



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | | |
|--|-------------------------------|---------------------------|--|
| BILL NUMBER: HB 2458 | | DATE: 3/11/2024 | |
| COMMITTEE: Health and Mental Health Policy | | | |
| 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 ADVOCAT | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: arniedienoff@yahoo.com | ATTENDANCE: Written | | SUBMIT DATE: 3/4/2024 11:53 PM |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | | |



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| 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: 3/11/2024 11:48 PM | |

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I am in Support of this Bill and Requiring the Basic Measures to ensure Financial Responsibility and to Mandate Training of at least three (3) Hours per Term-of-Office. This is a sensible Bill. I have a problem with the Saint Charles County Ambulance District purposely and maliciously Violating State Law by Double and Overpaying themselves Salary and Board Attendance Fees in clear violation of Chapter 190.055 of the Revised State Statues of Missouri. The Saint Charles County Ambulance District is holding an open Meeting of the Board that lasts on average 15-Minutes and pay themselves \$100. The Board adjourns that Meeting and Opens-Up a Closed Meeting of the Board, which typically last 25-Minutes and pays itself another \$100 Attendance Fee. This is wrong, illegal, unethical and stealing from the Taxpayers and Residents of the Saint Charles County Ambulance District. This is wrong and illegal behavior and NEEDS to be STOPPED by this House Committee, the State Auditor, State Attorney General and County Prosecuting Attorney. This is shameful Conduct and Violating State Law.



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| WITNESS NAME | | | |
| INDIVIDUAL: | | | |
| WITNESS NAME: ASHLEY CHANCE | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
| EMAIL: goldengunn7177@gmail.com | | ATTENDANCE: Written | SUBMIT DATE: 3/7/2024 3:54 PM |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: BRENT HEMPHILL | | PHONE NUMBER: |
| REPRESENTING: MISSOURI AMBULANCE ASSOCIATION | | TITLE: |
| ADDRESS: P.O. BOX 156 | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/11/2024 12:00 AM |
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| WITNESS NAME | | |
| BUSINESS/ORGANIZATION: | | |
| WITNESS NAME: ERIC HOY | | PHONE NUMBER: 573-680-1770 |
| BUSINESS/ORGANIZATION NAME: COLE COUNTY EMERGENCY MEDICAL SERVICES | | TITLE: CHIEF OF EMS |
| ADDRESS: 1736 SOUTHRIDGE DR. | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65109 |
| EMAIL: ehoy@colecounty.org | ATTENDANCE: Written | SUBMIT DATE: 3/11/2024 9:47 AM |

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Cole County Emergency Medical Services supports the legislation as written. However, we request that the State EMS Advisory Committee be required to accept the leadership curriculum taught at the US National Fire Academy to satisfy the requirements as identified in 190.112 #3. The National Fire Academy is operated by the Federal Emergency Management Agency (FEMA) at the National Emergency Training Center (NETC) in Emmitsburg, Maryland. Operated and governed by the United States Fire Administration (USFA) as part of the U.S. Department of Homeland Security (DHS), the NFA is the country's preeminent federal fire training and education institution. R0150 (Management of Emergency Medical Services) is a 10-day course focuses on supervisory management practices as they relate to emergency medical services (EMS) in the fire service. Some of the major components include: Personnel. Resource management. Quality improvement techniques. Upon completion of the course, students are able to enhance the quality and overall effectiveness of their EMS operation through the use of management techniques.



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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: JOHN CLEMENS | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: A.D.A.M. - AMBULANCE DISTRICT ASSOCIATION OF MISSOURI | | TITLE: PRESIDENT | |
| ADDRESS: 606 W. POTTER AVENUE | | | |
| CITY: KIRKSVILLE | | STATE: MO | ZIP: |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/11/2024 12:00 AM | |
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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: JUSTIN DUNCAN | | PHONE NUMBER: 314-943-3587 | |
| BUSINESS/ORGANIZATION NAME: MISSOURI EMS ASSOCIATION | | TITLE: PRESIDENT | |
| ADDRESS: 6900 BILL GUM BUSINESS BLVD. | | | |
| CITY: POTOSI | | STATE: MO | ZIP: 63660 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 3/11/2024 12:00 AM | |
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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: KAY PROBST | | PHONE NUMBER: 314-591-5192 | |
| BUSINESS/ORGANIZATION NAME: ADAIR COUNTY AMBULANCE DISTRICT | | TITLE: CHIEF EXECUTIVE OFFICER | |
| ADDRESS: 606 W. POTTER | | | |
| CITY: KIRKSVILLE | | STATE: MO | ZIP: 63501 |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: LISA PANNETT | | PHONE NUMBER: |
| REPRESENTING: ARMORVINE | | TITLE: |
| ADDRESS: | | |
| CITY: JEFFERSON CITY | | STATE: MO |
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