



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1709		DATE: 3/12/2024	
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: 3/12/2024 11:48 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Favor of this Bill and its Intention. However there are many Constitutional Issues, Privacy issues of others and a lot of cameras. This is both good for protections and quality of care and has negative consequences.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: GUNNER GABBERT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: gunner.gabbert@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/12/2024 3:01 PM

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Providing video and audio surveillance inside long-term care facilities can help provide protections and evidence of misconduct in the event of wrongdoing by the facility or individuals.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NICOLE LYNCH		PHONE NUMBER: 636-699-2814	
REPRESENTING: VOYCE		TITLE: POLICY DIRECTOR	
ADDRESS: 8050 WATSON RD SUITE 155			
CITY: ST. LOUIS		STATE: MO	ZIP: 63119
EMAIL: nlynch@voycestl.org	ATTENDANCE: Written		SUBMIT DATE: 3/12/2024 7:06 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: MISSOURI ASSISTED LIVING ASSOCIATION		TITLE:	
ADDRESS: 213 E. CAPITOL AVE.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NIKKI STRONG		PHONE NUMBER: 573-893-2060	
REPRESENTING: MISSOURI HEALTH CARE ASSOCIATION		TITLE:	
ADDRESS: 236 METRO DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2024 12:00 AM	

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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: TIM BLATTEL		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 3/12/2024 12:00 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: WARD COOK		PHONE NUMBER: 816-210-3276	
REPRESENTING: MISSOURI ASSOCIATION OF PROSECUTING ATTORNEYS		TITLE:	
ADDRESS: PO BOX 899			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/12/2024 12:00 AM	
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