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	se Heal	th Ca	re			
Public Hearing on:				Date: 02/18/2020			
			ned measure/issue.	Please print legibly.			

Name PRINT LEGIBLY	Organization or County of Residence	Check if you live more than 100 miles from this meeting.	Position on Measure		
			For	Against	Neutral
Chris Madden	OHCA		X		
		D)			