



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 743		DATE: 2/14/2023
COMMITTEE: Children and Families		
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: 2/14/2023 11:10 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am in Support of this Bill and providing Education Services and Instruction paid for by the School District.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: WILL MARRS		PHONE NUMBER: 417-848-8561	
REPRESENTING: HEARTLAND BEHAVIORAL HEALTH SERVICES		TITLE:	
ADDRESS: 1337 E HARRISON ST			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65804
EMAIL: govservicesjcmo@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/14/2023 8:00 AM	

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Currently, the state only requires a local school district provide an education to students placed by the state in behavioral or mental health facilities. This merely makes it equal for all patients and prospective students who have a physician's order.