



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2753		DATE: 2/23/2026	
COMMITTEE: Corrections and Public Institutions			
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 ADVOCAT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE: In-Person	SUBMIT DATE: 2/23/2026 11:45 PM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I am in Support of this Bill. I am not happy about the \$1,000 Fine. This needs to be amended.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: BRENT HEMPHILL		PHONE NUMBER: 573-893-4241	
REPRESENTING: MOSAIC LIFE CARE		TITLE:	
ADDRESS: POB 156			
CITY: JEFF CITY		STATE: MO	ZIP: 65101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/23/2026 12:00 AM	
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JAMEY MURPHY		PHONE NUMBER:
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:
ADDRESS: 4712 COUNTRY CLUB DRIVE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/23/2026 12:00 AM
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: STEVE RETHERFORD		PHONE NUMBER: 417-643-6188	
BUSINESS/ORGANIZATION NAME: CMH		TITLE: DIRECTOR	
ADDRESS: 1500 N OAKLAND AVE			
CITY: BOLIVAR		STATE: MO	ZIP: 65613
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/23/2026 12:00 AM	
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