



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: SB 748		DATE: 5/13/2024	
COMMITTEE: Budget			
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: 5/13/2024 11:59 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Favor and Support of these reimbursements to various Hospitals, Facilities and Ambulance Services. However, we as a State NEED to find and Prosecute ALL Fraud, Misuse of Funding and Deceptive, Fraudulent Tax-Credits.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER:	
REPRESENTING: MOSAIC & MISSOURI AMBULANCE ASSN; RANKEN JORDAN		TITLE:	
ADDRESS: P.O. BOX 156			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/13/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRIAN BERNSKOETTER		PHONE NUMBER:	
REPRESENTING: HCA		TITLE:	
ADDRESS:			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: brianb@swllc.us.com	ATTENDANCE: Written		SUBMIT DATE: 5/13/2024 10:48 AM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: CARA HOOVER		PHONE NUMBER: 573-356-9698	
REPRESENTING: SSM HEALTH		TITLE:	
ADDRESS: PO BOX 2322			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: cara@heartlandpolicyadvisors.com	ATTENDANCE: In-Person		SUBMIT DATE: 5/13/2024 1:26 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			
In support of SB 748.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID WINTON		PHONE NUMBER: 573-230-4602	
REPRESENTING: BJC HEALTHCARE		TITLE:	
ADDRESS: PO BOX 1805			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: david@wintonpolicygroup.com	ATTENDANCE: In-Person		SUBMIT DATE: 5/13/2024 1:46 PM
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JORGEN SUNLEMEIER		PHONE NUMBER: 573-634-4876	
REPRESENTING: MO PHARMACY ASSOC., MO FIRE SERVICE ALLIANCE		TITLE:	
ADDRESS: 213 E. CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/13/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KARA CORCHES		PHONE NUMBER: 573-634-3511	
REPRESENTING: MISSOURI CHAMBER OF COMMERCE AND INDUSTRY		TITLE:	
ADDRESS: 420 EAST CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/13/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KYNA IMAN		PHONE NUMBER: 314-651-1185	
REPRESENTING: MO OCCUPATIONAL THERAPY ASSOCIATION		TITLE:	
ADDRESS: P.O. BOX 1483			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/13/2024 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: KYNA IMAN		PHONE NUMBER: 314-651-1185	
REPRESENTING: MO NURSES ASSOCIATION		TITLE:	
ADDRESS: P.O. BOX 1483			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/13/2024 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NIKKI STRONG		PHONE NUMBER: 573-893-2060	
REPRESENTING: MO HEALTH CARE ASSN.		TITLE:	
ADDRESS: 236 METRO DR.			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/13/2024 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROB MONSEES		PHONE NUMBER: 573-999-9652	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: PO BOX 60			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65201
EMAIL:	ATTENDANCE:	SUBMIT DATE: 5/13/2024 12:00 AM	

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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: TRENT FORD		PHONE NUMBER: 314-409-0681	
REPRESENTING: AMBULANCE DISTRICT ASSOCIATION OF MISSOURI		TITLE: PRINCIPAL	
ADDRESS: PO BOX 384			
CITY: COLUMBIA		STATE: MO	ZIP: 65205
EMAIL: jtrent4d@gmail.com	ATTENDANCE: In-Person	SUBMIT DATE: 5/13/2024 9:53 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: WILLIAM MARRS		PHONE NUMBER: 417-848-8561	
REPRESENTING: MERCY HEALTH; MERCY KIDS		TITLE:	
ADDRESS: 211 E CAPITOL AVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL: govservicesjcmo@gmail.com	ATTENDANCE: In-Person		SUBMIT DATE: 5/13/2024 11:35 AM

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This is a fiscally responsible bill to pass, overall this improves the standing of providers across the state and keeps our state budget strong.