



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 390		DATE: 3/4/2025	
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			
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: 3/4/2025 11:44 PM	

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

I am in Support of this Bill. This have Disclosure and Ethics for Selling, Marketing Long-Term Facilities is a MUST along with penalties and enforcement mechanisms.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: JEFF BALLEAU		PHONE NUMBER: 314-960-0548	
BUSINESS/ORGANIZATION NAME: TRANSITIONS FOR SENIOR LIVING		TITLE: SENIOR FAMILY ADVOCATE	
ADDRESS: 403 AUDUBON VILLAGE SPUR			
CITY: WILDWOOD		STATE: MO	ZIP: 63040
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JORGEN SCHLEMEIER		PHONE NUMBER: 573-230-4239
REPRESENTING: MISSOURI ASSISTED LIVING ASSOCIATION		TITLE:
ADDRESS:		
CITY:	STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: NICOLE LYNCH		PHONE NUMBER: 314-918-8222	
BUSINESS/ORGANIZATION NAME: VOYCE		TITLE: POLICY DIRECTOR	
ADDRESS: 8050 WATSON RD SUITE 155			
CITY: ST. LOUIS		STATE: MO	ZIP: 63109
EMAIL: nlynch@voycestl.org	ATTENDANCE: Written	SUBMIT DATE: 3/4/2025 12:13 PM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: NIKKI STRONG		PHONE NUMBER: 573-634-4876	
REPRESENTING: MISSOURI HEALTH CARE ASSOCIATION		TITLE:	
ADDRESS: 213 E. CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/4/2025 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: BEVERLY GROSSMAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: A PLACE FOR MOM		TITLE:	
ADDRESS: 331 MADISON			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL: Beverly.Grossman@aplaceformom.com	ATTENDANCE: In-Person	SUBMIT DATE: 3/4/2025 7:55 AM	
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Opposed to bill.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JEWELL PATEK		PHONE NUMBER:
REPRESENTING: CARING		TITLE:
ADDRESS: PO BOX 1933		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65102
EMAIL: jewell@patekandassociates.com	ATTENDANCE: In-Person	SUBMIT DATE: 3/3/2025 10:20 PM
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Opposed to bill.