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# Health & Human Services Committee

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

## Action Packet

Steve Crisafulli  
Speaker

Jason Brodeur  
Chair

**COMMITTEE MEETING REPORT**  
**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

**Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**1/21/2016 11:30:00AM**

**Location:** Morris Hall (17 HOB)

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Jason Brodeur (Chair)	X		
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		
<b>Totals:</b>	<b>17</b>	<b>0</b>	<b>1</b>

Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**1/21/2016 11:30:00AM**

**Location:** Morris Hall (17 HOB)

**HB 85 : Recovery Care Services**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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				
<b>Total Yeas: 11</b>		<b>Total Nays: 4</b>			

**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

Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM

**COMMITTEE MEETING REPORT**  
**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

Bell, Bill (Lobbyist) - Waive In Opposition

Florida Hospital Association

General Counsel

306 E College Ave

Tallahassee FL 32301

Phone: (850) 222-9800

**House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: **Health & Human Services**

Bill Number: HB 85

Meeting Date: 1/27/16  
 Place: McNees Hall  
 Time: 11:30 AM

Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Recovery Care Services

**Committee/Subcommittee Action:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Favorable                          | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments                 | <input type="checkbox"/> Reconsidered                 |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed        |
| <input type="checkbox"/> Other Action: _____                           | <input type="checkbox"/> Unfavorable                  |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur, Chair								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Avila								
<input type="checkbox"/>	<input type="checkbox"/>	Berman								
<input type="checkbox"/>	<input type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clarke-Reed								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Costello								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cummings								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Edwards								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrell								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, M.								
<input type="checkbox"/>	<input type="checkbox"/>	Jones, S.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roberson								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sproles								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
11	4									

*Rep Berman - Absentee Nay*

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**1/21/2016 11:30:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 313 : Prescription Drug Monitoring Program**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**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

Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM

**COMMITTEE MEETING REPORT**  
**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



**House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 1/27/16  
**Place:** Marion Hall  
**Time:** 11:30 AM

**Bill Number:** CS/HB 313  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Prescription Drug Monitoring Program

**Committee/Subcommittee Action:**  
 Favorable  
 Favorable w/ \_\_\_\_\_ amendments  
 Favorable w/Committee/Subcommittee Substitute  
 Other Action: \_\_\_\_\_

Retained for Reconsideration  
 Reconsidered  
 Temporarily Postponed  
 Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur, Chair								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Avila								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clarke-Reed								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Costello								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Edwards								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, M.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, S.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Roberson								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sprowls								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
15	0									

*Rep Berman - Absentee yea*

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**1/21/2016 11:30:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 325 : Involuntary Examinations under the Baker Act**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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 Sprows	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**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 FL 32302  
 Phone: (850) 443-1319

Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM

**House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HR 325

Meeting Date: 1/21/16  
Place: Mark Hall  
Time: 11:30 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Voluntary Exams Under the Baker Act

Committee/Subcommittee Action:

- Favorable
- Favorable w/ \_\_\_\_\_ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: \_\_\_\_\_

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Brodeur, Chair								
<input checked="" type="checkbox"/>		Avila								
<input checked="" type="checkbox"/>		Berman								
<input checked="" type="checkbox"/>		Burton								
<input checked="" type="checkbox"/>		Clarke-Reed								
<input checked="" type="checkbox"/>		Costello								
<input checked="" type="checkbox"/>		Cruz								
<input checked="" type="checkbox"/>		Cummings								
<input checked="" type="checkbox"/>		Edwards								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Jones, M.								
<input checked="" type="checkbox"/>		Jones, S.								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Renner								
<input checked="" type="checkbox"/>		Roberson								
<input checked="" type="checkbox"/>		Sprowls								
<input checked="" type="checkbox"/>		Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
15	0									

Rep Berman - Absentee Yea

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**1/21/2016 11:30:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 373 : Mental Health Counseling Interns**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**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 meeting was reported out: Thursday, January 21, 2016 4:21:48PM

**House of Representatives**  
**COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health & Human Services

Bill Number: CS/AB 393

Meeting Date: 1/21/16

Date Received: \_\_\_\_\_

Place: Phone Hall

Date Reported: \_\_\_\_\_

Time: 11:30 AM

Subject: Mental Health  
Coordinating Institute

Committee/Subcommittee Action:

- Favorable
- Favorable w/ \_\_\_\_\_ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: \_\_\_\_\_

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Brodeur, Chair								
<input checked="" type="checkbox"/>		Avila								
<input type="checkbox"/>	<input type="checkbox"/>	Berman								
<input type="checkbox"/>	<input type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>		Clarke-Reed								
<input checked="" type="checkbox"/>		Costello								
<input checked="" type="checkbox"/>		Cruz								
<input checked="" type="checkbox"/>		Cummings								
<input checked="" type="checkbox"/>		Edwards								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Jones, M.								
<input type="checkbox"/>	<input type="checkbox"/>	Jones, S.								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Renner								
<input checked="" type="checkbox"/>		Roberson								
<input checked="" type="checkbox"/>		Sprowls								
<input checked="" type="checkbox"/>		Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
15	0									

Ref Berman - Absentee Ye

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**1/21/2016 11:30:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 375 : Physician Assistants**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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				
<b>Total Yeas: 14</b>		<b>Total Nays: 0</b>			

**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 FL 33716  
 Phone: (850) 570-2110

Mixon, Corinne (Lobbyist) - Waive In Support

Florida Academy of Physician Assistants  
 lobbyist  
 119 E Park Ave  
 Tallahassee FL 32301  
 Phone: (850) 766-5795

Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM

**House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 1/21/16  
**Place:** Rayburn Hall  
**Time:** 11:30 AM

**Bill Number:** CS/HR 395  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Supervisor Assistants

**Committee/Subcommittee Action:**

- Favorable
- Favorable w/ \_\_\_\_\_ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: \_\_\_\_\_

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur, Chair								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Avila								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clarke-Reed								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Costello								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cummings								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Edwards								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jones, M.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jones, S.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roberson								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sprowls								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
14	0									

*Rep. Berman - Absent Yea  
Rep. Havell - Absent Yea*

**COMMITTEE MEETING REPORT**  
**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**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**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

Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM



**COMMITTEE MEETING REPORT**  
**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  
Phone: (850) 521-1200

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

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

Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM

**COMMITTEE MEETING REPORT**  
**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  
FI Nurses Association  
P.O. Box 1344  
Tallahassee FI 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

**Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM**

**House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health & Human Services

Bill Number: HB 423

Meeting Date: 1/21/16

Date Received: \_\_\_\_\_

Place: More Hold

Date Reported: \_\_\_\_\_

Time: 11:30 AM

Subject: Drug Prescription by ARNPs & PAs

**Committee/Subcommittee Action:**

- Favorable
- Favorable w/ \_\_\_\_\_ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: \_\_\_\_\_

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur, Chair								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Avila								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clarke-Reed								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Costello								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Edwards								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, M.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, S.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Roberson								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Spowls								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
15	0									

*Rep Cruz - Absenter Nay*

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**1/21/2016 11:30:00AM**

**Location:** Morris Hall (17 HOB)

**HB 437 : Certificates of Need for Hospitals**

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				
<b>Total Yeas: 12</b>		<b>Total Nays: 3</b>			

**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

Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM

**House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health & Human Services  
 Meeting Date: 1/21/16  
 Place: Proctor Hall  
 Time: 11:30 AM

Bill Number: HB 439  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Certification of Need

**Committee/Subcommittee Action:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Favorable                          | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments                 | <input type="checkbox"/> Reconsidered                 |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed        |
| <input type="checkbox"/> Other Action: _____                           | <input type="checkbox"/> Unfavorable                  |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur, Chair								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Avila								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input type="checkbox"/>	<input type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clarke-Reed								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Costello								
<input type="checkbox"/>	<input type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cummings								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Edwards								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrell								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, M.								
<input type="checkbox"/>	<input type="checkbox"/>	Jones, S.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roberson								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sproles								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
12	3									

*Rep Cruz - Absent Nay*

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**1/21/2016 11:30:00AM**

**Location:** Morris Hall (17 HOB)

**HB 581 : State Veterans' Nursing Homes**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM

**House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: **Health & Human Services**

Bill Number: HB 581

Meeting Date: 1/21/16  
 Place: Maple Hall  
 Time: 11:30 AM

Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: State Veterans Nursing Homes

Committee/Subcommittee Action:

- Favorable
- Favorable w/ \_\_\_\_\_ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: \_\_\_\_\_

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur, Chair								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Avila								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clarke-Reed								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Costello								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Edwards								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, M.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, S.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Roberson								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sprowls								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
15	0									

*Rep Cruz. Absent Yea*

**COMMITTEE MEETING REPORT**  
**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**

*Favorable*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**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  
 Phone: (850) 224-1089



**House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 1/21/16  
**Place:** Moore Hall  
**Time:** 11:30 AM

**Bill Number:** CS/HB 595  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Reimbursement to Health  
 Access Settings for Dental Hygiene  
 Services to Children

**Committee/Subcommittee Action:**  
 Favorable  
 Favorable w/ \_\_\_\_\_ amendments  
 Favorable w/Committee/Subcommittee Substitute  
 Other Action: \_\_\_\_\_

Retained for Reconsideration  
 Reconsidered  
 Temporarily Postponed  
 Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓	✓	Brodeur, Chair								
✓	✓	Avila								
✓	✓	Berman								
✓	✓	Burton								
✓	✓	Clarke-Reed								
✓	✓	Costello								
✓	✓	Cruz								
✓	✓	Cummings								
✓	✓	Edwards								
✓	✓	Harrell								
✓	✓	Jones, M.								
✓	✓	Jones, S.								
✓	✓	Magar								
✓	✓	Pigman								
✓	✓	Renner								
✓	✓	Roberson								
✓	✓	Sprowls								
✓	✓	Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
15	0									

Rep Berman - Absent Yea

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**1/21/2016 11:30:00AM**

**Location:** Morris Hall (17 HOB)

**HB 7041 : OGSR/Florida Center for Brain Tumor Research**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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				
<b>Total Yeas: 14</b>		<b>Total Nays: 0</b>			

Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM

**House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 1/27/16  
**Place:** Indiana Hall  
**Time:** 11:30 AM

**Bill Number:** HB 9041  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** 06-SR/Florida Center for Brain Tumor Research

**Committee/Subcommittee Action:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Favorable                          | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments                 | <input type="checkbox"/> Reconsidered                 |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed        |
| <input type="checkbox"/> Other Action: _____                           | <input type="checkbox"/> Unfavorable                  |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur, Chair								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Avila								
<input type="checkbox"/>	<input type="checkbox"/>	Berman								
<input type="checkbox"/>	<input type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clarke-Reed								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Costello								
<input type="checkbox"/>	<input type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cummings								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Edwards								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jones, M.								
<input type="checkbox"/>	<input type="checkbox"/>	Jones, S.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roberson								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sproles								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
14	0									

Rep Berman - Absente Yea  
 Rep Cruz - Absente Yea

**COMMITTEE MEETING REPORT**  
**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

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
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				
<b>Total Yeas: 13</b>		<b>Total Nays: 3</b>			

**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

Puckett, Matthew (Lobbyist) - Proponent  
 Florida Police Benevolent Association, Inc  
 300 E Brevard St  
 Tallahassee FL 32301  
 Phone: (850) 222-3329

Committee meeting was reported out: Thursday, January 21, 2016 4:21:48PM

**House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 11/27/16  
**Place:** Marble Hall  
**Time:** 11:30 AM

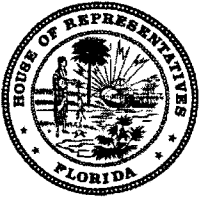
**Bill Number:** PCB HH SC 16-01  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** State Employee Drug Health Plan

**Committee/Subcommittee Action:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Favorable                          | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments                 | <input type="checkbox"/> Reconsidered                 |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed        |
| <input type="checkbox"/> Other Action: _____                           | <input type="checkbox"/> Unfavorable                  |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Brodeur, Chair								
<input checked="" type="checkbox"/>		Avila								
	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>		Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clarke-Reed								
<input checked="" type="checkbox"/>		Costello								
<input checked="" type="checkbox"/>		Cruz								
<input checked="" type="checkbox"/>		Cummings								
<input checked="" type="checkbox"/>		Edwards								
<input checked="" type="checkbox"/>		Harrell								
	<input checked="" type="checkbox"/>	Jones, M.								
<input checked="" type="checkbox"/>		Jones, S.								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Renner								
<input checked="" type="checkbox"/>		Roberson								
<input checked="" type="checkbox"/>		Sprowls								
<input checked="" type="checkbox"/>		Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
13	3									

*Rep Cruz - Absentee Nay*



W/S

### 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 85 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Recovery Care Services

Committee/Subcommittee: Health & Human Services

Name: Melissa Faust

Title: Policy Analyst

Address: 200 W. College Ave., Ste. 101

City: Tallahassee State/Zip: FL/32301

Phone Number: 850-408-1218

Representing: Americans for Prosperity

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"/>	



W/S

### 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: 85 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Health Care

Committee/Subcommittee: Health & Human Services

Name: Dr. David Shapiro

Title: Board Member

Address: 1400 VILLAGE Sq. Blvd.

City: TALLAHASSEE State/Zip: FL 32312

Phone Number: 8505086787

Representing: Florida Society of Ambulatory Surgical Centers

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"/>	



w/s

### 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: 85 Meeting Date: Jan. 21, 14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 85 Recovery Care

Committee/Subcommittee: Health & Human Services

Name: Jon 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

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"/>	





W/O

### 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: 85 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.O. Box 551

City: Tallahassee State/Zip: FL 32302

Phone Number: 850-681-6788

Representing: HEA

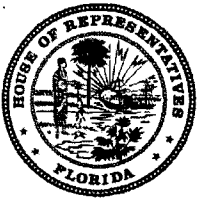
Registered Lobbyist: YES  NO

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"/>	



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### 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: 85 Meeting Date: 11/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: BCC / ASC

Committee/Subcommittee: \_\_\_\_\_

Name: Bill Bell

Title: General Counsel

Address: 706 E College

City: Tult State/Zip: FL 32301

Phone Number: 222 9800

Representing: Florida Hospital Assn

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"/>	



W/S

### 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: 313 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or  
Presentation/Workshop Topic: Prescription Drug Monitoring Program

Committee/Subcommittee: HHS

Name: Melody Arnold

Title: Govt Affairs Manager

Address: 307 West Park Ave

City: TLH State/Zip: FL 32301

Phone Number: (850) 224-3907

Representing: FL Health Care Assoc.

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"/>	



W/S

### 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: 313 Meeting Date: Jan 21, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: HHS Committee

Name: BETH LABASKY

Title: Consultant

Address: 1400 Village Square Blvd Ste 3-116

City: Tallahassee State/Zip: Fla 32312

Phone Number: 850 322 7335

Representing: Informed Families of Florida

Registered Lobbyist: YES  NO

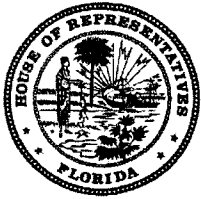
State Employee: YES  NO

WAVE MY TIME 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"/>	



W/S

### 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: 313 Meeting Date: 2/21/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Name: THAD LOWREY

Title: VP Governmental Relations

Address: 7726 Sunk 102

City: PORT RICHEY State/Zip: FL 34668

Phone Number: 772-992-8508

Representing: OPERATION PAIR

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: 313 Meeting Date: 1/21/16

Fill in appropriate information:

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

Committee/Subcommittee: Health & Human Serv.

Name: Greg Pound

Title: \_\_\_\_\_

Address: 9166 Sunrise Dr.

City: Largo State/Zip: Fl. 33773

Phone Number: \_\_\_\_\_

Representing: Florida Families

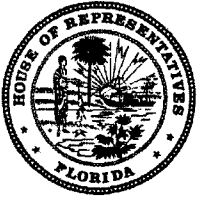
Registered Lobbyist: YES  NO

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

WIS

Bill Number: 325 Meeting Date: 1/21/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Involuntary Exam under Defer Act

Committee/Subcommittee: HHS

Name: Chris Floyd

Title: President

Address: 101 E College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 913-624-5117

Representing: FL Assoc. of Nurse Practitioners

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.

W/S

Type or Print Clearly

Bill Number: 325 Meeting Date: 01/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Involuntary Examinations

Committee/Subcommittee: MHS

Name: Corinne Mixon

Title: Lobbyist

Address: 119 E. Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-240-5795

Representing: Florida Academy of Physician Assistants

Registered Lobbyist: YES  NO

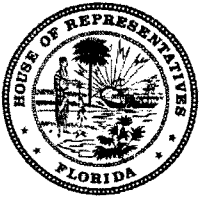
State Employee: YES  NO

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"/>	





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### 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: 325 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Baker Act

Committee/Subcommittee: HHS Committee

Name: Alisa LaPorte

Title: Lobbyist

Address: \_\_\_\_\_

City: Tall. State/Zip: FL

Phone Number: 443-1319

Representing: Florida Nurses 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 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.

W

Type or Print Clearly

Bill Number: CS/HB 373 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: CS/HB 373

Committee/Subcommittee: Health and Human Services

Name: Robert Weisert

Title: Sr. VP of Research

Address: 106 N. Bronough St.

City: Tallahassee State/Zip: FL, 32301

Phone Number: \_\_\_\_\_

Representing: Florida Tax Watch

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"/>	



W/S

### 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: 373 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Mental Health Counseling

Committee/Subcommittee: HAS

Name: Corinne<sup>e</sup> Mixon

Title: Lobbyist

Address: 119 E. Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 766 5795

Representing: Florida Mental Health Counselors 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 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"/>	



w/s

### 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: 373 Meeting Date: 2-21-2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Name: THAD LOWREY

Title: VP Governmental Relations

Address: 7720 Suite 102 WASHINGTON

City: PORT RICHIE State/Zip: FL 34668

Phone Number: 772-292-8508

Representing: OPERATION PAR

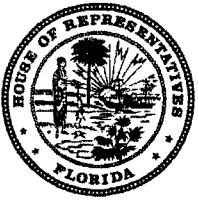
Registered Lobbyist: YES  NO

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

W/S

Bill Number: 375 Meeting Date: 1/21/10

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Laura Cantwell

Title: \_\_\_\_\_

Address: 400 Canlon Pkwy, Suite 100

City: St Pete State/Zip: \_\_\_\_\_

Phone Number: 850-570-2110

Representing: AARP

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

W

Bill Number: CS/HB 375 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 Weisert

Title: Sr. VP of Research

Address: 106 N. Bronough St.

City: Tallahassee State/Zip: FL, 32301

Phone Number: \_\_\_\_\_

Representing: Florida Tax Watch

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

WFS

Bill Number: 375 Meeting Date: 01/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Physician Assistants

Committee/Subcommittee: HHS

Name: Corinne Nixon

Title: Lobbyist

Address: 119 E Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 760 5795

Representing: Florida Academy of Physician Assistants

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"/>	



W/S

### 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: H423 Meeting Date: 1-21-14

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Drug ~~prescription~~ Prescription by AENPs

Committee/Subcommittee: \_\_\_\_\_

Name: Lori Killinger

Title: Attorney/lobbyist

Address: 315 S. Cedar St. Ste 830

City: Tallahassee State/Zip: FL/32308

Phone Number: 8502225702

Representing: Florida Association of Nurse Anesthetists

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"/>	





W/S

### 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 423 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Prescription for APRNs & PAs

Committee/Subcommittee: Health & Human Services

Name: Melissa Fawcett

Title: Policy Analyst

Address: 200 W. College Ave, Ste. 109

City: Tallahassee State/Zip: FL/32301

Phone Number: 850-408-1218

Representing: Americans for Prosperity

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"/>	



w/s

### 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: 423 Meeting Date: 1/21/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Prescription by ANAP's & PA's

Committee/Subcommittee: HHS

Name: Chris Floyd

Title: President

Address: 101 E. College Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: 813-624-5117

Representing: FL Assoc. of Nurse Practitioners

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"/>	



W/S

### 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: 423 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Drug Rx by ARNPs + PAs

Committee/Subcommittee: HHS

Name: Melody Arnold

Title: Govt Affairs Mgr

Address: 307 West Park Ave

City: JLH State/Zip: FL 32301

Phone Number: 850-224-3907

Representing: FL Health Care Assoc.

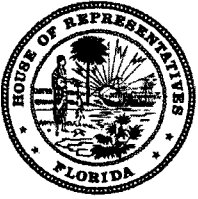
Registered Lobbyist: YES  NO

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"/>	



w/s

### 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 423 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Scope of Practice

Committee/Subcommittee: HHS

Name: Brittney 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

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 423 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 423

Committee/Subcommittee: Health + Human Services

Name: Robert Weisert

Title: Sr. VP of Research

Address: 106 N. Bronough St.

City: Tallahassee State/Zip: FL, 32301

Phone Number: \_\_\_\_\_

Representing: Florida TaxWatch

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"/>	



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### 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: 423 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Drug Prescribed by Addicted Registered Nurse

Committee/Subcommittee: Health & Human Services

Name: BARBARA Lumpkin

Title: CONSULTANT

Address: 468 Green Spring Cir

City: Winter Springs State/Zip: FL 32708

Phone Number: 407 227 1765

Representing: Physician Health South 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 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"/>	



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

W/S

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE  
RECORD

Bill Number HB 423 Date 1-21-16  
 Name ALLISON CARVAJAL  
 Title Lobbyist  
 Address 120 S. MONROE ST.  
 City TLH. State/Zip FL. 32303  
 Phone Number 727-7087  
 Representing Florida Nurse Practitioner Network

Lobbyist (registered) YES  NO   
 State Employee YES  NO

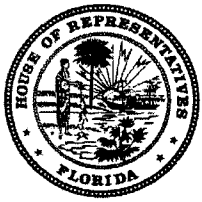
If you are testifying regarding an amendment, please indicate if your position as a  
proponent or an opponent is the same as on the bill as a whole.

WAIVE IN SUPPORT!

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/>	Proponent	<input type="checkbox"/>	<input type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input type="checkbox"/>

Subject matter: Drug Prescription by ARNP's & PA's

Committee/Subcommittee: HHS Committee



w/s

### 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 423 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: ARUP & PA prescribing

Committee/Subcommittee: \_\_\_\_\_

Name: Ron Watson

Title: Lobbyist

Address: 3738 Mundon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 561-1202

Representing: Florida CHAIN

Registered Lobbyist: YES  NO

State Employee: YES  NO

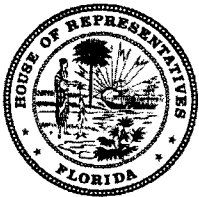
Waive in Support

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"/>	





W/S

### 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: 423 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Prescribing by PAs & ARNPs

Committee/Subcommittee: HHS

Name: Corinne Milton

Title: Lobbyist

Address: 119 E. Park

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 766 8995

Representing: Florida Academy of Physician Assistants

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"/>	



WFS

### 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: 423 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: ADVANCED REGISTERED NURSES

Committee/Subcommittee: HHS

Name: JACK McRAE

Title: \_\_\_\_\_

Address: 200 W. COLLEGE AVE., #304

City: TLH State/Zip: FL 32301

Phone Number: 850-577-5127

Representing: AARP

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.

W/S

Type or Print Clearly

Bill Number: 423 Meeting Date: 1/21/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS Committee

Name: Alisa LaPort

Title: Lobbyist

Address: \_\_\_\_\_

City: Tall. State/Zip: FL

Phone Number: 443-1319

Representing: Florida Nurses Association

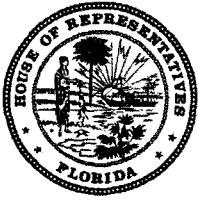
Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

Bill		Amendment	
Proponent <input 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"/>	



W/S

### 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: 423 Meeting Date: 1-21-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: ~~HAHAHA~~ ARNP/PA Prescribing

Committee/Subcommittee: HHS

Name: MARTHA DeCASTRO

Title: VP for Nursing

Address: 300 E College Ave

City: TLA State/Zip: FL 32301

Phone Number: (850) 222 9800

Representing: Florida Hospital Assoc.

Registered Lobbyist: YES  NO

State Employee: YES  NO

WAIVE

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"/>	



W/S

### 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 437 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Hospital Certificate of Need

Committee/Subcommittee: Health & Human Services

Name: Melissa Fause

Title: Policy Analyst

Address: 200 W. College Ave., Ste 109

City: Tallahassee State/Zip: FL / 32301

Phone Number: 850-408-1218

Representing: Americans for Prosperity

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

w/o

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: 437 Meeting Date: 1/21/16

Fill in appropriate information:

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

Committee/Subcommittee: \_\_\_\_\_

Name: Bill Bell

Title: General Counsel

Address: 300 E College

City: TuH State/Zip: FL 32301

Phone Number: 222 9800

Representing: Florida Hospital Assn

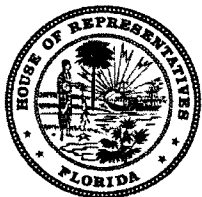
Registered Lobbyist: YES  NO

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"/>	



W/S

### 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: 437 Meeting Date: 1/21/16

Fill in appropriate information:

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

Committee/Subcommittee: \_\_\_\_\_

Name: Steve Erenik

Title: Attorney

Address: P.O. Box 551

City: Tallahassee State/Zip: FL 32302

Phone Number: 850-621-6788

Representing: HCA

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"/>	



w/s

### 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: 595 Meeting Date: 1/21/14

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: Health and Human Services

Name: Leslie Dughi

Title: \_\_\_\_\_

Address: 101 E. College Ave

City: TALL State/Zip: FL

Phone Number: \_\_\_\_\_

Representing: Florida Dental Hygiene Assn

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"/>	



W/S



### 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: 48595 Meeting Date: 1/21/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Reimbursement to Health Access Settings

Committee/Subcommittee: Health & Human Services

Name: Casey Stautamine

Title: Lobbyist

Address: 118 E. Jefferson St.

City: Tallahassee State/Zip: FL 32308

Phone Number: 950-224-1089

Representing: FL Dental Assc.

Registered Lobbyist: YES  NO

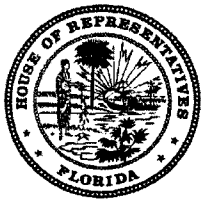
State Employee: YES  NO

*Waive in support*

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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

Title: INTERIM Exec. Director

Address: 115 N. Callahan St, Ste. 6

City: Tallahassee State/Zip: 32301

Phone Number: 850-224-8220

Representing: United Faculty of 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"/>	



# 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: PCB HHSC 16-01 Meeting Date: 1/21/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: Health & Human Services

Name: Rick Templin

Title: \_\_\_\_\_

Address: 135 S. Monroe

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-6926

Representing: Florida AFL-CIO

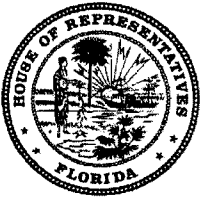
Registered Lobbyist: YES  NO

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: HHSC 1 Meeting Date: 1/21/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: State Employee Group Health Insurance

Committee/Subcommittee: Health & Human Services

Name: Mitt Pickett

Title: Lobbyist

Address: 300 East Brevard St

City: Tallahassee State/Zip: FL 32301

Phone Number: N/A

Representing: Florida Police Benevolent 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 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"/>	