

Health & Human Services Committee

Thursday, January 21, 2016 11:30 AM – 1:30 PM Morris Hall

Action Packet

Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

Summary:

Health & Human Services Committee

Thursday January 21, 2016 11:30 am

HB 85 Favorable	Yeas: 11	Nays: 4
CS/HB 313 Favorable	Yeas: 15	Nays: 0
CS/HB 325 Favorable	Yeas: 15	Nays: 0
CS/HB 373 Favorable	Yeas: 15	Nays: 0
CS/HB 375 Favorable	Yeas: 14	Nays: 0
HB 423 Favorable	Yeas: 15	Nays: 0
HB 437 Favorable	Yeas: 12	Nays: 3
HB 581 Favorable	Yeas: 15	Nays: 0
CS/HB 595 Favorable	Yeas: 15	Nays: 0
HB 7041 Favorable	Yeas: 14	Nays: 0
PCB HHSC 16-01 Favorable	Yeas: 13	Nays: 3

Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

Attendance:

	Present	Absent	Excused
Jason Brodeur (Chair)	×		
Bryan Avila	x		
Lori Berman	X		
Colleen Burton	x		
Gwyndolen Clarke-Reed	x		-
Fred Costello	X		
Janet Cruz	x		
W. Travis Cummings	X	· · · · · · · · · · · · · · · · · · ·	
Katie Edwards	X		
Gayle Harrell	x		
Mia Jones	X		
Shevrin Jones			Х
MaryLynn Magar	X		
Cary Pigman	×		
Paul Renner	Х		
Kenneth Roberson	х		
Chris Sprowls	X		
Jay Trumbull	Х		
Totals:	17	0	1

Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB) **HB 85 : Recovery Care Services**

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X	··			
Lori Berman					X
Colleen Burton			X		
Gwyndolen Clarke-Reed		X			
Fred Costello	X				
Janet Cruz		X			
W. Travis Cummings	X				
Katie Edwards		X			
Gayle Harrell	X				
Mia Jones		X			
Shevrin Jones			X		
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X	-			
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 11	Total Nays:	4		

Appearances:

Fause, Melissa (Lobbyist) - Waive In Support Americans for Prosperity Policy Analyst 200 W College Ave, Ste 109 Tallahassee FL 32301 Phone: (850) 408-1218

Shapiro, Dr. David (General Public) - Waive In Support FL Society of Ambulatory Surgical Ctrs Board Member 1400 Village Sq. Blvd Tallahassee Fl 32312 Phone: (850) 508-6787

Large, Toni (Lobbyist) - Waive In Support Florida Orthopedic Society 519 E Park Ave Tallahassee FL 32308

Phone: (850) 556-1461

Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

HB 85: Recovery Care Services (continued)

Appearances: (continued)

Ecenia, Stephen (Lobbyist) - Waive In Opposition HCA Healthcare Attorney PO Box 551 Tallahassee FL 32302

Phone: (850) 681-6788

Phone: (850) 222-9800

Bell, Bill (Lobbyist) - Waive In Opposition Florida Hospital Association General Counsel 306 E College Ave Tallahassee FL 32301

Committee/Subcommittee: Health & Human Services					Bill Number: HB 85						
	M	eeting Date: Place: Time:	1/21	Nes Hal		ate Rec ate Repo Su	eived: orted: bject: <u>{ </u>	asion	Cone 3.	entros	
	Favorab Favorab	le w/ le w/Committ	amendee/Subco				Reco Tem	onsidered	Reconsid I Postpond		
	Vote Bill	MEMBI	TDC								
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V		Brodeur, Cha	air								
 		Avila									
		Berman									
~		Burton									
	- 1	Clarke-Reed									
i		Costello									
	1	Cruz									
i/		Cummings									
		Edwards									
<i>V</i>		Harrell									
	1	Jones, M.									
		Jones, S.									
<u>i</u>		Magar									
V		Pigman									
		Renner									
سا		Roberson									
4		Sprowls									
-V		Trumbull									
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Yeas	Nays	TOTA	LS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

CS/HB 313: Prescription Drug Monitoring Program

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman				Х	
Colleen Burton			X		
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones			X		
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X			•	
Jason Brodeur (Chair)	X				
	Total Yeas: 15	Total Nays:	0		

Appearances:

Arnold, Melody (Lobbyist) - Waive In Support Florida HealthCare Association Gov't Affairs Manager 307 W Park Ave Tallahassee FL 32301

Phone: (850) 224-3907

Labasky, Beth (Lobbyist) - Waive In Support Informed Families of Florida Consultant 1400 Village Square Blvd, Ste 3-116 Tallahassee FL 32312

Phone: (850) 322-7335

Lowrey, Thad (Lobbyist) - Waive In Support Operation PAR VP Governmental Relations 7720 Washington St Port Richey FL 34668

Phone: (727) 992-8508

Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

CS/HB 313 : Prescription Drug Monitoring Program (continued)

Appearances: (continued)

Pound, Greg (General Public) - Information Only Florida Families 9166 Sunrise Dr Largo FL 33773

Committee/Subcommittee: Health & Human Services Meeting Date:						eived: orted: bject: v Reta Reco Tem	ined for	Reconsid	eration)
	Vote	MEMBERS								
Yea	Bill Nay	WENIBERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1	, ,,,,,	Brodeur, Chair		1,00,0						
1		Avila								
		Berman								
		Burton								
1		Clarke-Reed								
1/	_	Costello								
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ì		Jones, M.								
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		Sprowls								
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Yeas

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TOTALS

Yeas

Nays

Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

CS/HB 325 : Involuntary Examinations under the Baker Act

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X	_			
Lori Berman				X	
Colleen Burton			X		
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X			•	
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones			X		
MaryLynn Magar	X			•	
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 15	Total Nays: 0	ı		

Appearances:

Floyd, Chris (Lobbyist) - Waive In Support Florida Association of Nurse Practitioners President 101 E College Ave Tallahassee FL 32301 Phone: (813) 624-5117

Mixon, Corinne (Lobbyist) - Waive In Support Florida Academy of Physician Assistants 119 E Park Ave Tallahassee FL 32301 Phone: (850) 260-5795

Lapolt, Alisa (Lobbyist) - Waive In Support FI Nurses Association P.O. Box 1344 Tallahassee FI 32302 Phone: (850) 443-1319

Committee/Subcommittee: Health & Human Services Meeting Date:										
Final										
On I		MEMBERS	Vacas	Nava	Yeas	Nava	Vasa	Norva	Vaca	NI
Yea	Nay	Brodeur, Chair	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Avila		 				 		
		Berman								
		Burton								
1		Clarke-Reed						<u> </u>		
		Costello	-							
		Cruz								
اسا		Cummings								
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	<u>,</u>	Harrell								
		Jones, M.								
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./		Magar								
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		Renner								<u> </u>
		Roberson								
	/	Sprowls								
1		Trumbull								
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Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

CS/HB 373 : Mental Health Counseling Interns

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				<u>-</u>
Lori Berman				X	
Colleen Burton			X		
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones			X		
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 15	Total Nays: 0			

Appearances:

Weissert, Robert (General Public) - Information Only Florida TaxWatch Sr. VP of Research 106 N Bronough St Tallahassee FL 32301 Phone: (850) 222-5052

Mixon, Corinne (Lobbyist) - Waive In Support Florida Mental Health Counselors Association Lobbyist 119 E Park Ave Tallahassee FL 32301 Phone: (850) 766-5795

Lowrey, Thad (Lobbyist) - Waive In Support Operation PAR 7720 Washington St Port Richey FL 34688

Phone: (727) 992-8508

Committee/Subcommittee: Health & Human Services Meeting Date: Place: Place: Time: 1/ 30 fm Committee/Subcommittee Action: Favorable Favorable w/ amendments Favorable w/Committee/Subcommittee Subcommittee Subcomm				T D	Subject: Mercel Health Greating for Leve Retained for Reconsideration Reconsidered						
	Vote	LATIA DE DA									
On Vac		MEMBERS	V	Norre	Vaca	NI	Vasa	Nazia	Vacas	Name	
Yea	Nay	Brodeur, Chair	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	
/		Avila									
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		Edwards									
		Harrell		ļ					1	ļ	
		Jones, M.									
		Jones, S.		<u> </u>							
		Magar									
		Pigman			-						
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i/	<u> </u>	Roberson									
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Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

CS/HB 375: Physician Assistants

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X		<u></u>		
Lori Berman				X	
Colleen Burton			X		
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell				X	
Mia Jones	X				
Shevrin Jones			X		
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X	·			
Jay Trumbull	X			-	
Jason Brodeur (Chair)	X			***	
	Total Yeas: 14	Total Nays: 0			

Appearances:

Weissert, Robert (General Public) - Information Only Florida TaxWatch Sr. VP of Research 106 N Bronough St Tallahassee FL 32301 Phone: (850) 222-5052

Cantwell, Laura (Lobbyist) - Waive In Support AARP 400 Carillon Pky, Ste 100 St Petersburg El. 33716

St Petersburg FL 33716 Phone: (850) 570-2110

Phone: (850) 766-5795

Mixon, Corinne (Lobbyist) - Waive In Support Florida Academy of Physician Assistants lobbyist 119 E Park Ave Tallahassee FL 32301

Committee/Subcommittee: Health & Human Services Meeting Date:										
Final On		MEMBER	e e							
Yea	Nay	MEMBERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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		Avila		<u> </u>						
		Berman		-						
~		Burton								
		Clarke-Reed								
		Costello								
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-V		Edwards								
		Harrell								
		Jones, M.								
		Jones, S.								
_V/		Magar		-						
		Pigman								
V	<u> </u>	Renner								
V/		Roberson								
V		Sprowls								
V		Trumbull								

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Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

HB 423 : Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman	X				
Colleen Burton			X		
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz					X
W. Travis Cummings	X				
Katie Edwards	X		_		
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones			X		
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 15	Total Nays: ()		

Appearances:

Killinger, Lori (Lobbyist) - Waive In Support Florida Association of Nurse Anesthetists, Inc 315 S Calhoun St Ste 830 Tallahassee FL 32308 Phone: (850) 222-5702

Fause, Melissa (Lobbyist) - Waive In Support Americans for Prosperity Policy Analyst 200 W College Ave, Ste 109 Tallahassee FL 32301 Phone: (850) 408-1218

Floyd, Chris (Lobbyist) - Waive In Support Florida Association of Nurse Practitioners President 101 E College Ave Tallahassee FL 32301 Phone: (813) 624-5117

Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

HB 423 : Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants

(continued)

Appearances: (continued)

Arnold, Melody (Lobbyist) - Waive In Support Florida HealthCare Association Gov't Affairs Manager 307 W Park Ave Tallahassee FL 32301 Phone: (850) 224-3907

Hunt, Brittney (Lobbyist) - Waive In Support Florida Chamber of Commerce Policy Director 136 S. Bronough St. Tallahassee FL 32301

Weissert, Robert (General Public) - Information Only Florida TaxWatch Sr. VP of Research 106 N Bronough St Tallahassee FL 32301 Phone: (850) 222-5052

Lumpkin, Barbara (Lobbyist) - Waive In Support Baptist Health South Florida 468 Green Spring Cir Winter Springs FL 32708

Phone: (407) 227-7705

Phone: (850) 521-1200

Carvajal, Allison (Lobbyist) - Waive In Support Florida Nurse Practitioner Network, Inc lobbyist 120 S Monroe St Tallahassee FL 32303 Phone: (850) 727-7087

Watson, Ron (Lobbyist) - Waive In Support Florida CHAIN Lobbyist 3738 Mundon Way Tallahassee FL 32309 Phone: (850) 561-1202

Mixon, Corinne (Lobbyist) - Waive In Support Florida Academy of Physician Assistants 119 E Park Avenue Tallahassee FL 32301 Phone: (850) 766-5795

Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

HB 423 : Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants

(continued)

Appearances: (continued)

McRay, Jack (Lobbyist) - Waive In Support AARP 200 W College Ave, Ste 304 Tallahassee FL 32301 Phone: (850) 577-5187

Lapolt, Alisa (Lobbyist) - Waive In Support Fl Nurses Association P.O. Box 1344 Tallahassee Fl 32302-1344 Phone: (850) 443-1319

DeCastro, Martha (Lobbyist) - Waive In Support Florida Hospital Association Lobbyist 306 E College Ave Tallahassee FL 32301 Phone: (850) 222-9800

Page 12 of 17

/	Committee/Subcommittee: Health & Human Services Place: 12111 Time: 130 Arc. Committee/Subcommittee Action:				Bill Nu Date Rec Pate Rep Su IT	<u>}-</u> eived:	1B 4	03 Newcien	= ption	(1 ₂)
	Favorab Favorab	le le w/ amen le w/Committee/Subco				Reta Reco Tem	ined for onsidered	Reconsid l Postpon	deration	
Final	l Vote									
On	Bill	MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Brodeur, Chair								
		Avila								
V		Berman								
		Burton								
		Clarke-Reed								
		Costello								
		Cruz								
		Cummings								
		Edwards								
1		Harrell								
V		Jones, M.								
		Jones, S.								
V		Magar								
		Pigman								
1/		Renner								
V		Roberson								
		Sprowls								
V		Trumbull								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
Ry	Rep Cry- Alaerter Nay									

Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

HB 437: Certificates of Need for Hospitals

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman		X			
Colleen Burton			X		
Gwyndolen Clarke-Reed		X			
Fred Costello	X				
Janet Cruz					X
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X			-	
Mia Jones		X			
Shevrin Jones			X		
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 12	Total Nays:	3		

Appearances:

Fause, Melissa (Lobbyist) - Waive In Support Americans for Prosperity Policy Analyst 200 W College Ave, Ste 109 Tallahassee FL 32301 Phone: (850) 408-1218

Bell, Bill (Lobbyist) - Waive In Opposition Florida Hospital Association General Counsel 306 E College Ave Tallahassee FL 32301

Phone: (850) 222-9800

Ecenia, Stephen (Lobbyist) - Waive In Support

HCA Healthcare PO Box 551

Tallahassee FL 32302 Phone: (850) 681-6788

Comm	iftee/Sul Favorab Favorab Favorab Other A	le w/ amer le w/Committee/Subc	D		eived: orted: _ bject: () e Reta Reco Tem	onsidered	rote. Reconsid			
	Vote	MEMBERG								
Yea	Bill Nay	MEMBERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1 ca	Ivay	Brodeur, Chair	1 cas	Nays	1 Cas	Ivays	1 645	Ivays	1 645	itays
		Avila		-						-
	1	Berman								
,		Burton								
		Clarke-Reed								
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	i	Jones, M.				:				
		Jones, S.								
سسا		Magar								
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V		Sprowls								
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TOTALS

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Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

HB 581: State Veterans' Nursing Homes

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman	X				
Colleen Burton		•	X		
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz				Х	
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones			Х		
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 15	Total Nays:	0		

Comm	Committee/Subcommittee: Health & Human Services Bill Number: HB581									
	M	eeting Date: Services Place: 100	16 Le Hol		ate Rec	eived:		eteror		
		Time: 1/2 3	2 1112		Su	bject: E	Y COLL V	elevo		
Comm	ittee/Su	bcommittee Action:				1 1	ween	9 1408	201	
/	Favorab							Reconsid		
<u> </u>		le w/ amen	dments				nsidered			
	Favorab	le w/Committee/Subco	mmittee S	ubstitute	. 🗍	Tem	porarily	Postpon	ed	
	Other A	ction:			🗆		vorable	-		
	l Vote									
	Bill	MEMBERS		- 				T		
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
- V		Brodeur, Chair								
<u> </u>		Avila		-						
<u> </u>		Berman								
	 	Burton								
		Clarke-Reed								
		Costello							=	
	/	Cruz			*					
i/		Cummings Edwards								
		Harrell								
<u></u>		Jones, M.								
· · ·		Jones, S.								
		Magar								-
		Pigman								
•/		Renner								
1		Roberson			<u>-</u>					
		Sprowls								
./		Trumbull	<u> </u>							
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

CS/HB 595 : Reimbursement to Health Access Settings for Dental Hygiene Services for Children

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman				X	
Colleen Burton			X		
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones			X		
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X	-			
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 15	Total Nays:	0		

Appearances:

Dughi, Leslie (Lobbyist) - Waive In Support Florida Dental Hygiene Association 101 E College Ave Tallahassee FL 32301 Phone: (850) 222-6891

Stoutamire, Casey (Lobbyist) - Waive In Support Florida Dental Association Lobbyist 118 E. Jefferson St. Tallahassee FL 32308

Tallahassee FL 32308 Phone: (850) 224-1089

Comm		bcommittee: Health Servic		Bill Nu	\overline{C}	5/HF	s 59 <u>1</u>	ر. د <u>ک</u>		
/	/	eeting Date: 1/2 Place: 1/3 Time: 1/: 3	Wez Holf		Date Rec ate Rep Su	eived: _ orted: bject: Re	/	cent lo De lor- Reconsid		alth.
	Favorab Favorab	le w/ ame le w/Committee/Sub	endments committee S			Reco Tem	nsidered	ICCOMSIC	ici acion	80
	Vote									
	Bill	MEMBERS	**		-			1 57	**	
Yea	Nay	D. d Ch.:	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
-V		Brodeur, Chair Avila		1						
		Berman								
-		Burton								
	/	Clarke-Reed								
		Costello					,			
		Cruz								
		Cummings								
<u> </u>		Edwards								
		Harrell								
		Jones, M.								
		Jones, S.								
i/		Magar								
i		Pigman								
·/		Renner								
i		Roberson		·						
V		Sprowls								
V		Trumbull								
				-						
				-				-		
				 						
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

HB 7041 : OGSR/Florida Center for Brain Tumor Research

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X	- 			
Lori Berman				Х	
Colleen Burton			X		
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz				X	
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	• •		X		
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X	ny n			
Chris Sprowls	X				
Jay Trumbull	X			•	
Jason Brodeur (Chair)	X				- 00
	Total Yeas: 14	Total Nays:	0		

Print Date: 1/21/2016 4:21 pm Leagis ® Page 16 of 17

Committee/Subcommittee: Health & Human Services					Bill Nu	mber:	18 1	041			
	M	eeting Date: Place: Time:	1/21/16	- 140l,		ate Rec ate Rep				_ _ <i>-</i> ≠ +	
1		Time: _	11:30	Hrr.		Su	bjeçt:(<u>)</u> 6	-SK/+	Rudo	leyli	20/00
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		bcommittee Ac	etion:					ined for			
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		le w/Committe	_		ıhetituta	. H		porarily		ad	
	Other A		c/Subcomi	mittee St	ibstitutt			vorable	1 ostpon	cu	
	other 11						Çilli	i voi abie			
Fina	l Vote										
	Bill	MEMBE	RS								
Yea	Nay			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
V		Brodeur, Chai	r								
i		Avila									
		Berman									
		Burton									
- W		Clarke-Reed									
i		Costello									
		Cruz									
<u> </u>		Cummings									
-	 	Edwards									
	<u> </u>	Harrell									
-V		Jones, M. Jones, S.									
		Magar									
	<u> </u>	Pigman									
<u> </u>		Renner									<u> </u>
1/		Roberson				· · · · · ·					
اسا		Sprowls								:	
V		Trumbull									
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Vaca	Nerva	TOTAL	C	Vees	Norm	Vaca	No	Va	No	Vasa	None
Yeas 14	Nays	TOTAL		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
Re		3 ermin	a - C	Us	, tex	Je	2_				

Health & Human Services Committee

1/21/2016 11:30:00AM

Location: Morris Hall (17 HOB)

PCB HHSC 16-01 : State Employee Group Health Plan

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman		X	·		
Colleen Burton	X				
Gwyndolen Clarke-Reed		X			
Fred Costello	X				
Janet Cruz					X
W. Travis Cummings	X				_
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones		X			
Shevrin Jones			X		
MaryLynn Magar	X				
Cary Pigman	X			•	
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 13	Total Nays: 3	;		

Appearances:

Ogletree, Marshall (Lobbyist) - Opponent United Faculty of Florida Interim Executive Director 115 N Calhoun St, Ste 6 Tallahassee FL 32301 Phone: (850) 224-8220

Templin, Rich (Lobbyist) - Opponent Florida AFL-CIO 135 S. Monroe Tallahassee FL 32301

Phone: (850) 224-6926

Phone: (850) 222-3329

Puckett, Matthew (Lobbyist) - Proponent Florida Police Benevolent Association, Inc 300 E Brevard St Tallahassee FL 32301

Print Date: 1/21/2016 4:21 pm Leagis ® Page 17 of 17

Committee/Subcommittee: Health & Human Services					Bill Nu	mber:	CB 141	-) SC 16	601	
	M	eeting Date: 1/31 Place: 11/33	16 Hall	D	ate Rec ate Rep Su	eived: _	Hote	Emde	- Jee	
	Committee/Subcommittee Action: Favorable Favorable w/ amendments Favorable w/Committee/Subcommittee S Other Action: Final Vote On Bill MEMBERS					Reta Reco Tem	ined for onsidered	Reconsid		
		MEMBERG								
Yea	Nay	MEMBERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1 ca	- Aug	Brodeur, Chair	1 cas	itays	1 (45	Ivays	1 cas	1143	Teas	Itays
		Avila							l	
	سا ر	Berman								
- /·		Burton								
	_ i/	Clarke-Reed								
)/	- ·	Costello								
		Cruz								
		Cummings								
i/		Edwards								
·/		Harrell								
		Jones, M.								
		Jones, S.	-							
V	,	Magar				-				
1/		Pigman								
V		Renner								
سسا		Roberson								
		Sprowls								
		Trumbull								
									_	
			<u>.</u>							
	N	TOTALC	T 7	N.T.	X 7	B.I.	N .7	D T	X 7	TA Y
Yeas 13	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
-										
Re	a (nus - Al-	-1	11						



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Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: 413 85 Meeting Date: 1/21/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: PCD VEN (MYES EVVICES
Presentation/Workshop Topic: Recovery Care Services Committee/Subcommittee: Health & Human Services
Name: Melissa Faust
Title: Policy Analyst
Address: 200 W. College Ave., Ste. 109
City: Tallahassee State/Zip: PL/32361
Phone Number: 856-468-1218
Representing: Americans for Propoerity
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO I Info Only Info Only Info Only



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: Meeting Date: 1/2//6	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Text The Case	
Committee/Subcommittee: Health & Human Services	
Name: Dr. David Sharpird	
Title: Board Member	
Address: 1400 VILLAGE SQ. BLVO.	
City: TAUAUA 8866 State/Zip: IL 32312	
Phone Number: 3505086787	
Representing: Florida Socialy of Ambulatory Sursicul Conters	
Registered Lobbyist: YES NO State Employee: YES NO	
I Wish To Speak: YES NO Bill Amendment]
I Have Been Requested to Speak: VES NO Info Only Info On	1



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 85 Meeting Date: Jan. 21, 14
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 85 Recovery Care
PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 85 Recovery Care Committee/Subcommittee: HPUHH & Human Services
Name: 101 Large
Title:
Address: 519 E. Park Ave
City: Tallahassee State/Zip: FL 32308
Phone Number: 850 556 1461
Representing: Florida Orthopedic Society
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On
Thave been requested to speak. TES 100 mile only mile only



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: Meeting Date: 1/21/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Steve Ecenia
Title: attorney
Address: P.D. BOX 551
City: TAllahasser State/Zip: Fl 32302
Phone Number: 350 - 681 - 6788
Representing: HCA
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number:	85	Meeting Date:	21/16
Fill in appropriate PCB/PCS/Ameno Presentation/Wor	dment # or	3CC/AS	
Committee/Subc	ommittee:		
Name:	Sill Be		
Title:	Comer	al (all)	
Address:	306 E	College	
 City:	Tleft	State/Zip:	2230/
Phone Number:	222	9800	
Representing:	Florida,	HOSPER!	NIN
Registered Lobb	oyist: YES NO	State Employee: YES	NO Z
I Wish To Speak:	YES NO	Bill	Amendment
I Have Been Reque	sted to Speak: YES NO	Proponent Opponent Info Only	Proponent Opponent Info Only



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: 313	leeting Date: 1/21/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: PV45(1)	Ption Drug Monitoring Program
Committee/Subcommittee: HHS	
Name: Melocly Arnold	
Title: GOVA Allairs Manag	21
Address: 307 west Park Dre	
City: TH	tate/Zip: <u>FC 32-301</u>
Phone Number: (850) 224-3407	
Representing: Fr Health Care	P3500
Registered Lobbyist: YES V NO	State Employee: YES NO
I Wish To Speak: YES NO	Bill Amendment
	Proponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES NO 🗸	Info Only Info Only





Please fill out the <u>entire</u> form and submit \underline{two} copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: 3	013	Meeting Date:	212016		
Fill in appropriate in PCB/PCS/Amendme Presentation/Worksh	ent # or		• •		
Committee/Subcomm	mittee: HHS (Committee			
Name:	H LABAS	KY			
Title: Ceus					
Address: 140) Village	Sque Blu	d Ste3-116		
		State/Zip: Ha			
Phone Number: 850 322 7335					
Representing:	Enformed F	anulies 9 7	ORIDA		
Registered Lobbyist		State Employee: YES	NO		
WAIVE MY TIME IN SUPPORTO					
I Wish To Speak: YE	S NO	Bill	Amendment		
I Have Been Requested	to Speak: YES NO	Proponent Opponent Info Only	Proponent Opponent Info Only		



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: _	313	N	Meeting Date: 2	1/20	6
Fill in approprious PCB/PCS/Amer Presentation/Wo	ndment # or			<i>(</i>	
Committee/Subo	committee:	9277-14	HUMAN SE	RVICES	
Name: <u></u> / //	AD Low	REV			
•	Governmen	that Re	lations		
Address: 7	He Serie	102			
City: Des	TRICHEY	S	State/Zip:	3468	<i>(</i>
Phone Number:	72>-99	2-858	38		
Representing:/	OPERATU	ON F	AR		
Registered Lob	byist: YES NO		State Employee: YES	NO A	
I Wish To Speak:	YES NO NO		Bill	Ameno	lment
			Proponent Opponent	Proponent	Opponent
I Have Been Reque	ested to Speak: YES	NO W	Info Only	Info Only	



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: _	3/3	Meeting Date:	
Fill in approprie PCB/PCS/Amen Presentation/Wo	dment # or	Irvg5	
Committee/Subo	committee: <u>Heal</u>	the Human Sur.	
Name:	eg Pound		
Title:	<i></i>		
Address: 9/	Leco SUNVISE D	$\mathcal{I}_{\mathcal{R}_i}$	
City: Larg		State/Zip: <i>El, 3</i> 3773	
Phone Number:	_		
Representing:	Morida Fam	illes	
Registered Lob	byist: YES NO	State Employee: YES NO	
I Wish To Speak:	YES 🔀 NO 🗌	Bill Amend	ment
I Have Been Reque	ested to Speak: YES \ \ \ N	Proponent Dpponent Info Only Info Only Info Only	Opponent



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 325 Meeting Date: 1/21/2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Involutary Eyen volu de Ker fet
Committee/Subcommittee: HHS
Name: Chris Floyd
Title: President
Address: 101 & College Ave
City: Tallaherree State/Zip: FC 32301
Phone Number: <u> </u>
Representing: FL Assoc. of Nurse Practition us
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO I Info Only Info



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 325 Meeting Date: 01/21/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Involve tour Examinations
Committee/Subcommittee: HHS
Name: Corinne Mixon
Title: Lobbyi3t
Address: 1,9 E. park Ave
City: Jallahasse State/Zip: FL 32301
Phone Number: 850 - 260 - 5795
Representing: Franka Academy of Physician Asistants
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO I Info Only Info Only Info Only





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 325 Meeting Date: 121/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Baker Act
Presentation/Workshop Topic: Baker Act
Name: Alisa Lafolt
Title: Lobby15t
Address:
City: Tall. State/Zip: FL
Phone Number: 443-(319
Representing: Florida Nurses Association
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Info Only Info Only





Please fill out the <u>entire</u> form and submit \underline{two} copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: C5/HB 373 Meeting Date: 12116
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: (5/4/3 373)
Committee/Subcommittee: Health and Human Services
Name: Robert Weiziest
Title: Sr. VP of Research
Address: 106 N. Bronogh St.
City: Talla haiser State/Zip: FL 32301
Phone Number:
Representing: Florida Tax Watch
Registered Lobbyist: YES NO State Employee: YES NO V
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 313 Meeting Date: 1/21/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Mental Health Comseling
Committee/Subcommittee: HHS
Name: Corinna Mixon
Title: Lobbyist
Address: 2119 E-Park Ave
City: Tanahossel State/Zip: FL 3230/
Phone Number: 850 76 & 5795
Representing: Florida Mental Heath Cownselors Associat
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO NO Proponent Proponent Opponent Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

PCB/PCS/Amendment # or Presentation/Workshop Topic: Committee/Subcommittee:	Bill Number: 373 Meeting Date: 2-2/-2016
Name: THAN LOWREY Title: VP General College Relation Address: 776 See 102 (VASHN9feN) City: PORTROHY State/Zip: L. 34668 Phone Number: 722-8508 Representing: OPERATION PAR Registered Lobbyist: YES NO State Employee: YES NO Deponent Opponent	
Title: Address: The Suite 102 WASHWAGAN City: PORTRALL State/Zip: 12 3468 Phone Number: 722 - 858 Representing: CPERATION PAR Registered Lobbyist: YES NO State Employee: YES NO NO I Wish To Speak: YES NO Proponent Opponent Opp	Committee/Subcommittee: HEALTH & HOMAN SERVICES
Address: 7726 State 102 10154 pf for City: PORT RCH7 State/Zip: 12 3468 Phone Number: 722-8508 Representing: OPERATION PAR Registered Lobbyist: YES NO State Employee: YES NO Deponent Opponent Oppone	Name: THAN LOWREY
Address: 7726 State 102 10154 pf for City: PORT RCH7 State/Zip: 12 3468 Phone Number: 722-8508 Representing: OPERATION PAR Registered Lobbyist: YES NO State Employee: YES NO Deponent Opponent Oppone	
City: PORTROHT State/Zip:	
Phone Number: 727-8508 Representing: OPERATION PAR Registered Lobbyist: YES NO State Employee: YES NO D I Wish To Speak: YES NO Proponent Opponent Oppone	
Registered Lobbyist: YES NO State Employee: YES NO Z I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponen	
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponen	Representing: OPERATION PAR
Proponent Opponent Opponent Opponent O	Registered Lobbyist: YES NO State Employee: YES NO
Proponent Opponent Opponent Opponent O	
Proponent Opponent Opponent Opponent O	
	I Wish To Speak: YES NO Bill Amendment
	I Have Been Requested to Speak: YES NO Info Only Info On



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

Bill Number: 375 Meeting Date: 1/01/10
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: DNYSICIAN ASSISTANCE
Committee/Subcommittee: HHS
Name: Laura Cantwell
Title:
Address: 400 Canllun Pkuy, Svite 100
City: St Acte State/Zip:
Phone Number: 850-570-2110
Representing: AARP
Registered Lobbyist: YES NO State Employee: YES NO
,
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: <u>CS/HB 375</u> Meeting Date: 1 21 16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: CS/HB 375
Committee/Subcommittee: HEAlth and Human Services
Name: Robert Weislert
Title: Sr. VP of Research
Address: 106 N. Bonough St.
City: Tallahasee State/Zip: FL, 32301
Phone Number:
Representing: Florida Tax Watch
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Op
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 375 Meeting Date: 6) 121 116
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Physician Assistants
Committee/Subcommittee: + 45
Name: Covinne Mixon
Title: Lobbyist
Address: 119 E Park Ave
City: Talbahassee State/Zip: FL 32301
Phone Number: 880 760 5795
Representing: Florida Academy of Physician Assistants
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent ↓ Opponent ☐ Proponent ☐ Opponent ☐ I Have Been Requested to Speak: YES ☐ NO ☐ Info Only ☐ Info Only ☐





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 1+423 Meeting Date: 1-21-16	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Common Presentation by AENPS	
Committee/Subcommittee:	
Name: LOTI Killinger	
Title: Otherney/lobbyist	
Address: 315 S. Calmy St. St. 835	
City: Tallahassee State/Zip: 12308	
Phone Number: 8502225702	
Representing: Florida association of Norse Ancisticalist	
Registered Lobbyist: YES NO State Employee: YES NO NO	
I Wish To Speak: YES NO Bill Amendment	ŀ
I Have Been Requested to Speak: YES NO Info Only Info On	





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:	HB 428	Meeting Date: 1/21/16	
PCB/PCS/Am Presentation/V	riate information: endment # or Vorkshop Topic: Drug 7	Prescription for ARNPS Liman Services	4 PAs
Committee/Su	abcommittee: About 4H	uman Services	
Name: M	issa Fawe		
Title: Police	n Analyst		
	Sow. College Ave, S	ste.19	
City: TAlla	Narree	State/Zip: <u>PL/3230</u>	
Phone Numbe	r: 850-408-1218		
Representing:	Americans for Pro	sperity	
	obbyist: YES NO	State Employee: YES	NO O
I Wish To Speak	: YES NO	Bill.	Amendment
		Proponent Opponent	Proponent Opponent
I Have Been Rec	quested to Speak: YES NO	Info Only	Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 423 Meeting Date: 1/21/2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Vicsciption by ARNP's & PA's
Committee/Subcommittee: 1445
Name: Chris Floyd
Title: Preside f
Address: 16/ E. Collye Ave.
City: Tallahersee State/Zip: FC 32301
Phone Number: 813-624-5117
Representing: FL Assoc. of Norse Practitions
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 4.33 Meeting Date: 1/21/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Ry by PRNPs + Pris
Committee/Subcommittee: H45
Name: Melody Arnold
Title: GOV+ Affairs Maga
Address: 307 West Park Ave
City: <u>TLH</u> State/Zip: <u>FL 3230/</u>
Phone Number: 850 - 024 - 3907
Representing: <u>Le Health Care 175506</u>
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: HB 423 Meeting Date: 1/21/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Scope of Practice
Committee/Subcommittee: HHS
Name: Brithled Hunt
Title: Policy Director
Address: 136 S. Bronough St.
City: Tallahassee State/Zip: FL 32301
Phone Number: (850) 521-1200
Representing: Florida Chamber of Commerce
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Proponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 43 Meeting Date: 121 16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: +13 +23
Committee/Subcommittee: Health + Human Services
Name: Robert Weiziert
Title: Sr. VP 07 Research
Address: 106 N. Bronungh St.
City: Tallahassu State/Zip: FL, 32301
Phone Number:
Representing: Floods TaxWatch
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



WS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 423	Meeting Date: 1/2//6
Fill in appropriate information: PCB/PCS/Amendment # or	P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Presentation/Workshop Topic: <u>Drug</u>	Prescripted by Holder Rogistered Muse
Committee/Subcommittee: Het/Th	
Name: BARBAIN Lung	o Kisd
Title: ConsulTANT	
Address: 468 green Sym	ing Cir
City: Winter Splings	
Phone Number: 227	
Representing: Representing:	Grant Park
Registered Lobbyist: YES NO NO	State Employee: YES NO
Will Carlo	
I Wish To Speak: YES NO	Bill Amendment
	Proponent Opponent Proponent Opponent
I Have Been Requested to Speak: YES NO	Info Only Info Only



PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COMMITTEE/SUBCOMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING



TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number	HB 423 Dat	e	- 21-	16	,	
Name	ALLISON C	ARVAJAL				
Title	Lobby:5+	<i>J</i>				
Address	120 S. Mo	nre 4	<i>i</i> +.			
City	TH.		\$	State/Zip <u>FL</u>	. 32303	
Phone Number	121-108	1				· · · · · ·
Representing	Florida Hur	se Pral	Etition	ner Het	WORK	
Lobbyist (registe	ered) YES	1	NO 🗌			
State Employee	YES	<u> </u>	NO 🗌			
	ing regarding an a opponent is the sa	ime as on the	e bill as	a whole.	position as a	
	WAN	VE IN	Sup	SPORT !	Amendment	<u>Bill</u>
I wish	to speak		X	Proponent	× 🔲	
I have	e been requested to	speak		Opponent		
				Information		
	Subject matter:	Drug 7	RISCR	pton by	ARMP'S	H
Committe	e/Subcommittee:			ommittee		



WS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 48 423 Meeting Date:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: ARUP + PA DITEINOR
Committee/Subsommittee:
Name: Name:
Title: Labby St
Address: 3738 Mundan Way
City: Talanassee State/Zip: FC 32309
Phone Number: <u>850</u> 561-1202
Representing: Florida CHAIN
Registered Lobbyist: YES NO State Employee: YES NO NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponen
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: _	423	Me	eeting Date:	· /·	21/16	
<i>Fill in appropria</i> PCB/PCS/Amen Presentation/Wo	dment # or	Pr	escribi	ny by	l , PAS	VARNPS
Committee/Subc	committee:	HH.	5			
Name:	Corini	ie M	niton			
Title:	Lorbyist	_				
Address:	119 E	. Park				
City:	Talla	hus <esta< td=""><td>te/Zip:</td><td>2 33</td><td>2301</td><td></td></esta<>	te/Zip:	2 33	2301	
Phone Number:	850	766	\$795			
Representing: _	Floriac oyist: YES NO	- Acad	Emy of State Employee:	Phys	NO NO	Jos istants
I Wish To Speak:	YES NO NO	-	Bill		Amendi	nent
I Have Reen Reque	sted to Sneak: YES	/	roponent 🗹 C	•	Proponent U	Opponent





Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number:	423	N	Meeting Date:	1/	21/16	
Fill in appropriate PCB/PCS/Amend Presentation/Wor	te information: Iment # or		MEN R	/		ses AL
Committee/Subco	ommittee:	445				
Name:	JACK ME	RAY			···	
Title:						
Address: 20	30 W. 61	LEGE	AUE., =	#304		
	LH		•			
Phone Number:	£50-	5 27	7-518	7		
Representing: _	AARP					· · · · · · · · · · · · · · · · · · ·
	oyist: YES NO				/	
I Wish To Speak:	YES NO		Bill Proponent	Opponent	Ameno	Iment Opponent
I Have Been Reques	sted to Speak: YES	NO	Info Only		Info Only	



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Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{two}}$ copies to the committee/subcommittee Administrative Assistant at the meeting.



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:	423	Meeting Date:	21-16
Fill in appropriate PCB/PCS/Amend Presentation/Wor	dment # or	HALAMB ARNP/A	
Committee/Subc	ommittee:	45	
Name:	MARTH	4 DeCASTRO	
Title:	VP for A	10/3/ng	
Address:		Collecte	
City:		State/Zip: FZ 3	230/
Phone Number:	(850)		
Representing:	FroRich		
_	oyist: YES NO	State Employee: YES	S NO L
	WATUE		
I Wish To Speak:	YES NO	Bill	Amendment
I Have Been Reque	sted to Speak: YES	Proponent D Opponen	Proponent Opponent Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: HB 437 N	Meeting Date: 1/21/16	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	Cortificate of Nove	
Committee/Subcommittee: + Palty + }	luman Services	
Name: Melissa Faust		
Title: Policy Analyst		
Address: 200 W. College Ave., Ste	109	
	State/Zip: <u>FL /32301</u>	
Phone Number: <u>856-408-1218</u>		
Representing: Americans for Prosp	erity	
Registered Lobbyist: YES NO	State Employee: YES	NO 🚺
· /		
I Wish To Speak: YES NO NO	Bill	Amendment
I Have Been Requested to Speak: YES NO	Proponent Opponent Info Only	Proponent Opponent Info Only



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Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 437 Meeting Date: 121/6
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name:
Title: Colperal (Augse)
Address: 30/0 E College
City:State/Zip:
Phone Number:
Representing: [-/ONIda /dessay Tal Silvar
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Proponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 437 Meeting Date: $1/21/16$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Steve Ecenic
Title: attorney
Title: CHOT hey Address: P. 2, BD X 551 City: Trilahasse State/Zip: F1 32302
City: Trilahasse State/Zip: F1 32302
Phone Number: 850-621-678
Representing: HCA
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Proponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 595 Meetin	g Date: 1/21/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee: Heath Cu	nd Human Services
Name: Leslie Dughi	
Title:	
Address: 101 E. College Ac	O
City: State/Z	Tip:
Phone Number:	
Representing: Florida Denta	1 Hygiene Assi
	e Employee: YES NO
I Wish To Speak: YES NO Propo	Bill Amendment nent Opponent Proponent Opponent
I Have Been Requested to Speak: YES NO Info C	nly Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: Meeting Date: 1/2/15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Rembussium to Health Access Sethi
Committee/Subcommittee: Health & Human Savuces
Name: Cash Stoutamire
Title: Loby St
Address: 118 E. Jeffason St.
City: Tallabasee State/Zip: FL 32305
Phone Number: <u>550-224-1089</u>
Representing: FL Dental Assc.
Registered Lobbyist: YES NO State Employee: YES NO
waive in support
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: PCB HHSC 16-01 Meeting Date: JAN. 21 2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health & Human Services
Name: MARSHALL OGUSTES
Title:Exer. Director
Address: 115 N. Calham St., Steb
City: Ta Vaheree State/Zip: 323-01
Phone Number: 850 -22-4 - 82-2-0
Representing: United Ficulty of Florida
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: <u>PCB HN5C /6-01</u> Meeting Date: <u>1/2//6</u>
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: //ea/fl + Human Services
Committee/Subcommittee: //ea/th + Human Services Name: Rit Templin
Title:
Address: 135 S. morrol
City: Tellahassee State/Zip: 12301
Phone Number: 850" 724 - 6526
Representing: Noride ANI-C10
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO I Info Only Info



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: $\frac{HHSC1}{}$ Meeting Date: $\frac{1/21/2016}{}$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: State Enployee Group Health Insura a
Committee/Subcommittee: Health & Human Services
Name: Mutt Pickett
Title: Lobbyist
Address: 300 East Brevail St
City: Tellahassee State/Zip: Fc 32301
Phone Number:
Representing: Florich Police Benevolent Association
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO NO Info Only Info