

BILL NUMBER: HB 1664				DATE: 1/30/2024	
COMMITTEE: Healthcare Reform	1				
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES	
		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: CASEY BURTON			PHONE NUME 573-458-2		
REPRESENTING: PHELPS HEALTH			TITLE:		
ADDRESS: 1000 WEST TENTH	ISTREET		· · · · ·		
CITY: ROLLA			STATE: MO	ZIP: 65401	
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:	✓ IN SUPPORT OF	IN OPPOSITION TO		ATIONAL PURPOSES		
		WITNESS NAME				
BUSINESS/ORG	ANIZATION:					
WITNESS NAME: JANA COOK			PHONE NUME 573-458-7			
BUSINESS/ORGANIZATION NAME: PHELPS HEALTH			TITLE: SUP/CFO			
ADDRESS: 1000 W. 10TH ST						
CITY: ROLLA			STATE: MO	ZIP: 65401		
EMAIL:		ATTENDANCE:		SUBMIT DATE: 1/30/2024 12:00 AM		
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		WITNESS NAME				
BUSINESS/ORG	ANIZATION:					
WITNESS NAME: JASON SHENEFIE	LD		PHONE NUME 307-214-4			
BUSINESS/ORGANIZATION NAME: PHELPS HEALTH			TITLE: CEO			
ADDRESS: 1000 W 10TH STRE	ET					
CITY: ROLLA			STATE: MO	ZIP: 65401		
EMAIL:		ATTENDANCE:	SUBMIT DATE: 1/30/2024 12:00 AM			
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		WITNESS NAME			
REGISTERED LO	OBBYIST:				
WITNESS NAME: MATTHEW DOELL	MAN		PHONE NUME 217-440-5		
REPRESENTING: TITLE: TITLE:					
ADDRESS: 1000 WEST 10TH \$	STREET				
CITY: ROLLA			STATE: MO	ZIP: 65401	
EMAIL:		ATTENDANCE:		SUBMIT DATE: 1/30/2024 12:00 AM	
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COMMITTEE: Healthcare Reform	n				
TESTIFYING:	IN SUPPORT OF	✓ IN OPPOSITION TO		ATIONAL 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 D 1/30/20	DATE: 24 11:45 PM	
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I am Opposed to this Bill. Give Counties several options in certain Class of Counties.					



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COMMITTEE: Healthcare Reform				-		
	IN SUPPORT OF	✓ IN OPPOSITION TO	FOR I	NFORMATIC	ONAL PURPOSES	
		WITNESS NAME				
INDIVIDUAL:						
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE				PHONE NUMBER:		
BUSINESS/ORGANIZATION NAME:			TIT	TITLE:		
ADDRESS:						
CITY:			ST	ATE:	ZIP:	
EMAIL: arniedienoff@yahoo.	com	ATTENDANCE: In-Person		SUBMIT DATE: 1/30/2024 12:08 AM		
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