

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Friday, April 04, 2025

Name: Megan Richwine

Organization (If Applicable): Ohio Association of Health Plans

Position/title: Director of Government Affairs

Address: 20 East Broad St. Suite 701

City: Columbus State: OH Zip: 43215

Telephone: 567-241-9286

Email: mrichwine@oahp.org

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?

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