EXHIBIT 4
DATE 2-11-09
HB

HOUSE OF REPRESENTATIVES

APPROPRIATIONS SUBCOMMITTE
Public Health and Human Services

WITNESS STATEMENT

PLEASE PRINT

NAME Rod Henry **BUDGET** Public Health & Safety Division

ADDRESS MISSOULA 2576 N AVE W 59804 **DATE** 2/11/09

WHOM DO YOU REPRESENT? Health care & participant

SUPPORT: **OPPOSE** **AMEND**

COMMENTS:

Testifying on benefits of the
MT Cardiovascular ~~Benefits and Di~~
Disease and Diabetes Prevention Program

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#5