



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2658		DATE: 3/7/2022	
COMMITTEE: Health and Mental Health Policy			
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. AC DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 3/7/2022 2:56 PM

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

I am in Support of this Bill and Bring Awareness to All Six-Million Missourians.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: BETTY SCHRANDT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: schrandt55@yahoo.com	ATTENDANCE: Written		SUBMIT DATE: 3/6/2022 5:09 PM

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My daughter is an active participant in sickle cell patient support and has shared the need for support from all sources. This is an insidious disease that deserves attention.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CONNOR LUEBBERT		PHONE NUMBER: 573-291-2483	
BUSINESS/ORGANIZATION NAME: MO STATE CONFERENCE OF THE NATIONAL ASSOCIATION OF THE ADVANCEMENT OF COLORED PEOPLE		TITLE:	
ADDRESS: 910 W BROADWAY			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/7/2022 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: ELLEN SHERIDAN		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: Ellensheridandds@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/7/2022 7:39 AM
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Let's raise the awareness of SCD and continue research and treatment of it along with a CURE!			



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JEMELA WILLIAMS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: memescaware@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/7/2022 11:40 AM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			

I have Sickle Cell Anemia and I am 40 years old. SCD has been neglected for far too long. It is important to recognize Sickle Cell Disease as an Awareness week because it's vital that we as patients as humans, know that we are not forgotten. Sickle Cell Disease is a forgotten disease but it is past time that that changes. Our rare disease does not deserve to be overlooked. The time is now. Please support and pass Sickle Cell Awareness Week.Thank You.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KELLY GILLESPIE		PHONE NUMBER: 573-690-9267	
BUSINESS/ORGANIZATION NAME: MISSOURI BIOTECHNOLOGY ASSOCIATION; MOBIO		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: PO BOX 148			
CITY: JEFFERSON CITY		STATE: MO	ZIP: 65102
EMAIL: kelly@mobio.org	ATTENDANCE: Written	SUBMIT DATE: 3/7/2022 11:02 AM	

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Sickle cell disease impacts many Missourians, and this bill encourages the further study, keeps current the best practice evaluation of existing and emerging treatments, and importantly raises the awareness of the disease and the best treatment courses.



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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: KEVIN WAKE		PHONE NUMBER: 913-485-2166	
BUSINESS/ORGANIZATION NAME: URIEL OWENS SICKLE CELL DISEASE ASSOCIATION		TITLE: PRESIDENT	
ADDRESS: 444 MINNESOTA AVE, SUITE 300			
CITY: KANSAS CITY		STATE: KS	ZIP: 66101
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/7/2022 12:00 AM	
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WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: ROSEMARY BRITTS		PHONE NUMBER: 314-329-5840	
BUSINESS/ORGANIZATION NAME: SICKLE CELL ASSOCIATION		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: PO BOX 2751			
CITY: FLORISSANT		STATE: MO	ZIP: 63032
EMAIL:	ATTENDANCE:	SUBMIT DATE: 3/7/2022 12:00 AM	
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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: SHAWNA MAZEITIS		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: mazeitis@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/6/2022 3:49 PM
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I work at Children's Mercy Hospital and with Sickle Cell patients and their families. This disease is misunderstood and debilitating. This bill will go a long way in educating and advocating for people living with the disease as well as for people in the health care system that provide care.



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: WILLIAM J SCHRANDT		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: jodyschrandt@gmail.com	ATTENDANCE: Written		SUBMIT DATE: 3/6/2022 10:14 PM

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I am a strong supporter of HB 2658 Sickle Cell Awareness Week.