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**WITNESS REGISTRATION**

Committee Name: House Health Care

Public Hearing on: HB 4124 Date: \_\_\_\_\_

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

Name <i>PRINT LEGIBLY</i>	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
<del>Dr. Katrina Hedberg</del>	OHA				
<del>Dr. Mike Henstrom</del>	OMA		X		
<del>Dr. PAUL Lewis</del>	Multnomah County		X		
<del>Rep. Buehler</del>					
<del>Rep. Williamson</del>					
<del>Josh Free</del>	OR State Pharmacy Coalition		✓		
<del>Niki Terzieta</del>	" "		✓		
<del>Kimberly McCollough</del>	ACLU of Oregon				(if amended as agreed) ✓