



Health Care Appropriations Subcommittee

February 2, 2016
10:30 AM – 1:00 PM
Webster Hall (212 Knott)

Action Packet

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Care Appropriations Subcommittee

Start Date and Time: Tuesday, February 02, 2016 10:30 am
End Date and Time: Tuesday, February 02, 2016 01:00 pm
Location: Webster Hall (212 Knott)
Duration: 2.50 hrs

Consideration of the following bill(s):

CS/HB 563 Temporary Cash Assistance Program by Children, Families & Seniors Subcommittee, Gaetz
CS/HB 941 Department of Health by Health Quality Subcommittee, Gonzalez
HB 1245 Medicaid Provider Overpayments by Peters
HB 1277 Licensure of Foreign-Trained Physicians by Campbell
HB 1313 Low-THC Cannabis for Medical Use by Brodeur, Steube
HB 1335 Long-term Care Prioritization by Magar
HB 1411 Termination of Pregnancies by Burton

Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m., Monday, February 1, 2016.

By request of the chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Monday, February 1, 2016.

NOTICE FINALIZED on 01/29/2016 4:16PM by LAL

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Webster Hall (212 Knott)

Summary:

Health Care Appropriations Subcommittee

Tuesday February 02, 2016 10:30 am

CS/HB 563	Favorable	Yeas: 9	Nays: 2
CS/HB 941	Favorable	Yeas: 11	Nays: 0
HB 1245	Favorable	Yeas: 11	Nays: 0
HB 1277	Favorable	Yeas: 12	Nays: 0
HB 1313	Favorable	Yeas: 12	Nays: 0
HB 1335	Favorable	Yeas: 12	Nays: 0
HB 1411	Favorable With Committee Substitute	Yeas: 9	Nays: 4
Amendment 193145	Adopted Without Objection		

Committee meeting was reported out: Tuesday, February 02, 2016 1:48:31PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Webster Hall (212 Knott)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Matt Hudson (Chair)	X		
Michael Bileca	X		
Jason Brodeur	X		
Janet Cruz	X		
W. Travis Cummings	X		
Gayle Harrell	X		
Shawn Harrison	X		
MaryLynn Magar	X		
Jared Moskowitz	X		
Amanda Murphy	X		
Cary Pigman	X		
David Richardson	X		
Kenneth Roberson	X		
Totals:	13	0	0

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COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Webster Hall (212 Knott)

CS/HB 563 : Temporary Cash Assistance Program

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz		X			
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy		X			
Cary Pigman	X				
David Richardson					X
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 9		Total Nays: 2			

Appearances:

Harrison Rumberger, Debbie (Lobbyist) - Waive In Opposition
 Florida League of Women Voters
 Legislative Liaison
 540 Beverly Court
 Tallahassee FL 32301
 Phone: (850) 224-2545

Garcia-Vera, Gabriel (General Public) - Waive In Opposition
 National Latina Institute for Reproductive Health
 FI Field Coordinator-NLIRH
 8330 Biscayne Blvd.
 Miami FL 33138
 Phone: (786) 664-8310

Woodall, Karen (Lobbyist) - Opponent
 Florida Center for Fiscal/FL Immigrant Coalition
 Executive Director
 579 E Call St
 Tallahassee FL 32301
 Phone: (850) 321-9386

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COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Webster Hall (212 Knott)
CS/HB 941 : Department of Health

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy	X				
Cary Pigman	X				
David Richardson			X		
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 11		Total Nays: 0			

Appearances:

Runk, Paul (Lobbyist) (State Employee) - Waive In Support
 Department of Health
 Deputy Director of Legislative Planning
 2585 Merchants Row Blvd.
 Tallahassee FL 32399
 Phone: (850) 245-4006

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Webster Hall (212 Knott)

HB 1245 : Medicaid Provider Overpayments

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy	X				
Cary Pigman	X				
David Richardson				X	
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 11		Total Nays: 0			

Committee meeting was reported out: Tuesday, February 02, 2016 1:48:31PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Webster Hall (212 Knott)

HB 1277 : Licensure of Foreign-Trained Physicians

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 12		Total Nays: 0			

Appearances:

Osius, Werleight M. (General Public) - Waive In Support
 Foreign Physician
 19051 NE 2nd Ave.
 Miami FL 33179

Penaliev, Dailamis - Waive In Support
 Phone: (786) 437-4184

Limentos, Marie (General Public) - Waive In Support
 1929 NW 72nd Way
 Pembroke Pines FL 33024
 Phone: (954) 380-2605

Cordia, John (General Public) - Proponent
 M.D.
 221 NE 173 St.
 North Miami Beach FL 33162
 Phone: (786) 487-3915

Calvo, Nelson (General Public) - Proponent
 Phone: (786) 426-0720

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COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Webster Hall (212 Knott)

HB 1313 : Low-THC Cannabis for Medical Use

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 12		Total Nays: 0			

Appearances:

Watson, Ronald (Lobbyist) - Waive In Support
 ALTMed LLC
 3738 Mundon Way
 Tallahassee FL 32309
 Phone: (850) 567-1202

Rotundo, Louis (Lobbyist) - Waive In Support
 Florida Medical Cannabis Association
 302 Pinestraw Circle
 Altamonte Springs FL 32714
 Phone: (407) 699-9361

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COMMITTEE MEETING REPORT
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Location: Webster Hall (212 Knott)

HB 1335 : Long-term Care Prioritization

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 12		Total Nays: 0			

Appearances:

Sundberg, Sofia (General Public) - Proponent
 810 Osprey Landing Drive
 Lakeland FL 33813
 Phone: (502) 438-4609

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Webster Hall (212 Knott)

HB 1411 : Termination of Pregnancies

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz		X			
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz		X			
Amanda Murphy		X			
Cary Pigman	X				
David Richardson		X			
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 9		Total Nays: 4			

HB 1411 Amendments

Amendment 193145

Adopted Without Objection

Appearances:

Spagnola, Joshua (Lobbyist) (State Employee) - Information Only
 Agency for Health Care Administration
 Legislative Affairs Director
 2727 Mahan Dr.
 Tallahassee FL 32308
 Phone: (850) 412-3612

Garcia-Vera, Gabriel (General Public) - Opponent
 National Latina Institute for Reproductive Health
 Florida Field Coordinator
 8330 Biscayne Blvd.
 Miami FL 33161
 Phone: (786) 664-8310

DeVane, Barbara (Lobbyist) - Opponent
 FL NOW
 625 E Brevard St.
 Tallahassee FL 32308
 Phone: (850) 222-3969

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Health Care Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Webster Hall (212 Knott)

HB 1411 : Termination of Pregnancies (continued)

Appearances: (continued)

Lankry, Ariel (General Public) - Opponent

176 C. North Roscoe Blvd.
Ponte Vedra FL 32082
Phone: (904) 305 4999

Foy, Lisa (General Public) - Opponent

1084 Avila Lane
Orlando FL 32814
Phone: (407) 421-6707

Minnick, Alexandra (General Public) - Opponent

9195 Toby Lane
Orlando FL 32817
Phone: (407) 925-4572

Schwartz, Barbara (General Public) - Opponent

2557 Alice Drive
Orange City FL 32763
Phone: (407) 234-2082

Wesolowski, Missy (General Public) - Waive In Opposition

Florida Alliance of Planned Parenthood Affiliates
Director of Governmental Affairs
2300 N. Florida Mango Road
West Palm Beach FL 33412
Phone: (561) 472-9942

Hooker, Bailey (General Public) - Waive In Support

Southeastern University
Social Work Student
1000 Longfellow Blvd.
Lakeland FL 33801
Phone: (813) 777-5742

Kelly, Amber (Lobbyist) - Proponent

Florida Family Action
Legislative Assistant
4853 S Orange Ave, Ste C
Orlando FL 32806
Phone: (407) 418-0250

Baldwin, Naomi (General Public) - Waive In Support

1000 Longfellow Blvd.
Lakeland FL 33801
Phone: (203) 508--5181

Olsen, Pam (General Public) - Proponent

Pastor
PO Box 14017
Tallahassee FL 32317

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Health Care Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Webster Hall (212 Knott)

HB 1411 : Termination of Pregnancies (continued)

Appearances: (continued)

Pound, Greg (General Public) - Information Only

Saving Families
9166 Sunrise Dr.
Largo FL 33773

Harrison Rumberger, Debbie (Lobbyist) - Opponent

League of Women Voters
Legislative Liaison
540 Beverly Court
Tallahassee FL 32301
Phone: (850) 570-0289

Guillermo Smith, Carlos (Lobbyist) - Opponent

Equality FL
Government Affairs Manager
2237 Stonington Ave
Orlando FL 32817
Phone: (404) 934-4944

Reinhold, Kara (General Public) - Waive In Support

Southeastern University
Social Work Student
1000 Longfellow Blvd.
Lakeland FL 33801
Phone: (321) 604-5068

Smith, Gabriella (General Public) - Waive In Support

Southeastern University
Social Work Student
1000 Longfellow Blvd.
Lakeland FL 33801
Phone: (740) 975-9947

Delgado, Ingrid (Lobbyist) - Proponent

Florida Conference of Catholic Bishops
Associate for Social Concerns
201 W Park Ave
Tallahassee FL 32301

Bunkley, Bill (Lobbyist) - Waive In Support

Florida Ethics and Religion Liberty Commission
President
P.O. Box 341644
Tampa FL 33694
Phone: (813) 264-2977

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COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/2/2016 10:30:00AM

Location: Webster Hall (212 Knott)

HB 1411 : Termination of Pregnancies (continued)

Appearances: (continued)

Ward, Teresa (Lobbyist) - Proponent

Florida Right to Life
Attorney
133 Oak Street #11
Tallahassee FL 32301
Phone: (850) 544-5171

Mole, Amanda (General Public) - Opponent

University of South Florida
Student
15044 Silversmith Circle
Spring Hill FL 34609
Phone: (352) 346-8052

Anderson, Abigale (General Public) - Waive In Support

420 El Dorado St.
Lakeland FL 33809
Phone: (315) 278-5783

Redbrook-Robinson, Rubylee - Opponent

10736 Carloway Hills Drive
Wimauma FL 33598
Phone: (813) 316-6903

Committee meeting was reported out: Tuesday, February 02, 2016 1:48:31PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
 2 Subcommittee
 3 Representative Burton offered the following:
 4

Amendment (with title amendment)

Between lines 331 and 332, insert:

7 Section 8. For the 2016-2017 fiscal year, 0.5 full-time
 8 equivalent positions, with associated salary rate of 39,230, are
 9 authorized and the sums of \$59,951 in recurring funds and
 10 \$185,213 in nonrecurring funds from the Health Care Trust Fund
 11 are hereby appropriated to the Agency for Health Care
 12 Administration for the purpose of implementing the requirements
 13 of the act.

14
 15 -----
 16 **T I T L E A M E N D M E N T**

17 Remove line 50 and insert:

Amendment No. 1

18 Transportation of remains; providing an appropriation; providing
19 effective dates.



W10

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: CS/HB 563 Meeting Date: 2/2/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Temporary Cash Assistance program

Committee/Subcommittee: Health Care Approps. Sub.

Name: Debbie Harrison Rumberger

Title: legislative liaison

Address: 540 Bully Court

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-570-0289

Representing: Florida League of Women Voters

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W10



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: CS / HB 563 Meeting Date: 2 / 2 / 16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Appropriations

Name: Gabriel Garcia-Vera

Title: FL Field Coordinator

Address: 8330 Biscayne Blvd

City: Miami State/Zip: FL, 33138

Phone Number: _____

Representing: Nat. Latina Insti. for Repro. Health

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 563 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Cash Assistance

Committee/Subcommittee: _____

Name: Karen Woodall

Title: Executive Director

Address: 579 E. Call St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-321-9386

Representing: Florida Center for Fiscal & Economic Policy / FL Immigrant

Registered Lobbyist: YES NO

State Employee: YES NO Contributor

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 941 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Dept. of Health

Committee/Subcommittee: Health Care Appropriations

Name: Paul Runk

Title: Deputy Director of Legislative Planning

Address: 2585 Merchants Row Blvd.

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-245-4006

Representing: Dept. of Health

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WLS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1277 Meeting Date: 02/02/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Werleight M. Cosias

Title: Foreign Physician

Address: 1905 NE 2nd Ave

City: Miami State/Zip: FL 33179

Phone Number: _____

Representing: Daphne Campbell

Registered Lobbyist: YES NO State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1277 Meeting Date: 2/2/2014

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Dafamis Penalver

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: 784 437 4184

Representing: Ms Daphne Campbell

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



~~Did No~~ WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1277/SB 1626 Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: licensure of Foreign Trained

Physician

Committee/Subcommittee: _____

Name: Dr Marie Limandos

Title: _____

Address: 1929 NW 72nd Way

City: Pembroke Pine State/Zip: FL 33024

Phone Number: 954 - 380 2605

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

I Have Been Requested to Speak: YES NO

[Handwritten Signature]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1277 Meeting Date: 02/02/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: LICENSES FOREIGN PHYSICIANS

Committee/Subcommittee: _____

Name: JOHN CORDIA

Title: M.D. / FEP

Address: 221 NE 173 ST

City: NMI B State/Zip: FL 33162

Phone Number: 786-487-3915

Representing: DAPHNE CAMPBELL

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1277 Meeting Date: 2/2/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Nelson Calvo

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: 786 426 0720

Representing: Ms Daphne Campbell

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



Did Not Appear

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1277 Meeting Date: 02/02/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Dr Jorge L Alvarez Montez de Oca

Title: Foreign Physician

Address: 9614 SW 20TH AVE W

City: Miami State/Zip: FL 33165

Phone Number: (786) 290 9518

Representing: Daphne Campbell

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



Did not appear

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1277 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Dr Guillermo Paz

Title: Foreign Physician

Address: 12809 SW 252st Unit 205 Homestead

City: _____ State/Zip: 33032 FL

Phone Number: 786-431-9220

Representing: Daphne Campbell

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Did Not Appear



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1277 / SB 1626 Meeting Date: 02/02/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Prophete Ronel

Title: M.A. FEP

Address: 1570 NE 125th Terrace Apt 4 Zip 33161

City: North Miami State/Zip: 33161

Phone Number: 305 992 3347

Representing: Daphne Campbell

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Did Not Appear



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1277 Meeting Date: 02/02/16

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Gene Jimmy

Title: Foreign Physician

Address: 9200 Miami Shore Biscayne Blvd #15 33138

City: Miami Shore State/Zip: 33138

Phone Number: 305 978 9616

Representing: Doyne Campbell

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1313 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: how the glitch Bill

Committee/Subcommittee: _____

Name: Ron Watson

Title: lobbyist

Address: 3738 Murden Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202

Representing: AH Med

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in Support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1313 Meeting Date: 2/2/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: on the Bill

Committee/Subcommittee: _____

Name: Louis Rotundo

Title: _____

Address: 302 Pinestraw Circle

City: Altamonte Springs State/Zip: 32714

Phone Number: 407-699-9361

Representing: FLA Medical Cannabis Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1335 Meeting Date: Feb 2, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Care Appropriations Subcommittee

Name: Sofia Sundberg

Title: _____

Address: 810 Osprey Landing Drive

City: Lakeland State/Zip: FL 33813

Phone Number: (502) 438-4609

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input checked="" type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1411 Meeting Date: 2/2/15

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: _____

Committee/Subcommittee: House Health Care Appropriations

Name: Joshua Spagnola

Title: Legislative Affairs Director

Address: Mahan Drive

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-412-3612

Representing: Agency for Health Care Administration

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1411 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Appropriations

Name: Gabriel Garcia-Vera

Title: FL Field Coordinator

Address: 8330 Biscayne Blvd

City: Miami State/Zip: FL, 33138

Phone Number: _____

Representing: Nat. Latina Inst. Repro. Health

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1411 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Termination of Pregnancy

Committee/Subcommittee: Health Appropriation

Name: Barbara DeVane

Title: Ms.

Address: 625 E. Bernard St

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-222-3969

Representing: FL NOW

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1411 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: _____

Committee/Subcommittee: Health care appropriations

Name: Ariel Lankry

Title: _____

Address: 176 C North Roscoe Blvd

City: Ponte Vedra State/Zip: FL 32082

Phone Number: 904-305-4999

Representing: MYSELF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1411 Meeting Date: 2-2-2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Healthcare Appropriations Comm

Name: Lisa Foy

Title: _____

Address: 1084 Avila Lane

City: Orlando State/Zip: FL 32814

Phone Number: 407-421-6707

Representing: Myself

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1411 Meeting Date: Feb. 2nd, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Healthcare Appropriations

Committee/Subcommittee: _____

Name: Alexandra Minnick

Title: _____

Address: 9195 Toby Lane

City: Orlando State/Zip: FL / 32817

Phone Number: 407-925-4572

Representing: Myself

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1411 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS

Name: BARBARA SCHWARTZ

Title: _____

Address: 2557 ALICE DRNE

City: ORANGE CITY State/Zip: 32763

Phone Number: 407-234-2082

Representing: SELF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W10



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1411 Meeting Date: 2/12/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Care Approps

Name: Missy Wesolowski

Title: Dir. of Governmental Affairs

Address: 2300 N. Florida Mango Rd

City: West Palm Beach State/Zip: FL, 33412

Phone Number: 561-472-9942

Representing: Florida Alliance of Planned Parenthood Affiliates

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1411 Meeting Date: February 2, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Termination of pregnancy

Committee/Subcommittee: Health care Appropriations Subcommittee

Name: Bailey Hooker

Title: Social work student - Southeastern University

Address: 1000 Longfellow Blvd.

City: Lakeland State/Zip: FL 33801

Phone Number: 813-777-5742

Representing: Southeastern University

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1411 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Termination of Pregnancies

Committee/Subcommittee: Healthcare Appropriations Sub Committee

Name: Amber Kelly

Title: Legislative Assistant

Address: 4853 S. Orange Ave

City: Orlando State/Zip: FL 32808

Phone Number: 407-418-0250

Representing: Florida Family Action

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1411 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Termination of Pregnancies

Committee/Subcommittee: Health Care Appropriations Subcommittee

Name: Naomi Baldwin

Title: Ms.

Address: 1000 Longellow Blvd

City: Lakeland State/Zip: FL 33801

Phone Number: 203-508-5181

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 1411 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health

Name: Jam Olsen

Title: Pastor

Address: PO Box 14017

City: TUH State/Zip: 32317

Phone Number: 850-906-9170

Representing: self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1411 Meeting Date: 2/2/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Greg Pound

Title: _____

Address: 9160 Sunrise Dr.

City: Largo Fla State/Zip: Fla. 33273

Phone Number: _____

Representing: Saving Families

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1411 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Termination of Pregnancy

Committee/Subcommittee: HEALTH care Appropriations Subcommittee

Name: Debbie HARRISON Rumberger

Title: Legislative Liaison

Address: 540 Beverly Ct.

City: Jacksonville State/Zip: FL 32344

Phone Number: 850-224-2545

Representing: Florida League of Women Voters

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 1411 Meeting Date: 2/2/16

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: Health Approps

Committee/Subcommittee: _____

Name: Carlos Guillermo Smith

Title: Government Affairs Manager

Address: 2237 Stonington Ave

City: Orlando State/Zip: 32817

Phone Number: 404.934.4944

Representing: EQUALITY FLORIDA

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1411 Meeting Date: 02-02-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Care Appropriations Subcommittee

Name: Kara Reinhold

Title: ~~Admin~~ Social Work student

Address: 1000 Longfellow Blvd.

City: Lakeland State/Zip: FL, 33801

Phone Number: 321-604-5068

Representing: Southeastern University

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1411 Meeting Date: February 2, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Termination of Pregnancy

Committee/Subcommittee: Health Care Appropriations Subcommittee

Name: Miss Gabriella Smith

Title: Social Work Student: Southeastern University

Address: 1000 Longfellow Blvd #1696

City: Lakeland State/Zip: FL 33801

Phone Number: (740) 975-9947

Representing: Southeastern University

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1411 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Termination of Pregnancies

Committee/Subcommittee: Health Care Approps.

Name: Ingrid Delgado

Title: Associate for Social Concerns + Respect Life

Address: 261 W Park Av

City: Tallahassee State/Zip: FL / 32301

Phone Number: _____

Representing: Florida Conference of Catholic Bishops

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1411 Meeting Date: 2.2.16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: TERMINATION OF PREGNANCIES

Committee/Subcommittee: HEALTH CARE APP SUB

Name: BILL BUNKLEY

Title: PRESIDENT

Address: PO BOX 341644

City: TAMPA State/Zip: FL 33694

Phone Number: 813.264.2977

Representing: FLORIDA ETHICS AND RELIGIOUS LIBERTY COMMISSION

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



14369394



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: **HB 1411 : Termination of Pregnancies** Meeting Date: **Feb 2 2016 10:30AM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Health Care Appropriations Subcommittee**

Name: **Ward, Teresa**

Title: **Attorney**

Address: **133 Oak Street #11**

City: **Tallahassee** State/Zip: **Florida 32301**

Phone Number: **8505445171**

Representing: **Florida Right to Life**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **Yes**

I Have Been Requested To Speak: **No**

	Bill	Amendment
Proponent		N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1411 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health

Name: Amanda Molé

Title: Student

Address: 15044 Silversmith Circle

City: Spring Hill State/Zip: FL 34609

Phone Number: 352-346-8052

Representing: Univ. South FL

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1411
1149 Meeting Date: 02/02/16

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Abigale Anderson

Title: _____

Address: 420 El Dorado St

City: Lakeland State/Zip: Florida, 33809

Phone Number: 315-278-5783

Representing: _____

Registered Lobbyist: YES NO State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1411 Meeting Date: 02/02/2010

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Rubylee Redbrook - Robinson

Title: _____

Address: 10736 Carlaway Hills Drive

City: Wimauma State/Zip: FL. 33598

Phone Number: 813-316-6903

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	