

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, October 11, 2023

Name: Rebecca Carroll

Organization (If Applicable): Health Policy Institute of Ohio

Position/title: Director, Policy Research and Analysis

Address:

City: State: OH Zip:

Telephone:

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): Sub. H. B. No. 7
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

Do you have a written statement, visual aids, or other material to distribute?

Yes X No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 5 Minutes

- *Committee Chair may limit testimony in the interest of time*