



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

| | | |
|--|-------------|---|
| BILL NUMBER: HB 830 | | DATE: 2/12/2025 |
| 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 | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: ADAM RAPERT | | PHONE NUMBER: 573-751-5952 |
| REPRESENTING: MEHLVILLE FIRE PROTECTION DISTRICT | | TITLE: |
| ADDRESS: 215 EAST CAPITOL AVENUE | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65101 |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 2/12/2025 12:00 AM |
| THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo. | | |



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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: 2/12/2025 12:19 AM |
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I am in Support of this Bill on its face.



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| WITNESS NAME | | | |
| BUSINESS/ORGANIZATION: | | | |
| WITNESS NAME: BRENT HEMPHILL | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: MO AMBULANCE ASSN | | TITLE: | |
| ADDRESS: PO B 156 | | | |
| CITY: JC | | STATE: MO | ZIP: |
| EMAIL: | ATTENDANCE: | SUBMIT DATE: 2/12/2025 12:00 AM | |
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| WITNESS NAME | | | |
| INDIVIDUAL: | | | |
| WITNESS NAME: DR. JEFFREY COUGHENOUR | | PHONE NUMBER: | |
| BUSINESS/ORGANIZATION NAME: | | TITLE: | |
| ADDRESS: | | | |
| CITY: | | STATE: | ZIP: |
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| WITNESS NAME | | | |
| REGISTERED LOBBYIST: | | | |
| WITNESS NAME: J TRENT FORD | | PHONE NUMBER: 314-409-6812 | |
| REPRESENTING: AMBULANCE DISTRICT ASSOCIATION OF MISSOURI | | TITLE: PRINCIPAL | |
| ADDRESS: POBOX 483 | | | |
| CITY: COLUMBIA | | STATE: MO | ZIP: 65205 |
| EMAIL: jtrent4d@gmail.com | ATTENDANCE: Written | SUBMIT DATE: 2/12/2025 9:33 AM | |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: JACOB SCOTT | | PHONE NUMBER: |
| REPRESENTING: MISSOURI STATE MEDICAL ASSOCIATION | | TITLE: |
| ADDRESS: 113 MADISON ST., 65102 | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65102 |
| EMAIL: jscott@msma.org | ATTENDANCE: Written | SUBMIT DATE: 2/12/2025 7:45 AM |
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| In support of the bill | | |



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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: JORGEN SCHLEMEIER | | PHONE NUMBER: 573-230-4239 |
| REPRESENTING: FIRE SERVICE ALLIANCE | | TITLE: |
| ADDRESS: 213 E. CAPITAL AVE. | | |
| CITY: JEFFERSON CITY | | STATE: MO |
| | | ZIP: 65101 |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: SARAH SCHLEMEIER | | PHONE NUMBER: |
| REPRESENTING: MO COLLEGE OF EMERGENCY PHYSICIAN | | TITLE: |
| ADDRESS: 213 E. CAPITOL AVENUE | | |
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| WITNESS NAME | | |
| REGISTERED LOBBYIST: | | |
| WITNESS NAME: RACHAEL KLARICH | | PHONE NUMBER: 314-740-5072 |
| REPRESENTING: MISSOURI ASSOCIATION OF TRIAL ATTORNEYS | | TITLE: |
| ADDRESS: 240 EAST HIGH ST. SUITE 300 | | |
| CITY: JEFFERSON CITY | | STATE: MO |
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