

PUBLIC RECORD: This form, your verbal testimony, and materials you distribute will be posted on the Internet and accessible to the public.

WITNESS REGISTRATION

Committee Name: House Health Care

Public Hearing on: SB 823 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 |
| Chris Hewitt | ONA | | X | | |
| Katie Harris | OAHHS | | X | | |
| Cheryl Cosgrove | ONA (via phone) | | X | | |
| Bill Schueler | Oregon Emergency Association Nurses | | X | | |
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