



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1532		DATE: 1/30/2024
COMMITTEE: Healthcare Reform		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: ALEX EATON		PHONE NUMBER: 573-616-9860
REPRESENTING: HIMS & HERS		TITLE:
ADDRESS: 2269 CHESTNUT EXPRESSWAY		
CITY: SAN FRANCISCO		STATE: CA
		ZIP: 94123
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2024 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		



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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: In-Person		SUBMIT DATE: 1/30/2024 12:08 AM
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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: Written		SUBMIT DATE: 1/30/2024 11:45 PM
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I am in Support of this Bill.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: BILL ANDERSON		PHONE NUMBER: 573-893-3700
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:
ADDRESS: 4712 COUNTRY CLUB DR.		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2024 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JEREMY CADY		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: AMERICANS FOR PROSPERITY		TITLE: STATE DIRECTOR	
ADDRESS: PO BOX 94			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: jcady@afphq.org	ATTENDANCE: Written	SUBMIT DATE: 1/29/2024 2:03 PM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JUSTIN ALFERMAN		PHONE NUMBER: 636-667-1093	
REPRESENTING: SSM HEALTH		TITLE:	
ADDRESS: 10101 WOODFIELD			
CITY: ST. LOUIS		STATE: MO	ZIP: 63132
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2024 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: RAY MCCARTY		PHONE NUMBER: 573-634-2246	
BUSINESS/ORGANIZATION NAME: ASSOCIATED INDUSTRIES OF MISSOURI		TITLE: PRESIDENT/CEO	
ADDRESS: 3234 W TRUMAN BLVD			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: rmccarty@aimo.com	ATTENDANCE: In-Person	SUBMIT DATE: 1/29/2024 3:38 PM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: BRIAN BERNSKOETTER		PHONE NUMBER: 573-636-2822
REPRESENTING: MISSOURI ACADEMY OF FAMILY PHYSICIANS		TITLE:
ADDRESS: 101 E. HIGH		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2024 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JEFF HOWELL		PHONE NUMBER: 573-636-5151	
REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION		TITLE:	
ADDRESS: 113 MADISON			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: RYAN DEBOEF		PHONE NUMBER: 573-634-3415	
REPRESENTING: MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS		TITLE:	
ADDRESS: 1423 RANDY LANE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 1/30/2024 12:00 AM	
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