



HEALTH, HUMAN SERVICES  
AND MEDICAID  
COMMITTEE

Witness Form

Today's Date 10-14-19

Name: Matthew Harrison M.D.

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Organization Representing: \_\_\_\_\_

Testifying on Bill Number: SB 155

Testimony:  Verbal  Written  Both

Testifying As:  Proponent  Opponent  Interested Party

Are you a Registered Lobbyist?  Yes  No

Special Requests: \_\_\_\_\_