



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 609</b>		DATE: <b>3/11/2025</b>	
COMMITTEE: <b>Health and Mental Health</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: <b>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>3/11/2025 11:53 PM</b>

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

**I am in Support of this Bill on its face. I want to make sure that there is proper oversight and enforcement.**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>ROB MONSEES</b>		PHONE NUMBER: <b>573-999-9652</b>	
REPRESENTING: <b>MISSOURI HOSPITAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>PO BOX 60</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/11/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JACOB SCOTT</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI STATE MEDICAL ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
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