



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1599		DATE: 4/2/2025	
COMMITTEE: Professional Registration and Licensing			
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: In-Person	SUBMIT DATE: 4/2/2025 11:29 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am in Support of this Bill. The Bill is a need for Missourians to have critical Clinical Pathology Services.



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1599		DATE: 4/2/2025	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BRIAN ODUM		PHONE NUMBER: 314-257-1891	
BUSINESS/ORGANIZATION NAME: ST. LOUIS PATHOLOGY ASSOCIATES INC		TITLE: DOCTOR	
ADDRESS: 615 S. NEW BALLAS RD, SUITE 1670			
CITY: ST. LOUIS		STATE: MO	ZIP: 63141
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/2/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1599		DATE: 4/2/2025	
COMMITTEE: Professional Registration and Licensing			
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: MICHAEL CURRY, MD		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 4/2/2025 12:00 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1599		DATE: 4/2/2025	
COMMITTEE: Professional Registration and Licensing			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: SAMUEL K CAUGHRON		PHONE NUMBER: 913-735-9701	
BUSINESS/ORGANIZATION NAME: MISSOURI SOCIETY OF PATHOLOGISTS		TITLE: VICE PRESIDENT	
ADDRESS: 9701 E 137TH ST			
CITY: KANSAS CITY		STATE: MO	ZIP: 64149
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/2/2025 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			