

WITNESS REGISTRATION

Committee Name: House Committee on Health Care

Public Hearing on: HB 2048 Date: 03/02/2015

Please register if you wish to testify on the above named measure/issue. **Please print legibly.**

Name and Organization or County of Residence PLEASE PRINT LEGIBLY	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Lisa Angus, OHA						X		
Kara Lee Reavis, OTAO			X	X				X
Niki TerziEFF, OTAO			X	X				X
SCOTT EKBLAD OFFICE OF RURAL HEALTH								
DOUG BARBER RURAL HEALTH ASSOC						X		