



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 973		DATE: 4/2/2025	
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: 4/2/2025 11:58 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: DAVID WINTON		PHONE NUMBER:	
REPRESENTING: REACH FOUNDATION; NATIONAL ASSOCIATION OF SOCIAL WORKERS; MISSOURI ASSOCIATION OF RURAL HEALTH CLINICS; BJC HEALTHCARE; COX HEALTH; RANKEN JORDAN PEDIATRIC BRIDGE HOSPITAL		TITLE:	
ADDRESS:			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: david@wintonpolicygroup.com	ATTENDANCE: In-Person	SUBMIT DATE: 4/2/2025 5:17 PM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: SARAH SCHLEMEIER		PHONE NUMBER:	
REPRESENTING: AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOLOGISTS; MISSOURI CENTER FOR PUBLIC HEALTH EXCELLENCE		TITLE:	
ADDRESS: 213 E. CAPITOL AVENUE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/2/2025 12:00 AM	
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