



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |                          |  |
|--|-------------|--------------------------|--|
| BILL NUMBER:<br><b>HB 738</b>  |             | DATE:<br><b>3/4/2025</b> |  |
| COMMITTEE:<br><b>General Laws</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:<br><b>ARNIE C. AC "HONEST-ABE" DIENOFF, STATE PUBLIC ADV</b>   |             | PHONE NUMBER:            |  |
| BUSINESS/ORGANIZATION NAME:  |             | TITLE:                   |  |
| ADDRESS:   |             |                          |  |
| CITY:  |             | STATE:                   | ZIP:                                     |
| EMAIL:   | ATTENDANCE: |                          | SUBMIT DATE:<br><b>3/4/2025 12:00 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |                          |  |



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| <b>WITNESS NAME</b>  |             |  |                      |
| <b>REGISTERED LOBBYIST:</b>  |             |  |                      |
| WITNESS NAME:<br><b>BRENT HEMPHILL</b>   |             | PHONE NUMBER:                            |                      |
| REPRESENTING:<br><b>MO AMBULANCE ASSN.</b>   |             | TITLE:                                   |                      |
| ADDRESS:<br><b>PO BOX 156</b>  |             |  |                      |
| CITY:<br><b>JEFFERSON CITY</b>   |             | STATE:<br><b>MO</b>                      | ZIP:<br><b>65101</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/4/2025 12:00 AM</b> |                      |
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| <b>WITNESS NAME</b>  |             |  |      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |  |      |
| WITNESS NAME:<br><b>MATT BOWEN</b>   |             | PHONE NUMBER:<br><b>660-258-2262</b>     |      |
| BUSINESS/ORGANIZATION NAME:<br><b>MISSOURI AMBULANCE ASSOCIATION</b>   |             | TITLE:<br><b>DIRECTOR</b>                |      |
| ADDRESS:   |             |  |      |
| CITY:  |             | STATE:<br><b>MO</b>                      | ZIP: |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/4/2025 12:00 AM</b> |      |
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| <b>WITNESS NAME</b>  |                               |   |                      |
| <b>REGISTERED LOBBYIST:</b>  |                               |   |                      |
| WITNESS NAME:<br><b>MAURA PATEL</b>  |                               | PHONE NUMBER:   |                      |
| REPRESENTING:<br><b>AMERICAN HEART ASSOCIATION</b>   |                               | TITLE:<br><b>REGION SR. GOVERNMENT<br/>RELATIONS LEAD</b> |                      |
| ADDRESS:<br><b>12400 OLIVE BLVD</b>  |                               |   |                      |
| CITY:<br><b>ST. LOUIS</b>  |                               | STATE:<br><b>MO</b>                                       | ZIP:<br><b>63141</b> |
| EMAIL:<br><b>Maura.Gray@heart.org</b>  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>3/4/2025 10:44 AM</b>                  |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |   |                      |
| <b>This legislation helps to increase bystander CPR. Please support HB 738.</b>  |                               |   |                      |



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| <b>WITNESS NAME</b>  |                                 |                                      |   |
| <b>REGISTERED LOBBYIST:</b>  |                                 |                                      |   |
| WITNESS NAME:<br><b>TRENT WATSON</b>   |                                 | PHONE NUMBER:<br><b>314-606-0141</b> |   |
| REPRESENTING:<br><b>AMERICAN HEART ASSOCIATION</b>   |                                 | TITLE:                               |   |
| ADDRESS:<br><b>PO BOX 2221</b>   |                                 |                                      |   |
| CITY:<br><b>JEFFERSON CITY</b>   |                                 | STATE:<br><b>MO</b>                  | ZIP:<br><b>65102</b>                    |
| EMAIL:<br><b>trent@trentwatson.com</b>   | ATTENDANCE:<br><b>In-Person</b> |                                      | SUBMIT DATE:<br><b>3/4/2025 3:14 PM</b> |

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

In support of the legislation as it will increase bystander CPR. Also some of our dispatchers are trained to give CPR instructions over the phone and we want to ensure that those individuals receiving instruction are also willing to jump into action