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**WITNESS REGISTRATION**

Committee Name: House Health Care

Public Hearing on: SB 253 A Date: 05/16/2019

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>Kathleen Harbo</del>	<del>OHAHS</del>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<del>Christa Hewitt</del>	<del>OHA</del>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<del>Cheryl Ogden</del>	<del>OHA</del>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Kathrina Hedberg	OHA	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Amy Suro	Aoe	<input type="checkbox"/>	<input checked="" type="checkbox"/>		