



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2691		DATE: 4/20/2022	
COMMITTEE: Special Committee on Public Policy			
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: BRIAN KINKADE		PHONE NUMBER: 573-893-3700	
REPRESENTING: MISSOURI HOSPITAL ASSOCIATION		TITLE:	
ADDRESS: 4212 COUNTRY CLUB DRIVE			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/20/2022 12:00 AM	

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



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: MICHELLE M. SCHAFER		PHONE NUMBER: 636-327-1011	
BUSINESS/ORGANIZATION NAME: SSM HEALTH		TITLE: REGIONAL VICE PRESIDENT	
ADDRESS: 500 MEDICAL DRIVE			
CITY: WENTZVILLE		STATE: MO	ZIP: 63385
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/20/2022 12:00 AM	

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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: Written		SUBMIT DATE: 4/20/2022 11:41 PM

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I am opposed to this Bill and Yet Another Study Group that Completes and Files a Report to Place on the Shelf in Some Office that Accumulates and Collects Dust.