



MEDICAID COMMITTEE

WITNESS FORM

Today's Date: May 05, 2025

Name: Peggy Anderson

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Email: andersonp@thirdstreetfamily.org

Organization Representing: Third Street Family Health Services

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

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