



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 364		DATE: 4/22/2025	
COMMITTEE: Health and Mental Health			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JAMEY MURPHY		PHONE NUMBER: 314-795-5436	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE: VP OF STATE GOVERNMENT AFFAIRS, MISSOURI HOSPITAL	
ADDRESS: 4712 COUNTRY CLUB DR			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: jmurphy@mhanet.com	ATTENDANCE: Written	SUBMIT DATE: 4/21/2025 3:04 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JESSICA PETRIE		PHONE NUMBER: 573-635-6092	
REPRESENTING: BJC HEALTHCARE, COX HEALTH, RANKEN JORDAN		TITLE:	
ADDRESS: P.O. BOX 1805			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/22/2025 12:00 AM	
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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: 4/21/2025 11:51 PM

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

I am Opposed to this Bill and Tax-Credit Giveaway. I feel that Missourians who want to Donate, Must Donate from their heart, without having their hand-out and expecting something of value in return. This is a Human Decision to Donate, without reward.