			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SHANNON COOPER		PHONE NUMBER: 660-890-1432	
REPRESENTING: AMERICA's HEALTH INSURANCE PLANS, BLUE CROSS BLUE SHIELD OF KC		TITLE:	
ADDRESS: 208 MADISON			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/31/2023 12:00 AM	
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