

WITNESS REGISTRATION

Committee Name: House Committee on Health Care

Public Hearing on: HB 3486 Date: 03/18/2015

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
<u>From Monday 3/16:</u>								
Dennis McNanny, BCO					X			
Lynda Gardner, PHRMA					X			
Jesse O'Brien OSP, R G				X				
new Tom Holt Cambia				X				
Jon Bartholomew AARP			X	X				X
Lisa Trussell								
BJ Cavour / ^{one} in Four					X			X