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# Health & Human Services Committee

Wednesday, January 27, 2016  
9:00 AM – 11:00 AM  
Morris Hall

## Action Packet

Steve Crisafulli  
Speaker

Jason Brodeur  
Chair

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

**1/27/2016 9:00:00AM**

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

**Summary:**

**Health & Human Services Committee**

*Wednesday January 27, 2016 09:00 am*

|           |  |          |         |
|-----------|--|----------|---------|
| CS/HB 37  | Favorable With Committee Substitute        | Yeas: 14 | Nays: 0 |
|           | Amendment 904161 Adopted Without Objection |          |         |
|           | Amendment 479685 Adopted Without Objection |          |         |
| CS/HB 249 | Favorable With Committee Substitute        | Yeas: 16 | Nays: 0 |
|           | Amendment 342057 Adopted Without Objection |          |         |
| CS/HB 315 | Favorable                                  | Yeas: 14 | Nays: 2 |
| HB 337    | Favorable                                  | Yeas: 15 | Nays: 0 |
| HB 1061   | Favorable                                  | Yeas: 16 | Nays: 0 |
| HB 1063   | Favorable                                  | Yeas: 16 | Nays: 1 |

**Committee meeting was reported out: Wednesday, January 27, 2016 10:53:04AM**

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

**1/27/2016 9:00:00AM**

**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>18</b>      | <b>0</b>      | <b>0</b>       |

**Committee meeting was reported out: Wednesday, January 27, 2016 10:53:04AM**

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

**1/27/2016 9:00:00AM**

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

**CS/HB 37 : Direct Primary Care**

*Favorable With Committee Substitute*

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

**CS/HB 37 Amendments**

**Amendment 904161**

*Adopted Without Objection*

**Amendment 479685**

*Adopted Without Objection*

**Appearances:**

Baer, Catherine (General Public) - Waive In Support  
 Tea Party Network  
 Chairman  
 1421 Woodgate Way  
 Tallahassee FL 32308

Committee meeting was reported out: Wednesday, January 27, 2016 10:53:04AM

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

**1/27/2016 9:00:00AM**

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

**CS/HB 37 : Direct Primary Care (continued)**

**Appearances: (continued)**

Thomas, Mary (Lobbyist) - Waive In Support

Florida Medical Association  
Ass. General Counsel  
1430 Piedmont Dr E  
Tallahassee FL 32308  
Phone: (850) 224-6496

Nuzzo, Sal (General Public) - Proponent

The James Madison Institute  
VP Policy  
100 N Duval  
Tallahassee FL 32301  
Phone: (850) 322-9941

Nuland, Chris (Lobbyist) - Proponent

Florida Chapter, American College of Physicians  
1000 Riverside Avenue, #240  
Jacksonville Florida 32204  
Phone: (904) 233-3051

Nungesser, Tim (Lobbyist) - Waive In Support

National Federation of Independent Business  
Legislative Director  
110 E Jefferson St  
Tallahassee FL 32301  
Phone: (850) 445-5367

Amendment #2

Watson, Ron (Lobbyist) - Waive In Support

Florida CHAIN  
Lobbyist  
3738 Mundon Way  
Tallahassee FL 32309  
Phone: (850) 561-1202

Committee meeting was reported out: Wednesday, January 27, 2016 10:53:04AM

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

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

Bill Number: CS/HR 37

Meeting Date: 1/27/16

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

Place: Phone Hall

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

Time: 9:00 AM

Subject: Direct Primary Care

**Committee/Subcommittee Action:**

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

| Final Vote On Bill |      | MEMBERS        | Amend 1 |      | Amend 2 |      | Yeas | Nays | Yeas | Nays |
|--------------------|------|----------------|---------|------|---------|------|------|------|------|------|
|                    |      |                | Yeas    | Nays | Yeas    | Nays |      |      |      |      |
| ✓                  |      | Brodeur, Chair |         |      |         |      |      |      |      |      |
| /                  |      | Avila          | w/o     |      | w/o     |      |      |      |      |      |
| /                  |      | Berman         | w/o     |      | w/o     |      |      |      |      |      |
| ✓                  |      | Burton         |         |      |         |      |      |      |      |      |
| ✓                  |      | Clarke-Reed    |         |      |         |      |      |      |      |      |
| ✓                  |      | Costello       |         |      |         |      |      |      |      |      |
| ✓                  |      | Cruz           |         |      |         |      |      |      |      |      |
| ✓                  |      | Cummings       |         |      |         |      |      |      |      |      |
| /                  |      | Edwards        |         |      |         |      |      |      |      |      |
| /                  |      | Harrell        |         |      |         |      |      |      |      |      |
| ✓                  |      | Jones, M.      |         |      |         |      |      |      |      |      |
| ✓                  |      | Jones, S.      |         |      |         |      |      |      |      |      |
| ✓                  |      | Magar          |         |      |         |      |      |      |      |      |
| ✓                  |      | Pigman         |         |      |         |      |      |      |      |      |
| ✓                  |      | Renner         |         |      |         |      |      |      |      |      |
| ✓                  |      | Roberson       |         |      |         |      |      |      |      |      |
| ✓                  |      | Sprowls        |         |      |         |      |      |      |      |      |
| ✓                  |      | Trumbull       |         |      |         |      |      |      |      |      |
|                    |      |                |         |      |         |      |      |      |      |      |
|                    |      |                |         |      |         |      |      |      |      |      |
|                    |      |                |         |      |         |      |      |      |      |      |
|                    |      |                |         |      |         |      |      |      |      |      |
|                    |      |                |         |      |         |      |      |      |      |      |
| Yeas               | Nays | TOTALS         | Yeas    | Nays | Yeas    | Nays | Yeas | Nays | Yeas | Nays |
| 14                 | 0    |                |         |      |         |      |      |      |      |      |

Ref Abs - Absentes Yea  
 Berman - Absentes Yea  
 Harrell - Absentes Yea  
 Edwards - Absentes Yea

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

**1/27/2016 9:00:00AM**

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

**CS/HB 249 : Culinary Education Programs**

*Favorable With Committee Substitute*

|                       | <i>Yea</i> | <i>Nay</i>           | <i>No Vote</i> | <i>Absentee<br/>Yea</i> | <i>Absentee<br/>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: 16</b> |            | <b>Total Nays: 0</b> |                |                         |                         |

**CS/HB 249 Amendments**

**Amendment 342057**

*Adopted Without Objection*

**Appearances:**

Bill and Moskowitz Amendment  
 Goldstein, Susan (Lobbyist) - Waive In Support  
 ARC Broward County  
 3158 Inverness  
 Weston FL 33332  
 Phone: (954) 830-6300

Bill and Moskowitz Amendment  
 Gonzales, Violet (General Public) - Waive In Support  
 Mac Town (Miami Achievement Center)  
 Community Relations Director  
 Miami FL

Committee meeting was reported out: Wednesday, January 27, 2016 10:53:04AM

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HB 249

Meeting Date: 11/27/16

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

Place: Marine Hall

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

Time: 9:00 A.M.

Subject: Culinary Education Programs

**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        | <i>Agreed</i> |             |             |             |             |             |             |             |
|-------------------------------------|-------------|----------------|---------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Yea                                 | Nay         |                | Yeas          | Nays        | Yeas        | Nays        | Yeas        | Nays        | Yeas        | Nays        |
| <input checked="" type="checkbox"/> |             | Brodeur, Chair |               |             |             |             |             |             |             |             |
| <input checked="" type="checkbox"/> |             | Avila          | <i>W</i>      |             |             |             |             |             |             |             |
| <input checked="" type="checkbox"/> |             | Berman         | <i>W</i>      |             |             |             |             |             |             |             |
| <input checked="" type="checkbox"/> |             | Burton         | <i>W</i>      |             |             |             |             |             |             |             |
| <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> |
| 16                                  | 0           |                |               |             |             |             |             |             |             |             |

*Rep Aule - Absent Yea  
Harrell - Absent Yea*



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

**1/27/2016 9:00:00AM**

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

**CS/HB 315 : Medical Examiners**

Favorable

|                       | Yea | Nay                  | No Vote | Absentee<br>Yea | Absentee<br>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: 14</b> |     | <b>Total Nays: 2</b> |         |                 |                 |

**Appearances:**

Wylie, James (Lobbyist) - Waive In Support  
 Florida Funeral and Cemetery Consumer Advocacy, Inc  
 5359 Pembridge Place  
 Tallahassee FL 32309  
 Phone: (850) 567-1705

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

Thomas, Mary (Lobbyist) - Waive In Support  
 Florida Medical Association  
 Asst. General Counsel  
 1430 Piedmont Dr E  
 Tallahassee FL 32308  
 Phone: (850) 224-6496

Committee meeting was reported out: Wednesday, January 27, 2016 10:53:04AM

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

**1/27/2016 9:00:00AM**

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

**CS/HB 315 : Medical Examiners (continued)**

**Appearances: (continued)**

Cassini, Marty (Lobbyist) - Waive In Opposition

Broward County

Legislative Council

115 S Andrews Ave

Fort Lauderdale FL 33301

Phone: (954) 357-7575

Harbin, Susan (Lobbyist) - Opponent

Florida Association of Counties

Legislative Advocate

100 S Monroe St

Tallahassee FL 32301

Phone: (770) 546-8845

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

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 1/27/16  
**Place:** Monroe Hall  
**Time:** 9:00AM

**Bill Number:** CS/HB 315  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Medical Examiners

**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"/> | <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"/> |                                     | Sproles        |             |             |             |             |             |             |             |             |
| <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> |
| 14                                  | 2                                   |                |             |             |             |             |             |             |             |             |

Rep. Ault - Absent Yea  
 Harrell - Absent Yea

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

**1/27/2016 9:00:00AM**

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

**HB 337 : Vision Care Plans**

Favorable

|                       | <i>Yea</i> | <i>Nay</i>           | <i>No Vote</i> | <i>Absentee<br/>Yea</i> | <i>Absentee<br/>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:**

Ramba, David (Lobbyist) - Waive In Support  
 Florida Optometric Association  
 Attorney  
 120 S Monroe St  
 Tallahassee FL 32301  
 Phone: (850) 727-7087

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

Committee/Subcommittee: Health & Human Services  
 Meeting Date: 1/29/16  
 Place: Monks Hall  
 Time: 9:00 AM

Bill Number: HB 339  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Vision Care Plans

**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"/> |             | 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 Avila - Absentee Yea  
 Berman - Absentee Yea  
 Edwards - Absentee Yea

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

**1/27/2016 9:00:00AM**

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

**HB 1061 : Nurse Licensure Compact**

Favorable

|                       | <i>Yea</i> | <i>Nay</i>           | <i>No Vote</i> | <i>Absentee<br/>Yea</i> | <i>Absentee<br/>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: 16</b> |            | <b>Total Nays: 0</b> |                |                         |                         |

**Appearances:**

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

Lumpkin, Barbara (Lobbyist) - Waive In Support  
 Baptist Health South Florida  
 Consultant  
 468 Green Spring Cir  
 Winter Springs FL 32708  
 Phone: (407) 227-7705

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

Committee meeting was reported out: Wednesday, January 27, 2016 10:53:04AM

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

**1/27/2016 9:00:00AM**

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

**HB 1061 : Nurse Licensure Compact (continued)**

**Appearances: (continued)**

Lapolt, Alisa (Lobbyist) - Waive In Support

FL Nurses Association

Lobbyist

PO Box 1344

Tallahassee FL 32302

Phone: (850) 443-1319

Watson, Ron (Lobbyist) - Waive In Support

Florida Renal Coalition

Lobbyist

3738 Mundon Way

Tallahassee FL 32309

Phone: (850) 561-1202

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

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

**Bill Number:** HB 1061

**Meeting Date:** 1/29/16  
**Place:** Monte Hall  
**Time:** 9:00 AM

**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Max Licenses Compact

**Committee/Subcommittee Action:**

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

| Final Vote<br>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       |      |      |      |      |      |      |      |      |
|                       |      |                |      |      |      |      |      |      |      |      |
|                       |      |                |      |      |      |      |      |      |      |      |
|                       |      |                |      |      |      |      |      |      |      |      |
|                       |      |                |      |      |      |      |      |      |      |      |
| Yeas                  | Nays | TOTALS         | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 16                    | 0    |                |      |      |      |      |      |      |      |      |

Rep. Arns - Absentee Yea  
Harrell - Absentee Yea



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

**1/27/2016 9:00:00AM**

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

**HB 1063 : Public Records and Meetings/Nurse Licensure Compact**

Favorable

|                       | <i>Yea</i> | <i>Nay</i>           | <i>No Vote</i> | <i>Absentee<br/>Yea</i> | <i>Absentee<br/>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: 16</b> |            | <b>Total Nays: 1</b> |                |                         |                         |

Committee meeting was reported out: Wednesday, January 27, 2016 10:53:04AM





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: 37 - Direct Primary Care Meeting Date: 1/27/16

Fill in appropriate information:

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

Committee/Subcommittee: Health & Human Services Committee

Name: Catherine Baer

Title: Chair

Address: 1421 Woodgate Way

City: Tallahassee State/Zip: FL 32308

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

Representing: The Tea Party Network

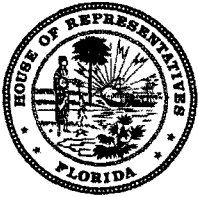
Registered Lobbyist: YES  NO

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: 37 Meeting Date: 1/27/10

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Mary Thomas

Title: Ass. Gen. Counsel

Address: 1430 Piedmont Dr E

City: TLH State/Zip: FL 32308

Phone Number: 850 224 6496

Representing: Florida Medical 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.



Type or Print Clearly

Bill Number: CS/HB 37 Meeting Date: 1/27/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: DIRECT PRIMARY CARE

Committee/Subcommittee: HEALTH

Name: SAL NUZZO

Title: VP POLICY

Address: 100 N DUNAL

City: TALL. State/Zip: FL 32301

Phone Number: 850-322-9541

Representing: THE JAMES MADISON INSTITUTE

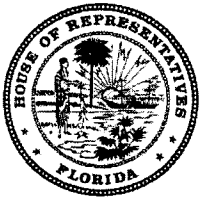
Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

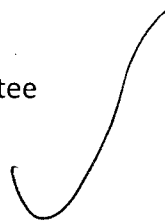
| Bill  |                                   | Amendment                          |                                   |
|---|-----------------------------------|------------------------------------|-----------------------------------|
| Proponent <input checked="" type="checkbox"/> | Opponent <input type="checkbox"/> | 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: 37 Meeting Date: 1/27/16

Fill in appropriate information:

PCB/PCS/Amendment # or

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

Committee/Subcommittee: H/HSC

Name: Chris Deland

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

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051

Representing: Florida Chapter, American College of Physicians

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: 377 Meeting Date: 1-27-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Direct Primary Care

Committee/Subcommittee: Health + Human Services Committee

Name: Tim Nungesser

Title: Legislative Director

Address: 110 E. Jefferson St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-445-5367

Representing: NFIB

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: 37 Meeting Date: 1/27/16

Fill in appropriate information:  
PCB/PCS/Amendment # or  
Presentation/Workshop Topic: Amendment 2  
Amendment bar code 479685

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

Name: Ron Watson

Title: Lobbyist

Address: 3738 Mundon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 564-1202

Representing: Florida CHAIN

Registered Lobbyist: YES  NO

State Employee: YES  NO

*waive in support of amendment*

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 checked="" 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.

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Type or Print Clearly

Bill Number: 249 and moskowitz Amendment Meeting Date: 1-27-16

Fill in appropriate information:

PCB/PCS/Amendment # or

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

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

Name: Susan Goldstein

Title: Advocate - Consultant

Address: 3158 Inverness

City: Weston

State/Zip: FL 33332

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

Representing: ARC Broward & Sandra DeLuca

Registered Lobbyist: YES  NO

State Employee: YES  NO

Developmental Center

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 checked="" type="checkbox"/> | Opponent <input type="checkbox"/> |
| Info Only <input type="checkbox"/>            |                                   | Info Only <input type="checkbox"/>            |                                   |

moskowitz  
Amendment  
only  
NO others



### 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

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W/S  
Bill

Bill Number: 249 Meeting Date: 1-27-16

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

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

Name: Violet Gonzalez

Title: Community Relations Director

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

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

Representing: MACTOWN - (Miami Achievement Center)

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

Moskowitz  
Amendment  
only



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

*WFS*

Type or Print Clearly

Bill Number: CS / HB 315 Meeting Date: 01/27/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Medical Examiners

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

Name: JAMES WYCLE

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

Address: 5359 Pembroke Place

City: Tallahassee State/Zip: FL 32309

Phone Number: 850-567-1705

Representing: Florida Funeral Cemetery & Consumer Advocacy

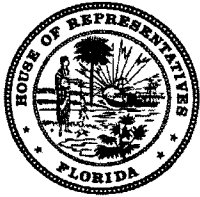
Registered Lobbyist: YES  NO

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: 315 Meeting Date: 1/27/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: MEDICAL EXAMINERS

Committee/Subcommittee: HHS

Name: JACK McRAY

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

Address: 200 W. COLLEGE AVE # 304

City: TLH State/Zip: FL 32301

Phone Number: 250-577-5187

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"/> |                                   |



WLS

### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 315 Meeting Date: 1/27/16

Fill in appropriate information:

PCB/PCS/Amendment # or

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

Committee/Subcommittee: HHS

Name: Mary Thomas

Title: Ass. Gen. Counsel

Address: 1430 Piedmont Dr. E

City: TLH State/Zip: FL 32308

Phone Number: 850 224 6496

Representing: Florida Medical 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"/> |                                   |



WFO

### 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: 315 Meeting Date: 1-27-16

Fill in appropriate information:

PCB/PCS/Amendment # or

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

Committee/Subcommittee: Health and Human Services Committee

Name: Marty Cassini

Title: Legislative Counsel

Address: 415 S. Andrews Ave

City: Fort Lauderdale State/Zip: FL 33301

Phone Number: 954-357-7575

Representing: Broward County

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: 315 Meeting Date: 1/27/16

Fill in appropriate information:

PCB/PCS/Amendment # or  
Presentation/Workshop Topic: medical examiners

Committee/Subcommittee: Health & Human Services

Name: Susan Harbin

Title: Legislative Advocate

Address: 100 S. Monroe St

City: Tallahassee State/Zip: FL 32301

Phone Number: 770 546-8845

Representing: Florida Association of Counties

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: 337 Meeting Date: 1/27/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: VISION CARE PLANS

Committee/Subcommittee: HHS

Name: DAVID RAMBA

Title: ATTORNEY

Address: 120 S. MONROE ST

City: TAUNAHAWEE State/Zip: FL 32301

Phone Number: 850-727-7087

Representing: FLORIDA ODONTOLOGIC ASSOCIATION

Registered Lobbyist: YES  NO

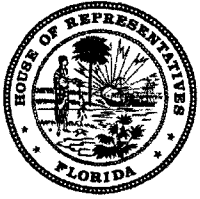
State Employee: YES  NO

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"/> |                                   |





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: 1061 Meeting Date: 1/27/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: NURSE LICENSURE COMPACT

Committee/Subcommittee: HHS

Name: JACK M<sup>C</sup>RAY

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

Address: 200 W. COLLEGE AVE., # 304

City: TLH State/Zip: FL 32301

Phone Number: 850-577-5187

Representing: AARP

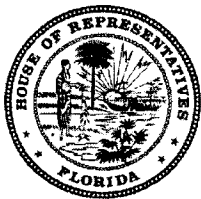
Registered Lobbyist: YES  NO

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"/> |                                   |



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: 1061 Meeting Date: 1/27/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Nurse Licensure Compact

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 7705

Representing: Baptist Health South Florida

Registered Lobbyist: YES  NO

State Employee: YES  NO

*Wife 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"/> | 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 1061 Date 26 Jan '16

Name Martha De Castro

Title VP of Nursing - FHA

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone Number 850-222-9800

Representing Fla Hospital Assn

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.

|                                |                                     |             | <u>Amendment</u>         | <u>Bill</u>                         |
|--------------------------------|-------------------------------------|-------------|--------------------------|-------------------------------------|
| I wish to speak                | <input checked="" type="checkbox"/> | Proponent   | <input type="checkbox"/> | <input checked="" 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: NLC

Committee/Subcommittee: Health & Human Services



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: 1001 Meeting Date: 1/27/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Nurse Licensure Compact

Committee/Subcommittee: HHS

Name: Alisa LaPol ah LEE sa

Title: Lobbyist

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

City: TLH State/Zip: \_\_\_\_\_

Phone Number: 443-1319

Representing: FL Nurses Association

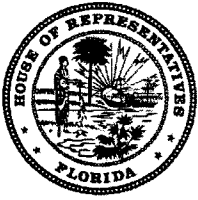
Registered Lobbyist: YES  NO

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

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Type or Print Clearly

Bill Number: 1061 Meeting Date: 1/27/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Nurse Licensure Compact

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

Name: Ron Watson

Title: lobbyist

Address: 3736 Amber Way

City: Tallahassee State/Zip: FL 32310

Phone Number: 350 542 1202

Representing: Florida Renal Coalition

Registered Lobbyist: YES  NO

State Employee: YES  NO

*voice 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"/> | Proponent <input type="checkbox"/> | Opponent <input type="checkbox"/> |
| Info Only <input type="checkbox"/>            |                                   | Info Only <input type="checkbox"/> |                                   |