



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 814		DATE: 4/18/2023	
COMMITTEE: Local Government			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BEN TERRELL		PHONE NUMBER: 573-508-3623	
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF HEALTH AND SENIOR SERVICES		TITLE: LEGISLATIVE DIRECTOR	
ADDRESS: 912 WILDWOOD			
CITY: JEFFERSON CITY		STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/18/2023 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: KATIE GAMBLE		PHONE NUMBER: 573-634-4876
REPRESENTING: MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE		TITLE:
ADDRESS: PO BOX 1865		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/18/2023 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: WILL MARRS		PHONE NUMBER: 417-848-8561	
REPRESENTING: MISSOURI ASSOCIATION OF LOCAL PUBLIC HEALTH AGENCIES (MOALPHA)		TITLE:	
ADDRESS:			
CITY: SPRINGFIELD		STATE: MO	ZIP: 65804
EMAIL: govservicesjcmo@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/18/2023 8:14 AM	
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We feel like this is a great step in the right direction and appreciate the bill sponsor bringing this forward.



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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: In-Person		SUBMIT DATE: 4/18/2023 11:34 PM
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I am Opposed to this bill This is yet more Mandates, More Requirements, More Registration, More Fee/Taxes. Enough of the Government Regulations and Government Controlling our Missouri Lives!