

WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: June 8, 2020 _____

Name: Daniel Skinner, Ph.D _____

Are you representing: Yourself Organization _____

Organization (If Applicable): _____

Position/Title: Associate Professor of Health Policy _____

Address: 1446 Haines Ave _____

City: Columbus _____ State: OH _____ Zip: 43212 _____

Best Contact Telephone: 917-517-8195 _____ Email: writetodanskinner@gmail.com _____

Do you wish to be added to the committee notice email distribution list? Yes _____ No

Business before the committee

Legislation (Bill/Resolution Number): HB 390 _____

Specific Issue: The Pre-Existing Protection Act _____

Are you testifying as a: Proponent Opponent _____ Interested Party _____

Will you have a written statement, visual aids, or other material to distribute? Yes _____ No

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? Written only. _____

Please provide a brief statement on your position:

I support HB 390 for the substantial health care protections it will provide Ohioans. Please see extended testimony for details.

Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.