



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>SB 7</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>REGISTERED LOBBYIST:</b>		
WITNESS NAME: <b>BRENT HEMPHILL</b>		PHONE NUMBER:
REPRESENTING: <b>MISSOURI AMBULANCE ASSOCIATION</b>		TITLE:
ADDRESS: <b>PO BOX 156</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/11/2025 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: <b>J TRENT FORD</b>		PHONE NUMBER: <b>314-409-6812</b>	
REPRESENTING: <b>AMBULANCE DISTRICT ASSOCIATION OF MISSOURI</b>		TITLE: <b>PRINCIPAL</b>	
ADDRESS: <b>PO BOX384</b>			
CITY: <b>COLUMBIA</b>		STATE: <b>MO</b>	ZIP: <b>65205</b>
EMAIL: <b>jtrent4d@gmail.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>3/11/2025 3:10 PM</b>	
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<b>WITNESS NAME</b>		
<b>BUSINESS/ORGANIZATION:</b>		
WITNESS NAME: <b>MATT BOWEN</b>		PHONE NUMBER: <b>660-739-8032</b>
BUSINESS/ORGANIZATION NAME: <b>LINN COUNTY AMBULANCE</b>		TITLE: <b>CHIEF</b>
ADDRESS:		
CITY:		STATE: <b>MO</b>
		ZIP:
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>MAURA PATEL</b>		PHONE NUMBER:	
REPRESENTING: <b>AMERICAN HEART ASSOCIATION</b>		TITLE: <b>SR. GOVERNMENT RELATIONS LEAD</b>	
ADDRESS: <b>12400 OLIVE BLVD</b>			
CITY: <b>ST. LOUIS</b>		STATE: <b>MO</b>	ZIP: <b>63141</b>
EMAIL: <b>Maura.Gray@heart.org</b>	ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/11/2025 1:37 PM</b>	
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This bill contains a provision that would update the Good Samaritan Law to provide liability protections to "any person" rendering emergency care. This includes individuals performing CPR.



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<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>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I am Opposed to this Bill in its present form. There **NEEDS** to be additional Training of Ambulance Board than just the three (3) hours in the Bill. There **NEEDS** to be an Amendment to Not allow Ambulance Boards to pay themselves more than \$100 Per Meeting within a 24-Hours and not to exceed \$400 per Month. The Saint Charles County Ambulance Board is Holding an Open Meeting and pay themselves \$100 Per Meeting. Then they have a Closed Meeting and are paying themselves an additional \$100. In addition, the President receives \$100 per Meeting and the Secretary and Treasurer are paid \$50 per Meeting. This is wrong and **NEEDS** to be corrected.