



INSURANCE COMMITTEE

WITNESS FORM

Today's Date: December 03, 2024

Name: Megan Richwine

Address:

Telephone:

Organization Representing: Ohio Association of Health Plans

Testifying on bill number: Sub. H. B. No. 24

Testimony: ☒ Verbal ☐ Written ☐ Both

Testifying as: ☐ Sponsor ☐ Proponent ☒ Opponent ☐ Interested Party

Are you a registered lobbyist? ☒ YES ☐ NO

Special Requests:

Written testimony is a public record and may be posted on the Ohio Senate's website