



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 906		DATE: 2/28/2023	
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: 2/28/2023 11:16 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I Support this Bill on its face. The goal is to rid Urban and Rural Areas, especially Schools and Child Care Facilities of Lead.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BEN TERRELL		PHONE NUMBER: 573-751-9446	
BUSINESS/ORGANIZATION NAME: DEPARTMENT OF HEALTH AND SENIOR SERVICES		TITLE: LEGISLATIVE DIRECTOR	
ADDRESS: 912 W WILDWOOD			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/28/2023 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: BRIAN BERNSKOETTER		PHONE NUMBER: 573-619-6040
REPRESENTING: MISSOURI ACADEMY OF FAMILY PHYSICIANS		TITLE: LOBBYIST
ADDRESS: 101 EAST HIGH STREET		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL: brianb@swllc.us.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/28/2023 8:41 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: GARRETT WEBB		PHONE NUMBER: 219-229-1104	
REPRESENTING: MISSOURI CHAPTER, AMERICAN ACADEMY OF PEDIATRICS		TITLE: REGISTERED LOBBYIST	
ADDRESS: 710A SOULARD			
CITY: STL		STATE: MO	ZIP: 63104
EMAIL: webb@coestrategies.com	ATTENDANCE: In-Person	SUBMIT DATE: 2/28/2023 8:09 AM	

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The Missouri Chapter, American Academy of Pediatrics, representing more than 1,000 physicians, trainees, and pediatric provider-members strongly supports efforts to address lead exposure among the children of Missouri.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KATHRYN GAMBLE		PHONE NUMBER: 573-634-4876	
REPRESENTING: MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE		TITLE:	
ADDRESS: 213 E. CAPITOL AVE.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/28/2023 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: EMILY HORNSTRA		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: emlife@att.net		ATTENDANCE: Written	SUBMIT DATE: 2/28/2023 8:21 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/24/2023 7:03 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

Missouri should be doing all it can to prevent and mitigate lead poisoning.