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# WITNESS REGISTRATION

**Committee Name: Senate Health Care**

**Public Hearing on: HB 2619** **Date: 05/03/2021**

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

| **Name** | **Organization or County of Residence** | **Position on Measure** (FOR/AGAINST/ NEUTRAL) |
|---|---|---|
| Susan Hayflick | Portland | FOR |
| Karen Kovak | Portland | FOR |
| Sheri Schouten | Beaverton | FOR |
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