

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 11, 2025

Name: Stephen Roller

Organization (If Applicable): Primary Health Solutions

Position/title: President & CEO

Address: 300 High St.

City: Hamilton State: OH Zip: 45011

Telephone: 513.454.1111

Email:

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 96
- 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*