

HEALTH COMMITTEE

WITNESS FORM

Today's Date: May 02, 2025

Name: Stephanie Loucka

Address: 30 E. Broad Street Columbus, Ohio 43215

Telephone: <u>6144667980</u>

Email: <u>Austin.Lucous@med.ohio.gov</u>

Organization Representing: <u>State Medical Board of Ohio</u>

Testifying on bill number: Am. Sub. H. B. No. 96

Testimony: ___ Verbal ___ Written _X_ Both

Testifying as: ___ Sponsor _X_ Proponent ___ Opponent ___ Interested

Party

Are you a registered lobbyist? __X_YES ____NO

Special Requests: