



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 99		DATE: 1/24/2023	
COMMITTEE: Professional Registration and Licensing			
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: 1/24/2023 11:23 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I Support this Legislation and the open-market in choice of a Physical Therapist without the need of "Permission" or a "Prescription."



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CHRIS MARSH, P.T.		PHONE NUMBER: 636-544-1764	
BUSINESS/ORGANIZATION NAME: MO PHYSICAL THERAPY ASSOCIATION		TITLE:	
ADDRESS: 116 ASHLAND PLACE			
CITY: ST. CHARLES		STATE: MO	ZIP: 63301
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/24/2023 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JENNIFER SCHNIEDERS		PHONE NUMBER: 573-634-8760	
BUSINESS/ORGANIZATION NAME: MISSOURI PHYSICAL THERAPY ASSOCIATION		TITLE: PRESIDENT	
ADDRESS: 205 EAST CAPITOL AVENUE, SUITE 100			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/24/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RYAN DEBOEF		PHONE NUMBER: 417-234-5046	
REPRESENTING: MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS		TITLE:	
ADDRESS: 100 EAST HIGH STREET, 2ND FLOOR			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/24/2023 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID JACKSON		PHONE NUMBER: 314-406-2933	
REPRESENTING: SIGNATURE MEDICAL GROUP		TITLE:	
ADDRESS: PO BOX 1865			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 63005
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/24/2023 12:00 AM	
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