



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1962</b>		DATE: <b>3/12/2026</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>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCAT</b>		PHONE NUMBER: <b>314-440-9000</b>	
BUSINESS/ORGANIZATION NAME: <b>STATE PUBLIC ADVOCACY</b>		TITLE: <b>STATE PUBLIC ADVOCATE</b>	
ADDRESS: <b>P.O. BOX #1535</b>			
CITY: <b>O' FALLON</b>		STATE: <b>MO</b>	ZIP: <b>63366</b>
EMAIL: <b>ArnieDienoff@Mail.Com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>3/12/2026 11:59 PM</b>	

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

I am in Favor of this Bill. I agree in increasing the amount of the threshold.

I am Opposed to the fees, which will just be passed onto the Consumer.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1962</b>		DATE: <b>3/12/2026</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>MICHAEL HENDERSON</b>		PHONE NUMBER: <b>573-520-7240</b>	
REPRESENTING: <b>CONSUMER HEALTHCARE PRODUCTS ASSOCIATION</b>		TITLE:	
ADDRESS: <b>235 E HIGH ST, STE. 301</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>mike@cnmissouri.com</b>	ATTENDANCE: <b>In-Person</b>	SUBMIT DATE: <b>3/12/2026 12:54 PM</b>	

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**  
**The Consumer Healthcare Products Association (CHPA) supports HB 1962.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1962</b>		DATE: <b>3/12/2026</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>SARAH SCHLEMEIER</b>		PHONE NUMBER:
REPRESENTING: <b>HALEON</b>		TITLE:
ADDRESS: <b>213 E. CAPITOL</b>		
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>
		ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/12/2026 12:00 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>		