

BILL NUMBER: HB 775			DATE: 3/29/2023		
COMMITTEE: Professional Registration and Lic	ensing				
TESTIFYING: VIN SUPPOR			ATIONAL PURPOSES		
	WITNESS NAME				
BUSINESS/ORGANIZATION:					
WITNESS NAME: BEN TERRELL			PHONE NUMBER: 573-508-3623		
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF HEALTH AND SENIOR SERVICES		TITLE: LEGISLA			
ADDRESS: 912 WEST WILDWOOD		i			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109		
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/29/2023 12:00 AM		
THE INFORMATION ON THIS	S FORM IS PUBLIC REG	CORD UNDER CHA	PTER 610, RSMo.		



BILL NUMBER: HB 775			DATE: 3/29/2023		
COMMITTEE: Professional Registration and Lic	censing				
TESTIFYING: VIN SUPPOR	RT OF IN OPPOSITION T		IATIONAL PURPOSES		
	WITNESS NAME				
REGISTERED LOBBYIST:					
WITNESS NAME: BILL ANDERSON			PHONE NUMBER: 573-893-3700		
REPRESENTING: MISSOURI HOSPITAL ASSOCIAT	ION	TITLE:			
ADDRESS: 4712 COUNTRY CLUB DRIVE					
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109		
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/29/2023 12:00 AM		
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BILL NUMBER: HB 775				DATE: 3/29/2023	
COMMITTEE: Professional Registration a	nd Licensing				
TESTIFYING:		OPPOSITION TO		ATIONAL PURPOSES	
	WIT	NESS NAME			
REGISTERED LOBBYIS	T:				
WITNESS NAME: KYNA IMAN	PHONE NUMBER: 314-651-1185				
REPRESENTING: MISSOURI NURSES ASSOC			TITLE:		
ADDRESS: PO BOX 1483					
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101	
EMAIL:	ATTE	ENDANCE:		SUBMIT DATE: 3/29/2023 12:00 AM	
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BILL NUMBER: HB 775				DATE: 3/29/2023	
COMMITTEE: Professional Registration and Licensing					
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
	OBBYIST:				
WITNESS NAME: PHONE N RYAN DEBOEF			PHONE NUME	JMBER:	
REPRESENTING: TITLE: TITLE:					
ADDRESS: 901 SOUTH NATIONAL AVENUE					
CITY: SPRINGFIELD			STATE: MO	ZIP: 65897	
EMAIL:		ATTENDANCE:		SUBMIT DATE: 3/29/2023 12:00 AM	
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TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES		
		WITNESS NAME				
BUSINESS/ORG	ANIZATION:					
WITNESS NAME: WESLEY SUTTON			PHONE NUME	PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME: MISSOURI DIVISION OF PROFESSIONAL REGISTRATION			TITLE: LEGISLATIVE DIRECTOR			
ADDRESS: 3605 MISSOURI BOULEVARD						
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101		
EMAIL:		ATTENDANCE:		SUBMIT DATE: 3/29/2023 12:00 AM		
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BILL NUMBER: HB 775				DAT 3/2	E: 9/2023	
COMMITTEE: Professional Registration and Licensing						
TESTIFYING: IN SUPPORT OF IN OPPOSITION TO FOR INFORMATIONAL PURPO				NAL PURPOSES		
WITNESS NAME						
INDIVIDUAL:						
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE			PHONE N	PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TITLE:	TITLE:		
ADDRESS:						
CITY:			STATE:		ZIP:	
EMAIL: arniedienoff@yah	oo.com	ATTENDANCE: Written		SUBMIT DATE: 3/29/2023 11:53 PM		
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.						