



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |                          |  |
|--|-------------|--------------------------|--|
| BILL NUMBER:<br><b>HB 2869</b>   |             | DATE:<br><b>4/3/2024</b> |  |
| COMMITTEE:<br><b>Government Efficiency and Downsizing</b>  |             |                          |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |                          |  |
| <b>WITNESS NAME</b>  |             |                          |  |
| <b>INDIVIDUAL:</b>   |             |                          |  |
| WITNESS NAME:<br><b>ARNIE C. AC "HONEST-ABE" DIENOFF</b>   |             | PHONE NUMBER:            |  |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                   |  |
| ADDRESS:   |             |                          |  |
| CITY:  |             | STATE:                   | ZIP:                                     |
| EMAIL:   | ATTENDANCE: |                          | SUBMIT DATE:<br><b>4/3/2024 12:00 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |                          |  |



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| <b>WITNESS NAME</b>  |                               |  |
| <b>INDIVIDUAL:</b>   |                               |  |
| WITNESS NAME:<br><b>DON BICKHAUS</b>   |                               | PHONE NUMBER:                            |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                                   |
| ADDRESS:   |                               |  |
| CITY:  |                               | STATE:      ZIP:                         |
| EMAIL:<br><b>doniibecky@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>3/29/2024 8:18 AM</b> |
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**Absolutely, what happened to our seniors and their families during the covid19 'plandemic' was a tragedy. I still believe those people that subjected nursing home residents/hospital patients to have visitation rights violated should be held accountable. Nothing like dying alone separated from family and friends.**



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| <b>WITNESS NAME</b>  |                               |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |                               |   |                      |
| WITNESS NAME:<br><b>NICOLE LYNCH</b>   |                               | PHONE NUMBER:<br><b>636-699-2814</b>    |                      |
| REPRESENTING:<br><b>VOYCE</b>  |                               | TITLE:<br><b>POLICY DIRECTOR</b>        |                      |
| ADDRESS:<br><b>8050 WATSON RD., SUITE 155</b>  |                               |   |                      |
| CITY:<br><b>ST. LOUIS</b>  |                               | STATE:<br><b>MO</b>                     | ZIP:<br><b>63119</b> |
| EMAIL:<br><b>nlynch@voycestl.org</b>   | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>4/3/2024 9:19 AM</b> |                      |
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| <b>WITNESS NAME</b>  |             |  |
| <b>REGISTERED LOBBYIST:</b>  |             |  |
| WITNESS NAME:<br><b>JORGEN SCHLEMEIER</b>  |             | PHONE NUMBER:<br><b>573-634-4876</b>     |
| REPRESENTING:<br><b>MISSOURI ASSISTED LIVING ASSOCIATION</b>   |             | TITLE:                                   |
| ADDRESS:<br><b>213 E. CAPITOL AVE.</b>   |             |  |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      |
|  |             | ZIP:<br><b>65101</b>                     |
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| <b>WITNESS NAME</b>  |             |  |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>KATHI HARNESS</b>  |             | PHONE NUMBER:<br><b>573-353-4188</b>     |                      |
| REPRESENTING:<br><b>SAINT LUKE's HEALTH SYSTEM</b>   |             | TITLE:                                   |                      |
| ADDRESS:<br><b>PO BOX 2302</b>   |             |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65102</b> |
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| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>MEGAN TRAVIS HENDERSON</b>   |             | PHONE NUMBER:<br><b>573-893-3700</b>     |                      |
| REPRESENTING:<br><b>MISSOURI HOSPITAL ASSOCIATION</b>  |             | TITLE:                                   |                      |
| ADDRESS:<br><b>PO BOX 60</b>   |             |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65101</b> |
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| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>NIKKI STRONG</b>   |             | PHONE NUMBER:<br><b>573-893-2060</b>     |                      |
| REPRESENTING:<br><b>MISSOURI HEALTH CARE ASSOCIATION</b>   |             | TITLE:                                   |                      |
| ADDRESS:<br><b>236 METRO DRIVE</b>   |             |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65109</b> |
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