

MEDICAID COMMITTEE

WITNESS FORM

Today's Date: April 29, 2025

Name: Susan Wallace

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Email:

Organization Representing: Leading Age Ohio

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

Testimony: _X_Verbal ___Written ___Both

Testifying as: ____ Sponsor ____ Proponent ____ Opponent ___X_ Interested

Party

Are you a registered lobbyist? ______X_YES _____NO

Special Requests:

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