

# Witness Registration

**Committee Name** : Senate Committee on Health Care (S)

**Public Hearing On** : SB 968

**Meeting Date & Time** : 3/15/2023 1:00:00 PM

| Witness First Name | Witness Last Name | Organization                    | Position Title     | City       | Position on Measure |
|--------------------|-------------------|---------------------------------|--------------------|------------|---------------------|
| Anna               | Williams          | System of Care Advisory Council | Executive Director | Hood River | Support             |
|                    |                   |                                 |                    |            |                     |
|                    |                   |                                 |                    |            |                     |