

BILL NUMBER: HB 1953				DATE: 2/5/2024		
COMMITTEE: Health and Mental	Health Policy					
TESTIFYING:	✓ IN SUPPORT OF	IN OPPOSITION TO		FOR INFORMATIONAL PURPOSES		
		WITNESS NAME				
REGISTERED LOBBYIST:						
WITNESS NAME: BRENT HEMPHILL			PHONE NUMBER: 573-291-9555			
REPRESENTING: BRENT HEMPHILL AND ASSOCIATES-MISSOURI AMBULANCE ASSOCIATION			TITLE:			
ADDRESS: 229 MADISON ST.						
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65102		
EMAIL:		ATTENDANCE:		SUBMIT DATE: 2/5/2024 12:00 AM		
THE INFORMAT	TION ON THIS FOR	M IS PUBLIC RECOR	D UNDER CHA	PTER 610, RSMo.		



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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
		PHONE NUMBER: 573-634-4876		
REPRESENTING: FIRE SERVICE ALLIANCE			TITLE:	
ADDRESS: 213 E. CAPITOL AVE.				
CITY: JEFFERSON CITY			STATE: MO	ZIP: 65101
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/5/2024 12:00 AM	
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		WITNESS NAME		
REGISTERED LO	OBBYIST:			
WITNESS NAME: TRENT FORD			PHONE NUME 314-409-68	
REPRESENTING: AMBULANCE DISTRICT ASSOCIATION OF MISSOURI			TITLE:	
ADDRESS: PO BOX 384				
CITY: COLUMBIA			STATE: MO	ZIP: 65205
EMAIL:		ATTENDANCE:	SUBMIT DATE: 2/5/2024 12:00 AM	
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WITNESS NAME					
INDIVIDUAL:					
WITNESS NAME: WAYNE LEE			PHONE NUME	BER:	
BUSINESS/ORGANIZATION NAME: TITLE:					
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL:		ATTENDANCE:		SUBMIT DATE: 2/5/2024 12:00 AM	
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		WITNESS NAME			
INDIVIDUAL:					
WITNESS NAME: ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE			PHONE NUMB	PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:			TITLE:		
ADDRESS:					
CITY:			STATE:	ZIP:	
EMAIL: arniedienoff@yaho	oo.com	ATTENDANCE: Written		SUBMIT DATE: 2/5/2024 11:11 PM	
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I am Opposed to this Bill, Changing the amount of members, where they can reside and removing					

power in allowing the Governor to Name the Chair of Advisory Council.