

BILL NUMBER: HB 1286				DATE: <b>4/12/2023</b>	
COMMITTEE: Health and Mental	Health Policy				
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONES	T-ABE" DIENOFF-STAT	TE PUBLIC ADVOCATE	PHONE NUME	BER:	
BUSINESS/ORGANIZATIC	DN NAME:		TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yahoo.com		ATTENDANCE: Written		SUBMIT DATE: 4/12/2023 11:43 PM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.	
I Support this Bill.					



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COMMITTEE: Health and Mental	Health Policy			
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES
		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: SARAH SCHLEME	IER		PHONE NUME	BER:
REPRESENTING: HALEON			TITLE:	
ADDRESS: 213 EAST CAPITO	L AVENUE			
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/12/2023 12:00 AM	
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: BRIAN BERNSKO	ETTER		PHONE NUME 573-619-6	
REPRESENTING: MISSOURI ACADE	MY OF FAMILY PHYSI	CIANS	TITLE:	
ADDRESS: 101 EAST HIGH ST	TREET			
CITY: JEFFERSON CITY			STATE: <b>MO</b>	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DATE: 4/12/2023 12:00 AM	
THE INFORMA	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.



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<b>TESTIFYING:</b> IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL PURPOSES
	WITNESS NAME		
REGISTERED LOBBYIST:			
WITNESS NAME: DEANNA HEMPHILL		PHONE NUME 573-619-4	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIAT	ION	TITLE:	
ADDRESS: 113 MADISON ST.		·	
CITY: JEFFERSON CITY		STATE: <b>MO</b>	ZIP: 65101
EMAIL: deanna@dhemphillconsulting.com	ATTENDANCE: Written	SUBMIT DATE: 4/12/2023 8:30 AM	
THE INFORMATION ON THIS FOR	RM IS PUBLIC RECORD	<b>UNDER CHA</b>	PTER 610, RSMo.



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COMMITTEE: Health and Mental Health Policy			
TESTIFYING:		FOR INFORM	ATIONAL PURPOSES
	WITNESS NAME		
INDIVIDUAL:			
WITNESS NAME: HEATHER JACKSON		PHONE NUMB	ER:
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:		-	
CITY:		STATE:	ZIP:
EMAIL: heatherstuff001@yahoo.com	ATTENDANCE: Written	SUBMIT D 4/8/202	ATE: 3 9:13 PM
THE INFORMATION ON THIS FORM			
0.	life of 42 years. I can function R. I have tried everything. No royed my cognitive function years ago. Which took me functioning hours on a good of ife, single parenthood, a hou are cut almost in half again cluding my minor son whom hours I get a day, my body is e being pinched all over, fee ath my skin squeezing all m	on at a level o othing else he s which has t from always in day. That leave usehold, and t to 90 MME or is all I have le s on fire, feels Is like my boo y muscles as	f pain that would lps or I react badly otally ruined my life. n pain but almost es me with not even that's absolutely all. less, I will be left eft in my life. I know i like my bones are dy is 2000 lb, feels hard as he can.