# Health Committee
# Testimony Sign-In Sheet

Please print. The information you provide is public information.

| Date | Name | Phone and/or email | Organization and Title |
|---|---|---|---|
| 2/26/25 | Franklin Jadwin | Franklin.Jadwin@hcmed.org | Hennepin Healthcare Program Manager |
| 02/26/25 | KYLE DARNALL | 320-493-7574 | CENTRACARE EXECUTIVE DIRECTOR |
| 02/26/25 | Michael Trang/4 MD | 612-859-4471 | MPS |
| 2/26/25 | Sydney Hastad | sydney@changetheoutcome.org | CHANGE THE OUTCOME program facilitor/outreach coordinator |
| 2/26/25 | Megan Wagner | megan.wagner@changetheoutcome.org | Change the Outcome Director of Programming |
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Committee: Health  Date and Time: 26 FEBRUARY 2025 1-2:45 pm

**COMMITTEE ON** Health **DATE OF MEETING:** 2/26

# **PLEASE PRINT LEGIBLY** (or attach your business card)

(NOTE: The Rules of the House require "the name and address of each person, together with the name and address of the person, association on whose behalf the appearance is made".)

| TESTIFIER'S NAME | TESTIFIER'S ADDRESS | APPEARING ON BEHALF OF (Name of Organization) | BILL NUMBER | ADDRESS OF ORGANIZATION | PHONE NUMBER: |
|---|---|---|---|---|---|
| John Doe | 1234 5th Ave E Suite #301<br>St Paul, MN 55155 | Minnesota Association of Does | HF XXX | 100 Constitution Ave<br>St Paul, MN 55155 | 651-555-1234 |
| Meghan West | | Self | HF953 | | 763-354-8854 |
| Susanne Dickinson | | Self | HF953 | | 612-807-3446 |
| Janice DeGonda | | Self | HF953 | | 612-450-6856 |
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