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## WITNESS REGISTRATION

Committee Name: _	SENATE	HEALTH	CARE	
Public Hearing on:	5B 134	1		Date: 01, 28, 2019
Please register if Vol	ı wish to testify on th	ne above-named n	neasure/issue.	Please print legibly.

Name	Organization or County of Residence	Check if you live more than 100 miles from	Position on Measure		
PRINT LEGIBLY		this meeting.	For	Against	Neutral
Heather Jefferis	Oregon Council for B. Heal	l	X		
	Motherman Co Health		Y		
Bill Bouska	IHM-CCO				X
Eva Rippetlan	AFSCME		χ		
BELORSEP Bajpai	Houdmound d'				
	3				
	Heather Jefferis Dewarch Baylai	Residence  Heather Jefferis Oregon Council for B. Healt  Pavarah. Baylai Multinomal to Merth  Bill Bouska IHM-CCO	PRINT LEGIBLY  Residence  Residence  Ilve more than 100 miles from this meeting.  Heather Jeffer 3  Oregon Council for B. Health  Pavarah. Baylai  Multipopula to Mealth  Et II Bouska  IHM-CCO	PRINT LEGIBLY  Residence  Residence  Residence  Ilive more than 100 miles from this meeting.  For  Heather Jeffen 3 Oregon Council for B. Health  Newargh, Baylai Multinometh to Mealth  Bill Bouska IHM-CCO	PRINT LEGIBLY  Residence  Residence  Residence  Iive more than 100 miles from this meeting.  For Against  Against  Pavowah, Ba, Jai Multinomal to Mealth  Bill Bouska IHM-CCO