



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1128		DATE: 2/28/2023	
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			
REGISTERED LOBBYIST:			
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER: 573-634-0050	
REPRESENTING: MISSOURI AMBULANCE ASSOCIATION		TITLE:	
ADDRESS: PO BOX 156			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/28/2023 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: TRENT FORD		PHONE NUMBER: 314-409-6812
REPRESENTING: AMBULANCE DISTRICT ASSOCIATION OF MISSOURI		TITLE:
ADDRESS: PO BOX 384		
CITY: COLUMBIA		STATE: MO
		ZIP: 65205
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/28/2023 12:00 AM
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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: 2/28/2023 11:54 PM
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I Oppose this Bill and removing these definitions. They are still used across the State.