

Health & Human Services Committee

Wednesday, February 17, 2016 9:00 AM – 12:00 PM Morris Hall

Action Packet

Health & Human Services Committee 2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

Summary:

		- .	
Health	& Human	Services	Committee

Wednesday February 17, 2016 09:00 am

CS/CS/HB 81 Favorable	Yeas: 17	Nays: 0
CS/CS/HB 139 Favorable	Yeas: 17	Nays: 0
CS/CS/HB 221 Favorable With Committee Substitute Representative Costello voted Nay on CS/CS/HB 221 and the bill passed. However, later in the meeting he made an announcement that he would like to change his Nay vote to a Yea.	Yeas: 12	Nays: 1
Amendment 286039 Adopted Without Objection		
CS/CS/HB 259 Favorable With Committee Substitute	Yeas: 15	Nays: 1
Amendment 603829 Adopted Without Objection		
CS/HB 363 Favorable	Yeas: 16	Nays: 0
CS/CS/HB 517 Favorable With Committee Substitute	Yeas: 16	Nays: 1
Amendment 086043 Adopted Without Objection		
Amendment 369949 Adopted Without Objection		
Amendment 898851 Adopted as Amended		
HB 543 Favorable	Yeas: 13	Nays: 0
CS/HB 599 Favorable With Committee Substitute	Yeas: 14	Nays: 0
Amendment 006441 Adopted Without Objection		
HB 657 Favorable	Yeas: 15	Nays: 0
CS/HB 941 Favorable With Committee Substitute	Yeas: 12	Nays: 1
Amendment 885329 Adopted Without Objection		
Amendment 885751 Adopted		
Amendment 893511 Adopted Without Objection		
CS/HB 951 Favorable With Committee Substitute	Yeas: 17	Nays: 0
CS/HB 951 Favorable With Committee Substitute Amendment 104567 Adopted Without Objection	Yeas: 17	Nays: 0
	Yeas: 17	Nays: 0
Amendment 104567 Adopted Without Objection	Yeas: 17 Yeas: 16	Nays: 0
Amendment 104567 Adopted Without Objection Amendment 209907 Adopted Without Objection		

Health & Human Services Committee 2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

Summary: (continued)

Health & Human Services Committee

Wednesday February 17, 2016 09:00 am

Amendment 698777	Adopted Without Objection		
CS/CS/HB 1125 Favorable	With Committee Substitute	Yeas: 16	Nays: 0
Amendment 230575	Adopted Without Objection		
CS/HB 1175 Favorable Wit	h Committee Substitute	Yeas: 17	Nays: 0
Amendment 466161	Adopted Without Objection		
CS/HB 1211 Favorable Wit	h Committee Substitute	Yeas: 14	Nays: 0
Amendment 005391	Adopted Without Objection		
Amendment 214363	Adopted Without Objection		
Amendment 417005	Adopted Without Objection		
Amendment 653989	Adopted Without Objection		
CS/HB 1381 Favorable		Yeas: 13	Nays: 0
CS/HB 7087 Favorable Wit	h Committee Substitute	Yeas: 17	Nays: 0
Amendment 551279	Adopted Without Objection		
CS/HB 7097 Favorable Wit	h Committee Substitute	Yeas: 17	Nays: 0
		reas. 17	, 5.
Amendment 668531	Adopted as Amended	1003. 17	,,,,,,
Amendment 668531 Amendment 420117	Adopted as Amended Adopted	10031 17	,
	Adopted	Yeas: 17	Nays: 0
Amendment 420117	Adopted IB 1313 Favorable With Amendment(s)		
Amendment 420117 PCSMB for CS/CS/HB 307 & F	Adopted IB 1313 Favorable With Amendment(s) r CSCSHB 307 a1 Adopted Without Objection		

Health & Human Services Committee 2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

Attendance:

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

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 81 : Infectious Disease Elimination Pilot Program

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton	X				
Gwyndolen Clàrke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X			-	
Katie Edwards	X				•
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X			-	
	Total Yeas: 17	Total Nays:	0		

Appearances:

Fishman, Joy (General Public) - Proponent Self Harm Reduction Advocate 10225 Collins Ave Bal Harbor FL 33154 Phone: (305) 989-4901

Nuland, Chris (Lobbyist) - Waive In Support Fl Public Health Assocciation 1000 Riverside Ave Jacksonville FL 32204 Phone: (904) 233-3051

Winn, Stephen (Lobbyist) - Waive In Support Florida Osteopathic Medical Association Executive Director 2544 Blairstone Pines Dr Tallahassee FL 32301 Phone: (850) 878-7364

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 81 : Infectious Disease Elimination Pilot Program (continued)

Appearances: (continued)

Doyle, Kate (Lobbyist) - Waive In Support Florida Hospital Association Vice President 306 E College Ave Tallahassee FL 32301 Phone: (850) 222-9800

Fontaine, Mark (Lobbyist) - Waive In Support Florida Alcohol & Drug Abuse Association, Inc 2868 Mahan Dr Tallahassee FL 32308 Phone: (850) 878-2196

Pitts, Brian (General Public) - Information Only Justice-2-Jesus 1119 Newton Ave. S. St. Petersburg FL 33705 Phone: (727) 897-9291

McCarty, Jess (Lobbyist) - Waive In Support Miami-Dade County 111 NW 1st St Miami FL 33128 Phone: (305) 979-7110

Bishop, Barney (Lobbyist) - Waive In Support Florida Smart Justice Alliance President & CEO 204 S Monroe St Tallahassee FL 32301 Phone: (850) 577-3032

Bill & Amendment
Dudley, John (General Public) - Waive In Support
Self
FSU Medical Student
1020 Village Circle
Sarasota FL 34237

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

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 81 : Infectious Disease Elimination Pilot Program (continued)

Appearances: (continued)

Poole, David (Lobbyist) - Waive In Support AIDS Healthcare Foundation Director of Legislative Affairs 1825 Country Club Dr Tallahassee FL 32311

Phone: (850) 766-3323

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

Diaz, Chanelle (General Public) - Waive In Support Self Medical Student - University of Miami 1555 N Treasure Dr Miami FL 33126 Phone: (305) 529-1813

Lyon, Aimee (Lobbyist) - Waive In Support AIDS Institute, Inc, The Lobbyist 119 South Monroe St Tallahassee FL 32301

Phone: (850) 251-4300

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB) CS/CS/HB 139 : Dental Care

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton	X				
Gwyndolen Clarke-Reed	X			·	
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				•
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar	X				
Cary Pigman	X		-		
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 17	Total Nays:	0		

Appearances:

Smith, Zayne (Lobbyist) - Waive In Support AARP Associate State Director 200 W College Ave Tallahassee FL 32301 Phone: (850) 228-4243

Pitts, Brian (General Public) - Information Only Justice-2-Jesus 1119 Newton Ave. S. St. Petersburg FL 33705

Phone: (727) 897-9291

Stoutamire, Casey (Lobbyist) - Waive In Support Florida Dental Association 118 E. Jefferson St. Tallahassee FL 32301 Phone: (850) 224-1089

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 221 : Out-of-network Health Insurance Coverage

X Favorable With Committee Substitute - Representative Costello voted Nay on CS/CS/HB 221 and the bill passed. However, later in the meeting he made an announcement that he would like to change his Nay vote to a Yea.

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton				X	
Gwyndolen Clarke-Reed	X				
Fred Costello		X			
Janet Cruz	X				•
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones			X		
MaryLynn Magar				X	
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull			X		
Jason Brodeur (Chair)	X	-			
	Total Yeas: 12	Total Nays:	1		

CS/CS/HB 221 Amendments

Amendment 286039

X Adopted Without Objection

Appearances:

Nuland, Chris (Lobbyist) - Waive In Support Florida Chapter, American College of Physicians 1000 Riverside Avenue Jacksonville FL 32204 Phone: (904) 233-3051

Winn, Stephen (Lobbyist) - Waive In Support Florida Osteopathic Medical Association Executive Director 2544 Blairstone Pines Dr Tallahassee FL 32301 Phone: (850) 878-7364

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 221 : Out-of-network Health Insurance Coverage (continued)

Appearances: (continued)

Murray, Caitlin (Lobbyist) (State Employee) - Waive In Support

Office of Insurance Regulation Director of Government Affairs 200 E. Gaines St.

Tallahassee FL 32399 Phone: (850) 413-5005

Nungesser, Tim (Lobbyist) - Waive In Support

National Federation of Independent Business Legislative Director

110 E Jefferson St Tallahassee FL 32301 Phone: (850) 445-5367

Perdue, Tammy (Lobbyist) - Waive In Support

Associated Industries of Florida

506 N Adams St Tallahassee FL 32302 Phone: (850) 224-7173

Large, Toni (Lobbyist) - Waive In Support

Florida College of Emergency Physicians & Forida Othropedic Society

519 E Park Ave Tallahassee FL 32308

Phone: (850) 556-1461

Watson, Ron (Lobbyist) - Waive In Support

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

Scott, Jeff (Lobbyist) - Waive In Support

Florida Medical Association

Lobbyist

1430 E. Piedmont Dr E Tallahassee FL 32308 Phone: (850) 224-6496

Troncoso, Wences (Lobbyist) - Waive In Support

Florida Association of Health Plans, Inc Vice President & General Counsel

200 W College Ave Ste 104 Tallahassee FL 32301

Phone: (850) 386-2904

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Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 221 : Out-of-network Health Insurance Coverage (continued)

Appearances: (continued)

James, Sha' Ron (Lobbyist) - Waive In Support Department of Finanical Services Insurance Consumer Advocate 200 E Gaines St Tallahassee FL 32399

Phone: (850) 413-5923

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 259 : Temporary Care of a Minor Child Pursuant to a Power of Attorney

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton	X				
Gwyndolen Clarke-Reed		X			
Fred Costello	X	· ···· · · · · · · · · · · · · · · ·			
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar				X	
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 15	Total Nays:	1		

CS/CS/HB 259 Amendments

Amendment 603829

X Adopted Without Objection

Appearances:

Bill & Amendment
Rose, Megan (General Public) - Waive In Support
Safe Families for Children
Director(Host Mom)
4937 Del Prado St
Cape Coral FL 33904
Phone: (941) 286-9515

Pound, Greg (General Public) - Information Only Pinellas County Florida Government Corruption 9166 Sunrise Dr Largo FL 33773

Health & Human Services Committee 2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 259 : Temporary Care of a Minor Child Pursuant to a Power of Attorney (continued)

Appearances: (continued)

Pitts, Brian (General Public) - Information Only Justice-2-Jesus 1119 Newton Ave. S. St. Petersburg FL 33705 Phone: (727) 897-9291

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 363 : Health Insurance Coverage for Opioids

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton	X				
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar				X	
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 16	Total Nays: 0)		

Appearances:

Winn, Stephen (Lobbyist) - Waive In Support Florida Osteopathic Medical Association Executive Director 2544 Blairstone Pines Dr Tallahassee FL 32301

Fontaine, Mark (Lobbyist) - Waive In Support Florida Alcohol & Drug Abuse Association 2868 Mahan Dr Tallahassee FL 32308 Phone: (850) 878-2196

Gonzalez, Larry (Lobbyist) - Waive In Support Florida Occupational Therapy Association General Counsel 223 S Gadsden St

Tallahassee FL 32301 Phone: (850) 570-6307

Phone: (850) 878-7463

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 363: Health Insurance Coverage for Opioids (continued)

Appearances: (continued)

Langford, Pam (General Public) - Waive In Support
H.E.A.L.S of the South -Hepatitis Education, Awareness and Liver Support
President
PO Box 180813

Tallahassee Fl 32318 Phone: (850) 443-8029

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 517 : Certificates of Public Convenience and Necessity for Life Support or Air

Ambulance Services

X | Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton	X				
Gwyndolen Clarke-Reed		X	-		
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 16	Total Nays:	1		

CS/CS/HB 517 Amendments

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Αm	end	men	t O	86	043

X Adopted Without Objection

Amendment 369949

X Adopted Without Objection

Amendment 898851

X Adopted as Amended

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 517 : Certificates of Public Convenience and Necessity for Life Support or Air

Ambulance Services (continued)

Appearances:

Amendment

Cunningham, James (General Public) - Proponent

North Collier Fire Fire Chief 1885 Veteran Park Dr Naples FL 34109

Phone: (239) 597-3222

Amendment

Aguilera, Jorge (General Public) - Waive In Support North Collier Fire Control & Rescue District Deputy of EMS 1885 Veterans Park Dr Naples FL 34116

Phone: (239) 597-3222

Lyon, Chris (Lobbyist) - Waive In Support Bonita Springs Fire Control District Attorney 315 S Calhoun St Tallahassee FL 32301

Phone: (850) 222-5702

Pitts, Brian (General Public) - Waive In Support

Justice-2-Jesus 1119 Newton Ave. S. St. Petersburg FL 33705 Phone: (727) 897-9291

Bill & Amendment

Roth, Cari (Lobbyist) - Opponent Manatee County; FL Ambulance Association 215 S Monroe St

Tallahassee FL 32301 Phone: (850) 999-4100

Bill & Amendment

Chao, R. Eliseo (General Public) - Waive In Support

North Collier Fire Fire Commissioner 621 2014 Ave NW Naples FL 34120

Phone: (239) 250-9528

Kopka, Walter (General Public) - Opponent

Collier County Board of Commissioners

Chief

8075 Lely Cultural Pkwy

Naples FL 34113

Phone: (239) 252-3757

Health & Human Services Committee 2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 517 : Certificates of Public Convenience and Necessity for Life Support or Air

Ambulance Services (continued)

Appearances: (continued)

Bacot, Brett (Lobbyist) - Waive In Opposition Collier County Lobbyist 101 N Monroe St Tallahassee FL 32301 Phone: (850) 681-4269

Harbin, Susan (Lobbyist) - Opponent Florida Association of Counties 100 S Monroe Tallahassee FL 32301 Phone: (770) 546-8845

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

HB 543 : Small Group Health Insurance

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton				X	
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones			X		
MaryLynn Magar				X	
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull			X		
Jason Brodeur (Chair)	X				· · · · · · · · · · · · · · · · · · ·
	Total Yeas: 13	Total Nays:	0		

Appearances:

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

Murray, Caitlin (Lobbyist) (State Employee) - Waive In Support Office of Insurance Regulation

Office of Insurance Regulation Director of Government Affairs 200 E. Gaines St.

Tallahassee FL 32399 Phone: (850) 413-5005

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB) CS/HB 599 : Child Welfare

X | Favorable With Committee Substitute

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

CS/HB 599 Amendments

Amendment 006441

X Adopted Without Objection

Appearances:

Bishop, Barney (Lobbyist) - Waive In Support Florida Smart Justice Alliance President & CEO 204 S Monroe St Tallahassee FL 32301 Phone: (850) 577-3032

Pitts, Brian (General Public) - Information Only Justice-2-Jesus 1119 Newton Ave. S. St. Petersburg FL 33705

Phone: (727) 897-9291

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 599 : Child Welfare (continued)

Appearances: (continued)

Zepp, Victoria (Lobbyist) - Waive In Support Florida Coalition for Children Executive Director of Government Affairs 411 E College Ave Tallahassee FL 32301 Phone: (850) 241-6309

Pfeiffer, Summer (Lobbyist) - Waive In Support Children's Home Society of Florida, The VP of Government Relations 1801 Miccosukee Commons Dr Tallahassee FL 32308 Phone: (850) 339-5463

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

HB 657: Foster Family Appreciation Week

X Favorable

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

Appearances:

Pitts, Brian - Waive In Support Justice-2-Jesus 1119 Newton Ave S St. Petersburg FL 33705 Phone: (727) 897-9291

Zepp, Victoria (Lobbyist) - Waive In Support Florida Coalition for Children Executive Director of Government Affairs 411 E College Ave Tallahassee FL 32301 Phone: (850) 241-6309

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 941 : Department of Health

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton		•		X	
Gwyndolen Clarke-Reed		X			
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				-
Shevrin Jones			X		
MaryLynn Magar				X	
Cary Pigman	, X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull			X		
Jason Brodeur (Chair)	X				
	Total Yeas: 12	Total Nays: 1			

CS/HB 941 Amendments

Amendment	885329
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X Adopted Without Objection

Amendment 885751

X Adopted

Amendment 893511

X Adopted Without Objection

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 941 : Department of Health (continued)

Appearances:

Amendment #885751
Harbin, Susan (Lobbyist) - Opponent
Florida Association of Counties
Legislative Advocate
100 S Monroe St
Tallahassee FL 32301
Phone: (770) 596-8895

Amendment #885751

Cassini, Marty (Lobbyist) - Waive In Opposition Broward County Legislative Counsel 115 S Andrews Ave Ft Lauderdale FL 33301

Phone: (954) 357-7575

Gonzalez, Larry (Lobbyist) - Waive In Support Florida Occupational Therapy Association General Counsel 223 S Gadsden St. Tallahassee FL 32301 Phone: (850) 570-6307

Roberson Amendment #2 McCarty, Jess (Lobbyist) - Opponent Miami-Dade County 111 NW 1st St Miami FL 33128 Phone: (305) 979-7110

Amendment #893511(Gonzalez)
Friall, Andrea K. (General Public) - Waive In Support
American Congress of OB-GYNs
Physician, OB-GYN
North Florida Women's Care Center - TMH
Tallahassee FL 32312

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

Smith, Arlene (General Public) - Waive In Opposition Volusia County Legislative Affairs 123 W Indiana Ave Deland FL 32720 Phone: (386) 405-1552

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 941 : Department of Health (continued)

Appearances: (continued)

Pitts, Brian (General Public) - Information Only Justice-2-Jesus 1119 Newton Ave. S. St. Petersburg FL 33705

Phone: (727) 897-9291

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 951: Health Plan Regulatory Administration

X | Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton	X				
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X		•		
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X			_	_
	Total Yeas: 17	Total Nays:	0		

CS/HB 951 Amendments

Amendment 104567

X Adopted Without Objection

Amendment 209907

X Adopted Without Objection

Appearances:

Pitts, Brian (General Public) - Waive In Support

Justice-2-Jesus 1119 Newton Ave. S. St. Petersburg FL 33705 Phone: (727) 897-9291

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 951: Health Plan Regulatory Administration (continued)

Appearances: (continued)

Troncoso, Wences (Lobbyist) - Waive In Support Florida Association of Health Plans, Inc Vice President & General Counsel 200 W College Ave Tallahassee FL 32301 Phone: (850) 386-2904

Amendment #104567
Peebles, William (Lobbyist) - Waive In Support
Florida Municipal Insurance Trust
PO Box 10930
Tallahassee FL 32302
Phone: (850) 566-3029

Print Date: 2/17/2016 7:23 pm Leagis ® Page 26 of 41

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB) **CS/HB 965: Firesaftey**

X | Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton	X				
Gwyndolen Clarke-Reed	X				•
Fred Costello	X				
Janet Cruz	X			•	
W. Travis Cummings	X				
Katie Edwards	X				•
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar				X	
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X	-			•
Jay Trumbull	X				
Jason Brodeur (Chair)	X				_
	Total Yeas: 16	Total Nays: (0		

CS/HB 965 Amendments

Amendment 127663

X Adopted Without Objection

Amendment 698777

X Adopted Without Objection

Appearances:

Smith, Zayne (Lobbyist) - Waive In Support AARP Associate State Director 200 W College Ave Tallahassee FL 32301 Phone: (850) 228-4243

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 965 : Firesaftey (continued)

Appearances: (continued)

Murphy, BG (Lobbyist) - Waive In Support Department of Financial Services Deputy Legislative Affairs Director 400 N Monroe St Tallahassee FL 32399

Tallahassee FL 32399 Phone: (850) 413-2863

Anderson, Susan (Lobbyist) (State Employee) - Waive In Support

FL ALFA

VP of Public Policy 2583 Halleck Ln

Tallahassee FL 32312 Phone: 850) 708-4971

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 1125 : Eligibility for Employment as Child Care Personnel

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton	X				
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar				X	
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X		_		
Jason Brodeur (Chair)	X				
	Total Yeas: 16	Total Nays: (0		

CS/CS/HB 1125 Amendments

Amendment 230575

X Adopted Without Objection

Appearances:

Pound, Greg (General Public) - Information Only Pinellas County Florida Government Corruption 9166 Sunrise Dr Largo FL 33773

Bishop, Barney (Lobbyist) - Waive In Support Florida Smart Justice Alliance President & CEO 204 S Monroe St Tallahassee FL 32301 Phone: (850) 577-3032

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 1175 : Transparency in Health Care

X | Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton	X				
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X	*			
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar	X	•			
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 17	Total Nays:	0		

CS/HB 1175 Amendments

Amendment 466161

X Adopted Without Objection

Appearances:

Nuzzo, Sal (General Public) - Waive In Support The James Madison Institute VP Policy 100 N Duval Tallahassee FL 32301 Phone: (850) 322-9941

Nungesser, Tim (Lobbyist) - Waive In Support National Federation of Independent Business Legislative Director 110 E Jefferson St Tallahassee FL 32301

Phone: (850) 445-5367

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 1211 : Drugs, Devices, and Cosmetics

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton				X	
Gwyndolen Clarke-Reed	X		111111111111111111111111111111111111111		
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		44		
	Total Yeas: 14	Total Nays: 0			

CS/HB 1211 Amendments

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X Adopted Without Objection

Amendment 214363

X Adopted Without Objection

Amendment 417005

X Adopted Without Objection

Amendment 653989

X Adopted Without Objection

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 1211 : Drugs, Devices, and Cosmetics (continued)

Appearances:

Bill & Amendment # 005391 (#3)
Watson, Ron (Lobbyist) - Waive In Support
Florida Renal Administrators Association
Lobbyist
3738 Mundon Way
Tallahassee FL 32309
Phone: (850) 567-1202

Madill, Colton (Lobbyist) - Waive In Support
Department of Business & Professional Regulation
Deputy Legislative Affairs Director
1940 N Monroe St
Tallahassee FL 32399
Phone: (850) 487-4827

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 1381: Licensure of Residential Treatment Centers for Children and Adolescents

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman		_	X		
Colleen Burton				X	
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones			X		
MaryLynn Magar				X	
Cary Pigman .	X				
Paul Renner	X				
Kenneth Roberson	X	· · · •			
Chris Sprowls	X				
Jay Trumbull			X		
Jason Brodeur (Chair)	X				
	Total Yeas: 13	Total Nays: 0)		

Appearances:

Phone: (850) 577-3032

Bishop, Barney (Lobbyist) - Waive In Support Florida Smart Justice Alliance President & CEO 204 S Monroe St Tallahassee FL 32301

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB) **CS/HB 7087 : Telehealth**

X Favorable With Committee Substitute

	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		i		
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 17	Total Nays:	0		

CS/HB 7087 Amendments

Amendment 551279

X Adopted Without Objection

Appearances:

Smith, Zayne (Lobbyist) - Waive In Support AARP Associate State Director 200 W College Ave Tallahassee FL 32301 Phone: (850) 228-4243

Nuzzo, Sal (General Public) - Waive In Support The James Madison Institute VP Policy 100 N Duval

Tallahassee FL 32301 Phone: (850) 322-9941

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 7087 : Telehealth (continued)

Appearances: (continued)

Bill & Amendment(551279)

Schoonover, Christopher (Lobbyist) - Waive In Support

Consumer Health Alliance 101 E College Ave Tallahassee FL 32301

Phone: (850) 222-9075

Pitts, Brian (General Public) - Information Only

Justice-2-Jesus 1119 Newton Ave. S. St. Petersburg FL 33705 Phone: (727) 897-9291

Chaney, Chris (Lobbyist) - Waive In Support

Associated Industries of Florida

506 N Adams St Tallahassee FL 32302

Phone: (850) 224-7173

Whitaker, Stan (General Public) - Waive In Support

FL Association of Nurse Practitioner

101 E College Ave Tallahassee FL 32301

Phone: (850) 545-8301

Floyd, Chris (Lobbyist) - Waive In Support

Florida Association of Nurse Practitioners

Consultant

101 E College Ave

Tallahassee FL 32301

Phone: (813) 624-5117

Gonzalez, Larry (Lobbyist) - Waive In Support

Florida Occupational Therapy Association

General Counsel

223 S Gadsden St

Tallahassee FL 32301

Phone: (850) 570-6307

Yapo, Jon (Lobbyist) - Waive In Support

Telehealth Association of Florida

Lobbyist

210 S Thurston Ave

Orlando FL 32801

Phone: (407) 383-3470

Lambert, Paul (Lobbyist) - Waive In Support

Florida Chiropractic Association, Inc

263 Rosehill Dr N

Tallahassee FL 32312

Phone: (850) 597-2696

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 7097 : Mental Health and Substance Abuse

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton	X				
Gwyndolen Clarke-Reed	X				
Fred Costello	X	****			
Janet Cruz	X			*******	
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 17	Total Nays: ()		

CS/HB 7097 Amendments

Amendment 668531

X Adopted as Amended

Amendment 420117

X Adopted

Appearances:

Fontaine, Mark (Lobbyist) - Waive In Support Florida Alcohol & Drug Abuse Association 2868 Mahan Dr Tallahassee FL 32308

Phone: (850) 878-2196

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 7097 : Mental Health and Substance Abuse (continued)

Appearances: (continued)

Phone: (850) 570-1967

Bill & Amendment
Hendrickson, Dan (General Public) - Waive In Opposition
Big Bend Mental Health Coalition, NAMI Tallahassee
Legislative Liasion
319 E Park Ave
Tallahassee FL 32302

Amendment #420117
Hoza, Meghan (Lobbyist) - Opponent
Alzheimer's Community Care
225 S Adams St
Tallahassee FL 32301
Phone: (772) 485-0693

Strike All Amendment(# 668531) Proponent Kelly, Natalie (Lobbyist) - Waive In Support Florida Association of Managing Entities Executive Director 411 E. College Ave Tallahassee FL 32301

Tallahassee FL 32301 Phone: (850) 570-5747

Phone: (850) 224-6048

Waive in Support of the Delete All Amendment by Rep Harrell Brown Woofter, Melanie (Lobbyist) - Waive In Support Florida Council Community Mental Health Senior Medicaid Policy Director 316 E Park Ave Tallahassee FL 32301

Bishop, Barney (Lobbyist) - Waive In Support Florida Smart Justice Alliance President & CEO 204 S Monroe St Tallahassee FL 32301 Phone: (850) 577-3032

Lowrey, Thad (Lobbyist) - Waive In Support Operation PAR VP Governmental Relation 7720 Washington St Port Richey FL 34668 Phone: (727) 992-8508

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

Health & Human Services Committee 2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 7097 : Mental Health and Substance Abuse (continued)

Appearances: (continued)

Harbin, Susan (Lobbyist) - Waive In Support Florida Association of Counties 110 S Monroe Tallahassee FL 32301 Phone: (770) 546-8895

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

PCSMB for CS/CS/HB 307 & HB 1313 : Medical Use of Cannabis

CS/CS/HB 307 laid on table under Rule 7.19; Refer to CS for CS/CS/HB 307 & HB 1313 HB 1313 laid on table under Rule 7.19; Refer to CS for CS/CS/HB 307 & HB 1313

X Favorable With Amendment(s)

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman			X		
Colleen Burton	X				
Gwyndolen Clarke-Reed	X				
Fred Costello	X	100 ago 100 ag			
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar	X				
Cary Pigman	X				
Paul Renner	X				
Kenneth Roberson	X				
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 17	Total Nays:	0		

PCSMB for CS/CS/HB 307 & HB 1313 Amendments

Amendment	PCSMB	for	CSCSHB	307	a1
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X Adopted Without Objection

Amendment PCSMB for CSCSHB 307 a2

X Adopted Without Objection

Amendment PCSMB for CSCSHB 307 a3

X Adopted Without Objection

Health & Human Services Committee 2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

PCSMB for CS/CS/HB 307 & HB 1313 : Medical Use of Cannabis (continued)

Appearances:

HB 307

Sharkey, Jeffrey (Lobbyist) - Proponent Medical Marijuana Business Association of Florida 106 E College Ave Tallahassee FL 32301

Phone: (850) 224-1660

James, Jodi (General Public) - Information Only

Florida Cannabis Action Network

Executive Director 1375 Cypress Ave Melbourne FL 32935 Phone: (321) 890-7302

Cannella-Krehl, Josephine (General Public) - Information Only

United for Compassion Licensed Clinical Social Worker 3784 Wentworth Way Tallahassee FL 32311 Phone: (850) 653-6928

Wallace, Robert D. (General Public) - Waive In Support

Chestnut Hill Tree Farm

President

15105 NW 94 Ave Alachua FL 32615

Alacitua FE 32013

Phone: (352) 215-5825

Pitts, Brian (General Public) - Information Only

Justice-2-Jesus 1119 Newton Ave. S. St. Petersburg FL 33705 Phone: (727) 897-9291

Bishop, Barney (Lobbyist) - Waive In Support

Florida Smart Justice Alliance President & CEO 204 S Monroe St Tallahassee FL 32301

Phone: (850) 577-3032

Kottkamp, Jeff (Lobbyist) - Proponent

AltMed Lobbyist 3311 Dartmoor Drive Tallahassee FL 32312 Phone: (239) 297-9141

Health & Human Services Committee

2/17/2016 9:00:00AM

Location: Morris Hall (17 HOB)

PCSMB for CS/CS/HB 307 & HB 1313 : Medical Use of Cannabis (continued)

Appearances: (continued)

Pernell, Jason (General Public) - Waive In Support Hackney Nursery COO 6749 Ben Bostic Rd Quincy FL 32359 Phone: (850) 544-5284

Rivers, Kim (General Public) - Waive In Support Hackney Nursery Board Member 6749 Ben Bostic Rd Quincy FL 32351

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

Chamizo, Jorge (Lobbyist) - Waive In Support Knox Nursery 108 S. Monroe St Tallahassee Fi 32301 Phone: (850) 681-0024

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

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On		MEMBERS								T
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1		Brodeur, Chair								
		Avila								
		Berman								ļ
		Burton		<u>.</u>						
		Clarke-Reed								
i/		Costello								
i_		Cruz								
		Cummings			-					
		Edwards								
سا		Harrell								<u> </u>
مسا		Jones, M.								
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سن		Magar								
1		Pigman								
		Renner								
		Roberson								
V	F	Sprowls								
V		Trumbull								
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		Brodeur, Chair								
		Avila								
		Berman				- -				
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مسا		Clarke-Reed								
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-		Jones, M.								
_ i		Jones, S.								
		Magar								
		Pigman								
		Renner								
		Roberson								
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1		Trumbull								

Yeas

Nays

TOTALS

Yeas

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Final Vote On Bill MEMBERS The Real Property of the Company of th												
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V		Brodeur, Chair	1/	*						-		
		Avila	1									
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i/		Clarke-Reed										
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V		Jones, M.		ļ		·						
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		Magar										
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Comm	Committee/Subcommittee: Health & Human Services Masting Date: Date Received:												
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	Time: Subject: Trecord one Committee/Subcommittee Action: Favorable												
Final Vote On Bill MEMBERS Dtake all													
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V		Jones, M.											
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1		Roberson								
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Comm	Committee/Subcommittee: Health & Human Services Meeting Date: Place: Place: Time: Place: Time: Pavorable Favorable Favorable W/ Committee/Subcommittee Substitute Final Vote On Bill MEMBERS Meeting Date: Place: Place										
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V		Brodeur, Chair	1 11	1	1	<i>y</i>	4/				
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i		Burton	4				\	/			
		Clarke-Reed		\ /							
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V		Trumbull									
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Committee/Subcommittee: Health & Human Bill Number:							185	11.7			
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		Berman		············							
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1/		Clarke-Reed									
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Committee/Subcommittee: Health & Human Services Meeting Date:										L
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Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 8 Meeting Date: $\frac{7}{17}$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Infections Disease Elimination Program
Committee/Subcommittee: Health and Human Services
Name: Joy Fishman
Title: Harm Reduction Advocate
Address: 1028 Colling Are
City: Bal Harbonr State/Zip: FL 33154
Phone Number: 305 - 989 - 4901
Representing: Herseff
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Proponent Opponent Info Only Info O



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

Administrative Assistant at the meeting.

Bill Number: 81 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: HHSC
Name: Chris Noland
Title:
Address: 1000 Riverside Ave
City: <u>Jacksenville</u> State/Zip: FC 32204
Phone Number: 904-233-3051
Representing: Gorda Public Health Association
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Bill Number: HB 8) Meeting Date: 2-17-2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: INFECTIOUS DISEASE ELIMINATION PLOT PROCRAM
Committee/Subcommittee: HOUSE HEALTH & HUMAN STRUKES COMMITTEE
Name: SIEPHEN R. WINN
Title: EXECUTIVE DIRECTOR
Address: 2544 BLAIRSTONE ANES PRIVE
City: I ALLAHASSLE State/Zip: FL 32301
Phone Number: 878-7344
Representing: FLORIDA DSTEDPATHIC MEDIAL ASSOCIATION
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponent Opponent Opponent Opponent Opponent Opponent Opponent D
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only
LOAIVE TIME IN SUPPORT



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

Bill Number: 4881	Meeting Date: 2-17-16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee: Health	+ Human Services
Name: Kate Doyle	
Title: Vice President	
Address: 306 E. College 1	Ju 4
City: Tallahassee	State/Zip: <u>\$\frac{1}{32301}\$</u>
Phone Number: <u>\$50 - 222 - 9</u>	9800
Representing: P.A. Hospital	ASSOC.
Registered Lobbyist: YES LINO	State Employee: YES NO
Waive IN Support	of HB81
· ·	
I Wish To Speak: YES NO	Bill Amendment
I Have Been Requested to Speak: YES NO	Proponent Opponent Dopponent Dopponent Info Only Info Only



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

Bill Number: 81	Meeting Date:	17 February 2014
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	Infecticus Dic	sease Elimination Pilot
Committee/Subcommittee:	Hosether + Hum	an Services
Name: Mark	Fontaine	
Title: Executive	Director	
Address: 28/8	Yahan Dr	
City: Tallabassep	State/Zip: R	32308
Phone Number: SSC	878 2196	
Representing: Floric	la Alcohol + Dr	ug Abuse Association
Registered Lobbyist: YES N	·	
I Wish To Speak: YES NO	Bill	Amendment
I Have Reen Requested to Sneak: VFS		Opponent Opponent Opponent Info Only

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE **RECORD**

Bill Number		2 117	7 /201 <i>6</i>		
Name	BRIAN PITTS	· · · · · · · · · · · · · · · · · · ·			
Title	TRUSTEE		·····		
Address	1119 NEWTON AVE	NUE SOUTH	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
City	SAINT PETERSBUF	RG	State/Zip	FLORIDA/33705	·-··
Phone Number	727/897-9291				
Representing	JUSTICE-2-JESUS	· •			
Lobbyist (registe	ered) YES 🗌	NO			!
State Employee	YES	ŅO			
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.					
				Amendment	<u>Bill</u>
I wish	to speak	X	Proponent		
I have	been requested to spea	ak 🗌	Opponent		
			Information		X
	Subject matter:				•
Committee	/Subcommittee:	•	H H SC		



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

Bill Number:	Meeting Date:	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:		
Committee/Subcommittee:		
Name: VESS	MCCARTY	
Title:		
Address: 1)) N	N 15t St	2810
City:	State/Zip:33)	28
Phone Number: 305	- 979-7110	
Representing: MIAM)	- DADE COUNT	- , \
Registered Lobbyist: YES	NO State Employee: YES	NO D
/		
I Wish To Speak: YES NO	Bill	Amendment
I Have Been Requested to Speak: YF	Proponent Opponent Info Only	Proponent Opponent Info Only
That been requested to speak. It	20 110 1 mo omy	



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

Administrative Assistant at the meeting.

Bill Number: 81 Meeting Date: 17 Feb 16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Infections Disease
Committee/Subcommittee: HH5
Name: Barney Bishop III
Title: Pres & CEO
Address: 209 5. Monroe
City: Tall State/Zip: Fz 32301
Phone Number:
Representing: Fla Swort Justice Alliance
Registered Lobbyist: YES NO State Employee: YES NO
WAIVE IN SUPPORT
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Administrative Assistant at the meeting.

Bill Number: 08 Meeting Date: 2-17-16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Talections Disease Elimination Act
Committee/Subcommittee: Heth and Human Services
Name: <u>John Dudley</u>
Title: FSU Medical Student
Address: 1020 Villagio Cir
City: Sarusota State/Zip: FL 34237
Phone Number:
Representing: myself
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Bill Number: Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Meede Exchange
Committee/Subcommittee:
Name: Kon Watson
Title: 100by15t
Address: 3738 Mundon Way
City: Tallahasse State/Zip: FL 32309
Phone Number: 850 567 - 1202
Representing: Florida CHAIN
Registered Lobbyist: YES NO State Employee: YES NO NO
Waive in Support
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Administrative Assistant at the meeting.

Bill Number: Meeting Date: 2-17-14	\sim
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: The proof of the proo	
Committee/Subcommittee: 1801/2 4 Human Plat Project	
Name: David Poole	
Title: Dir Legislature Affairs	·
Address: 1825 County Chb Or	
City: Tallabasel State/Zip: 17 32371	
Phone Number: <u>\$50 - 744 - 3323</u>	
Representing: 17105 Healthcare Foundation	
Registered Lobbyist: YES NO State Employee: YES NO NO	
I Wish To Speak: YES NO Bill Amendment	
I Have Been Requested to Speak: YES NO NO Info Only Info Only Info Only	onent



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

Administrative Assistant at the meeting.

Bill Number: Meeting Date: Meeting Date:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: 4445
Name: Mary Thomas
Title: Assistant General Counsel
Address: 1430 Piedmont Or E
City: State/Zip:
Phone Number: 850 229 6996
Representing: Florida Medical Association
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Info Only Info On



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

Administrative Assistant at the meeting.

Bill Number: 488 Meeting Date: 2 17 16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Tolerious Dsease Flimination Not
Committee/Subcommittee: HUS
Name: Chanelle Diaz
Title: <u>Medical student</u> - University of Miani
Address: ISSS N Tresure Dr.
City: Miani State/Zip: Florida
Phone Number: 305 5291813
Representing: Self
Registered Lobbyist: YES NO State Employee: YES NO Y
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Administrative Assistant at the meeting.

Bill Number: CS/CS HB 81 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health and Human Services Committee
Name: Aimee Diaz Lyon
Title:
Address: 119 South Monroe Street Suite 200
City: Tallahassee State/Zip: FL 32301
Phone Number: 850 - 251 - 4300
Representing: The AIDS Institute
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO NO NO Info Only Info Only Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: HB 139 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Deptal Core.
Committee/Subcommittee: 445
Name: Zayne Smith
Title: ASD
Address: 200 W. College Due
City: Tally State/Zip: Fc 32301
Phone Number: 850 228-4243
Representing: AARP
Registered Lobbyist: YES NO State Employee: YES NO
waive is sopport
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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. TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number	139	Da	ite	Z	ווי	/20)16			
Name	BRIAN	– PITTS	s					,		
Title	TRUSTE									
Address	1119 NE		N AVEN	UE S	DUTH					
City	SAINT F						State/Zip		FLORIDA/33705	
Phone Number	727/897	'-9291	·							
Representing	JUSTIC	E-2-J	ESUS	•						
Lobbyist (registe	ered)	YES			NO					· , y
State Employee		YES			ŅΟ			ĺ.		
If you are testify proponent or an	ing regardir opponent is	ng an the s	amend ame as	ment on th	, plea le bill	se ii as i	ndicate if y a whole.	you	position as a	
									Amendment	<u>Bill</u>
I wish	to speak				\times		Proponen	t		
I have	been reque	sted t	o speak	ζ.			Opponent			
				•			Informati	on		X
	Subject ma	tter:							. '	
Committee	/Subcommi	ttee: ;			+1	H	4 SC			



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

Administrative Assistant at the meeting.

Bill Number: HB 139 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Dental (Ave
Committee/Subcommittee: Health & Human Services
Name: <u>Casey Stoutamine</u>
Title: Vist
Address: 118 E. Jeflerson St
City: Tallawisce State/Zip: FL 35301
Phone Number: 850-224-1089
Representing: Florida Dental Association
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO W Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Administrative Assistant at the meeting.

Bill Number: 221 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: HHS C
Name: Chris Moland
Title:
Address: 1000 Riverside Ave
City: Jacksenulle State/Zip: FL 322C4
Phone Number: 904-233-3051
Representing: Morrda Chapter, American College of Surgeons
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Administrative Assistant at the meeting.

Bill Number: 148221 Meeting Date: 2-17-2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: CUT-Df-N+TWDK (+CPUTH NSUBWE COVINGE)
Committee/Subcommittee: NEATH & HOMAN SERVICES COMMITTEE
Name: STEPHEN R. WINN
Title: EXECUTIVE MAFCTOR
Address: 2544 BLARSTONE PINES DRIVE
City: TALLAHASSLE State/Zip: 17 3230
Phone Number: <u>478-7364</u>
Representing: FLORIDA OSTEDATHIC MEDICAL PASSOCIATION
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponen
I Have Been Requested to Speak: YES NO Info Only Info On
WAIVE TIME IN SUPPORT



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

Administrative Assistant at the meeting.

Bill Number: 22 Meeting Date: 2 17 16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health & Human Services
Name: Caithin Murray
Title: Divector of Government Affairs
Address:
City: State/Zip:
Phone Number:
Representing: Office of Insurance Regulation
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill Number	791	_ Date	7-1) !!	0		
Name	Tim	Nun	<u>gesses</u>				
Title	Legis	chive	Direce	for			
Address	110 E	Jeff	<u> ۲۷ کې د د د د د د د د د د د د د د د د د د </u>	4			
City	Tallahas	isel			State/Zip _	FL 32:	30)
Phone Number	850.	-445-	5367				
Representing	NFIB))					
Lobbyist (registe	•	YES 🖂		NO [
State Employee	Y	YES [ľ	NO [A.		
State Employee If you are testify proponent or an	ing regardin	ng an am	endment,	please	indicate if yo	ur position a	s a
If you are testify proponent or an	ing regardin	ng an am	endment,	please	indicate if yo	ur position a Amendm	
If you are testify proponent or an I wish	ing regardin opponent is	ng an am the same	endment, e as on the	please e bill a	indicate if yo s a whole.		ent <u>Bill</u>
If you are testify proponent or an I wish	ing regardin opponent is to speak	ng an am the same	endment, e as on the	please e bill a	e indicate if yo s a whole. Proponent	Amendm	ent <u>Bill</u>
If you are testify proponent or an I wish	ing regardin opponent is to speak	ng an am the same	endment, e as on the	please e bill a	e indicate if yo s a whole. Proponent Opponent	Amendm	ent <u>Bill</u>



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

Bill Number: _	221	Meeting I	Date:	2/17/16	
Fill in appropriate PCB/PCS/Amen Presentation/Wo	nte information: dment # or				
Committee/Subc	committee:	HHS			4.5
Name:	Tammy	Perdu	2		
Title:	,				
Address:	ble M. Ad	lams			
City:	***	State/Zip:			
Phone Number:					
Representing:	175500	iated I	ndust	11es of F	7
Registered Lob	byist: YES NO	State E	mployee: YE	es 🔲 nợ 💢	
	- \				
I Wish To Speak:	YES NO		Bill	Ameno	lment
I Have Reen Reque	sted to Speak: VES	Proponent	Oppone	Proponent Info Only	



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

Bill Number: 22 Meeting Date: Feb. 1714
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Balance Billing
Committee/Subcommittee: 100000000000000000000000000000000000
Name: Toni Large
Title:
Address: 519 E. Park Ave
City: <u>Tallahassee</u> State/Zip: <u>FL 32308</u>
Phone Number: (850) 554-1461
Representing: Fl College of Emergency Physicians & Fl ocologo
Registered Lobbyist: YES NO State Employee: YES NO OY HOPEDIC
Society
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Proponent Opponent Info Only Info Only Opponent Info Only



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

Administrative Assistant at the meeting.

Bill Number: 22 Meeting Date: 21716
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Balance Billing
Committee/Subcommittee:
Name: Kon Watson
Title: lobbyist
Address: 3738 Mindon Wuy
City: Tallahasse State/Zip: FL 32309
Phone Number: 850 567 - 1202
Representing: Florida CHAIN
Registered Lobbyist: YES NO State Employee: YES NO
Waive in Support
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponent Opponent Info Only
I Have Been Requested to Speak: YES NO Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: HB 2771 M	leeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee: 445	
Name: Jeff Scoll	
Title:	
Address: 1430 Piedmont Dr. E	
City: Tollahassee St	tate/Zip: <u>FC 32308</u>
Phone Number: <u>850 224 - 6494</u>	
Representing: Florida Medical	Association
Registered Lobbyist: YES NO	State Employee: YES NO
I Wish To Speak: YES NO	Bill Amendment
	Proponent Opponent Opponent Opponent O
I Have Been Requested to Speak: YES NO	Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number:	221	Meeting Date:	2/17/16	
Fill in appropriat PCB/PCS/Amend Presentation/World	ment # or	Out of vetro	14 Health Is	(o VC. Su runic
Committee/Subco	mmittee:	145		
Name: We	NCCS T	RONCOSU		
Title: Vic	e Presiden	1+ + Genera	1 (oursel	
Address: Z	00 W. C	ollege ave		
City:	whatter	State/Zip:	FL 32701	
Phone Number:				
Representing:	Florida	Associati	on of Health	Plass
Registered Lobby	vist: YES NO	State Employee	e: YES NO	-
I Wish To Speak:	YES NO	Bill	Amen	dment
I Have Been Request	red to Speak: YES	. — 1 . —	Opponent Proponent Info Only	Opponent



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Administrative Assistant at the meeting.



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

Bill Number: Q59 Meeting Date: Q17/10
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: \[\int \text{OHE FOINTILES FON CIVILY be} \]
Committee/Subcommittee: Health and Human Dewills
Name: Mlgan Rose
Title: Drection (Host Mom)
Address: 4937 Del prodo S-
City: Cape Coval State/Zip: F1 33904
Phone Number: 941-280-95-15
Representing: Safe Familios for children
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponent Info Only Info Onl
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Dill Number	756	Meeting Date: 2/17/16	
Bill Number: _	257	Meeting Date: 27/1///	_
Fill in appropried PCB/PCS/Amen Presentation/Wo	ndment # or	Health & Homan Sev.	·
Committee/Subo	committee:	Health & Human Sex,	
Name: Gr	eg Pound		
Title:			
Address:	166 SUNY	ise Dr.	
City:	a190	State/Zip: <u>F/a</u> , <u>33773</u>	
Phone Number:			
Representing:	Pinellus	County Florida Government Corrupti	i c '0l'i
	byist: YES NO	/	
I Wish To Speak:	YES 🔀 NO	Bill Amendment]
I Have Been Reque	ested to Speak: YES	Proponent Opponent Info Only Info Only	

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TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE **RECORD**

Bill Number	259 Date &	1161	2016		
Name	BRIAN PITTS				
Title	TRUSTEE				
Address	1119 NEWTON AVENUE	SOUTH			
City	SAINT PETERSBURG		State/Zip	FLORIDA/33705	
Phone Number	727/897-9291				······································
Representing	JUSTICE-2-JESUS	·	7 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
Lobbyist (registe	red) YES 🗌	NO [
State Employee	YES	NO [
If you are testifyi proponent or an	ng regarding an amendme opponent is the same as on	nt, please the bill a	indicate if you s a whole.	r position as a	
				Amendment	Bill
I wish	to speak	X	Proponent		
I have	been requested to speak		Opponent		
			Information		X
	Subject matter:				•
Committee	/Subcommittee:	Н	HSC	/	



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

Administrative Assistant at the meeting.

Bill Number: <u>HB 363</u> Meeting Date: <u>2-17-2016</u>
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: / LAITH INSURANCE POO OPIOIDS
Committee/Subcommittee: 1400SE HEALTH AWS HUMAN SCRUICES
Name: STEPHEN R. WINN
Title: EXECUTIVE DIRECTOR
Address: 2544 BLAVESTONE PINES DRIVE
City: TAUAHASSEE State/Zip: FL 32301
Phone Number: 878.7364
Representing: FLOQICA OSTEDPATHIC MEDICAL ASSOCIATION
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On
H-16 REVISED 2/17/14



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

Bill Number: Meeting Date: 1/20/00/10
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Call NSUrance for Opioids
Committee/Subcommittee: Health + Human Services
Name: Mark Fontaine
Title: Executive Director
Address: OBCOB Mahan Dr
City: <u>TallahuSSU</u> State/Zip: <u>FZ 3238</u>
Phone Number: 878 2196
Representing: Florida Alcohol + Drug Abuse Association
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES X NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: #B 363 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Health Insurance For Opioids
Committee/Subcommittee: Health + Human Sorving
Name: Larry GONZGler
Title: Grange Counsel
Address: 223 S. Gerksden ST.
City: Tallchusser State/Zip: PL 3230/
Phone Number: 850-570-6307
Representing: Florida Society of Heatth-System Pharmacists
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: HB 363 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Phose Detented Opicias
Committee/Subcommittee: House Health + Human Semus
Name: Pam Langford
Title: President
Address: PO Box 180813
City: Tallomassee State/Zip: FL 32318
Phone Number:
Representing: HEALS of the South
Registered Lobbyist: YES NOX State Employee: YES NOX
I Wish To Speak: YES X NO Bill Amendment
I Have Been Requested to Speak: VES NO X Info Only Info



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

Administrative Assistant at the meeting.

Bill Number: 5/7 Meeting Date: 4-17-16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health & Human Seautes
Name: James Caningham
Title: Fire Chief
Address: 1385 Vetrans Park Dr
City: Naples State/Zip: PC 34/09
Phone Number: 239-597-3272
Representing: North Coller Flex
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Administrative Assistant at the meeting.

Bill Number:	AMMINA	Meeting Date:	2/17/2016	
Fill in appropri PCB/PCS/Ame Presentation/W		COPCN		
Committee/Sub	ocommittee: Hon,	1th and Homen	Sorvices	
Name: Joe	ge Aguileza			
	ory of EMS			
Address: /	885 Velams	Ank Dave		
City: ×/nnc		State/Zip: F/A	34116	
Phone Number:	597-3222	<u>-</u>		
Representing:	NORTH Collier	- Fine CONTRULE	Reseve Desner	
Registered Lo	bbyist: YES NO L	State Employee:	YES NO D	
I Wish To Speak:	YES NO NO	Bill Bill Doponent Do	Amendmo	ent Opponent
I Have Been Requ	nested to Speak: YES	— 1 —	Info Only	pponent



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

Administrative Assistant at the meeting.

Bill Number: 517 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: HH 5
Name: Onis Lyon
Title: Athra
Address: 315 5. Calhon St. Ste. 830
City: Talldager State/Zip: 32301
Phone Number: 222-5702
Representing: Bonita Spring Flor Control District
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On

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TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number		2 1171	2016		
Name	BRIAN PITTS		· · · · · · · · · · · · · · · · · · ·		
Title .	TRUSTEE				,
Address	1119 NEWTON AVENUE	SOUTH			
City	SAINT PETERSBURG		State/Zip	FLORIDA/33705	
Phone Number	727/897-9291		·		·** · · · · ·
Representing	JUSTICE-2-JESUS				
Lobbyist (registe	ered) YES	NO [
State Employee	YES	NO [
If you are testify proponent or an	ing regarding an amendme opponent is the same as or	ent, please the bill a	indicate if you s a whole.	r position as a	
I wish	to speak	X	Proponent	Amendment	Bill
I have	been requested to speak		Opponent		
			Information		X
	Subject matter:				•
Committee	/Subcommittee:	———— H +	4 5 C		



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

Bill Number: CS/HBSM Meeting Date: 2/17/2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment 28 4039
Committee/Subcommittee: Health + Human Services
Name: Cari Roth
Title:
Address: 215 S. Monroe St, Suite 815
City: Tallahareen State/Zip: F1 32301
Phone Number: 850 999 - 4100
Representing: Menatee County; Fl. Ambulance Assoc.
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Proponent Opponent Opponent Opponent N
I Have Been Requested to Speak: YES NO V Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: 5/7 Mee	eting Date: 2//7/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	COPCN
Committee/Subcommittee: Hen/14 & H	UMAN SERVILESS
Name: R. ELISTO CHAO	
Title: FIRE COMMISSIONER	
Address: 621 2044 AVE NU	\mathcal{V}
City: NAPLES Stat	e/Zip: <u>F</u>
Phone Number: 239-250-9528	•
Representing: NORTH COLLIER.	FIRE
Registered Lobbyist: YES NOX	State Employee: YES NO
I Wish To Speak: YES X NO	Bill Amendment
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Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: <u>517</u> Meeting Date: <u>2/17/16</u>
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: HEALTH & HUMAN SERVICES
Name: WALTER KOPKA
Title: CHIEF
Address: 8075 LELY CULTURAL PIKMY STE 267
City: NAPLES State/Zip: FL 34113
Phone Number: 239 - 252 - 3757
Representing: COLLIER COUNTY BOARD OF COMMISSIONERS
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO NO Info Only Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: HB 5/7 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: #B 517 COPCW / Em 5 Services
Committee/Subcommittee: Heath & Hunah Services
Name: Brett Bacot
Title: Lubbyist
Address: 10/ W. Mohror Street
City: Tallahassee State/Zip: FL 32JO1
Phone Number: 870-681-4269
Representing: Collier County
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Proponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number:	517	Mee	eting Date:	2/17/16	
Fill in appropriate PCB/PCS/Amend Presentation/Wor	lment # or	(ertifica	les of p	ablic convenience	+ recessit
Committee/Subco	ommittee:	Health &	Huran S	ervices	
Name:	Susan	Harbin			
Title: Logi	slative f	Hovocate		<u></u>	
Address:	.00 S.	Monroe		···	
City: Tallal	rasse e	State	e/Zip:FL	32301	
Phone Number:	(770)5	46-8845			
Representing: _	Florida	Association	n of	Countes	
Registered Lobb	yist: YES	NO S	State Employee:	YES NO NO	
I Wish To Speak:	YES NO		Bill oponent Op	Ameno	
I Have Been Reques	sted to Speak: YE	/	fo Only	Info Only	Орропент 🗀



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

Administrative Assistant at the meeting.

Bill Number:	543	Meeting Date:	2/17/16	
Fill in appropri PCB/PCS/Amer Presentation/Wo		Small Group	Health Ins	ume
Committee/Sub	committee:	<u>'</u>	· · · · · · · · · · · · · · · · · · ·	
Name:(Kon Wats	0~		
Title:	abbyist			
Address:	3738 Mund	on Way		
City:	lahasser	State/Zip: F	=L 32309	
Phone Number:	850 5	67 1202		
Representing:	Florida	CHAIN		
Registered Lol	obyist: YES NO	State Employe	ee: YES NO	
	Wa	ice in Supp	700	
I Wish To Speak:	YES NO	Bill		ndment
I Have Been Requ	ested to Speak: YES	Proponent LINO Info Only	Opponent Proponent Info Only	Opponent L



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

Administrative Assistant at the meeting.

Bill Number: _	543	Meeting Date:	2/17/16	<u> </u>
Fill in appropria PCB/PCS/Amer Presentation/Wo	ndment # or	 		
Committee/Subo	committee:	HS		
Name:	Caitlin Mu	ivay		
Title:	rector of	Government F	+flairs	
Address:				
City:		State/Zip:		
Phone Number:				
Representing:	Office of	Insurance r	Zegulation	
Registered Lob	byist: YES NO	State Employee:	YES NO	
I Wish To Speak:	YES NO NO	Bill	Amendm	ent
I Have Been Reque	ested to Speak: YES	Proponent Op	pponent Proponent Info Only	Opponent



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

Bill Number: 599 Meeting Date: 17 Feb 16	<u></u>
Fill in appropriate information: PCB/PCS/Amendment # or	
Presentation/Workshop Topic: Child Welfare	
Committee/Subcommittee: HH3	
Name: Barney Bishop III	
Name: Barney Bishog III Title: Pres & CEO	
Address: 204 S. Monroe	
City: 7all State/Zip: Fr 323a	
Phone Number: 577.3032	·
Representing: Fla. Smart Justice Es Alliance	<u>-</u>
Registered Lobbyist: YES NO State Employee: YES NO	
WAIVE IN SUPPORT	
I Wish To Speak: YES NO Bill Amendment	
Proponent Opponent Proponent Opponent Opponent	nt 🔲
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only	



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

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number	599	Date	211	7/2016					
Name	BRIAN P	ITTS		**************************************	·				
Title	TRUSTEE								
Address	1119 NEW	TON AVENL	JE SOUTH						
City	SAINT PE	TERSBURG		State/Zip) <u></u>	FLORIDA/33705	·		
Phone Number	727/897-9	291					- 		
Representing	JUSTICE-	2-JESUS	•						
Lobbyist (registe		_	NO		,	ja stanijai	· • • • • • • • • • • • • • • • • • • •		
State Employee	YI	ES []	ŅO		•		:		
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.									
						Amendment	<u>Bill</u>		
I wish	to speak		X	Propone	nt				
I have	been requeste	ed to speak		Opponer	ıt .				
·	•	·	•	Informa	tion		\boxtimes		
	Subject matt	er:							
Committee	/Subcommitte	ee:	H /	45C		/			



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

Administrative Assistant at the meeting.

Bill Number: 599 Meeting Date: 2/17/14
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: HHS
Name: Victoria Zepp
Title: Exec. Dir, Gov7 Affairs
Address: 411 E. College Ave.
City: State/Zip:
Phone Number: 850.241.6309
Representing: FL Coalition for Children
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Opponent O
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: HB 579 Meeting Date: 2/17/16	
PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee: HHS	
Name: Summer Pfeiffer	
Title: VP of Governmental Relations	
Address: 1801 Miccosuker Commons Dr.	
City: Tallahasser State/Zip: FC 32317	
Phone Number: (833) 339-5463	
Representing: Children's Home Society of FZ	
Registered Lobbyist: YES NO State Employee: YES NO	
Wish To Speak: YES NO Bill Amendment	\Box
Proponent D Opponent Proponent Opponent Opponent	
Have Been Requested to Speak: YES NO Info Only Info Only Info Only	

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 LII	1116	, ,		٠.	



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

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number	657 Date 6	2 1/7/	2016		
Name	BRIAN PITTS		· · · · · · · · · · · · · · · · · · ·		
Title .	TRUSTEE				
Address	1119 NEWTON AVENUE	SOUTH	· · · · · · · · · · · · · · · · · · ·		
City	SAINT PETERSBURG		State/Zip	FLORIDA/33705	
Phone Number	727/897-9291				
Representing	JUSTICE-2-JESUS				
Lobbyist (registe	ered) YES [NO [•
State Employee	YES	NO [•		
If you are testify proponent or an	ing regarding an amendme opponent is the same as or	ent, please the bill a	indicate if your	r position as a	
				Amendment	<u>Bill</u>
I wish	to speak	\boxtimes	Proponent		
I have	been requested to speak		Opponent		
			Information		X
	Subject matter:			.'	
Committee	e/Subcommittee:		1450	****	



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

Administrative Assistant at the meeting.

Bill Number: 657	Meeting Date:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	Water Fam. L
Committee/Subcommittee: HH	5
Name: Viltoria Ze	P
Title: Exec. Dr. (govt Affairs
Address: 411 8. Colle	se Ave
City:	State/Zip:3230/
Phone Number: 20-24	1.6309
Representing: FL Coal H	in for Children
Registered Lobbyist: YES NO	State Employee: YES NO
V	
I Wish To Speak: YES NO	Bill Amendment
I Have Been Requested to Speak: YES NO	Proponent Opponent Opponent Opponent Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: _	941	Meeting Date:	2/17/16	
Fill in approprice PCB/PCS/Amen Presentation/Wo	dment # or	8 85 75	1 (42)	
Committee/Subc	committee:	445		
Name:	Susan Ho	urbin		
Title:	Susan Ho Legislative	Advocate		
	100 5.			
City: 16	llahassee	State/Zip:	FL 32301	
Phone Number:	770 546	-8845		
Representing:	Florida	Association of	Countres	
Registered Lob	byist: YES NO	State Employee	: YES NO	
I Wish To Speak:	YES NO	Bill	Amen	ndment
I Have Been Reque	ested to Speak: YES	/ ` _	Opponent Proponent Info Only	Opponent 🗔
	·	_		



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

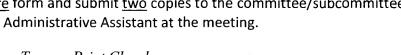
Administrative Assistant at the meeting.

nittee

Bill Number: _	941	M	leeting Date:	2/1	7/16	
Fill in approprious PCB/PCS/Amer Presentation/Wo	v	Depa	Apent 1 tem	A Hear	11/88	575
Committee/Sub	committee: \(\frac{1}{6}\)	oith one	1 tum	zu Serc	icis	
Name:	larty Cass					
	sistative Co					
	5 S. Andre		·			
	Lawersale			3330	01	
Phone Number:	954-357					
Representing:	Broward	County				
	obyist: YES NO		State Employe	ee: YES	NO NO	
I Wish To Speak:	YES NO		Bill		Ameno	lment
I Hava Dasa Dasa	astad to Charles VPC		Proponent	Opponent	Proponent Info Only	Opponent 🕡
i mave been keque	ested to Speak: YES		ino only		I mio omy	



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





Bill Number: HB 94/ Meeting Date: 4/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Department of Lealth
Committee/Subcommittee: Health & Harman Services
Name: Larry Gorralez
Title: General Counsel
Address: 223 S. Gadsden ST
City: Talkhosee State/Zip: FC 3236)
Phone Number: 850 - 570 - 6307
Representing: Florida Overpational Therapy Association
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Proponent Opponent Opponent Opponent Opponent Opponent Opponent D
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Bill Number: 94 Meeting Date:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: JESS McCARTY
Title:
Address: $\frac{111}{MW} \frac{MW}{131} = \frac{31}{5} = \frac{2810}{11}$
City: MIAM) State/Zip: 33128
Phone Number: 305 979 - 7110
Representing: MIAMI-DADE COUNTY
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only
ROBERSON- AM. #2
AM. # 2



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

Administrative Assistant at the meeting.

Bill Number: Meeting Date: 2/11/6
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Andrea K. Friall
Title: Physician Obstetnics and Gynecolosy
Address: 1304 Gve Oak Plantation Road
City: Tallabusse State/Zip: FL 323/2
Phone Number: 80 - 906 0 3 7 /
Representing: America dongress of W-Gyn's
Registered Lobbyist: YES NO State Employee: YES NO
WAIVE INSUPPORT OF GONZALEZ AMEND MENT
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Op
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Bill Number: 941 Meeting Date: 2-/7-/6
Fill in appropriate information: PCB/PCS/Amendment # or
Presentation/Workshop Topic:
Committee/Subcommittee: Health & Human Services
Name: Paul Runk
Title: Deputy Director of Ceg. Planning
Address: 2545 merchits Row
City: Tullahasser State/Zip: FC 32399
Phone Number: 450 - 745-4006
Representing: Dept. of Health
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Proponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: 94 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Roberson Amendment 2
Committee/Subcommittee:
Name: ANDRO SMA
Title: Leaislative Affais
Address: 123 W Indiana Au
City: De Land State/Zip: FL 3220
Phone Number: 34-405-1552
Representing: Volusia Countu
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Proponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

. TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number	941	_ Da	ite	Q	177	/20	16			
Name	BRIAN	PITT	S							
Title	TRUST	<u> </u>				·				
Address	1119 NE	WTO	N AVEN	IUE SC	HTUC					
City	SAINT F	ETER	RSBURG	3		{	State/Zip		FLORIDA/33705	
Phone Number	727/897	<u>'-9291</u>	<u> </u>				·		·	
Representing	JUSTIC	E-2-JI	ESUS							
Lobbyist (registe	ered)	YES			NO					. , t
State Employee	•	YES			NO			. *		
If you are testifyi proponent or an								you	r position as a	
									Amendment	Bill
I wish	to speak				X		Proponer	ıt		
I have	been reque	sted t	o speal	ζ.			Opponen	.t		
	•		•				Informat	ion		X
	Subject ma	tter:							· ·	
Committee	/Subcommi	ttee:			H	Ĥ	5¢		/	

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

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number	<u>951</u> Date <u>2</u>	1171	2016		
Name	BRIAN PITTS		<u>-</u>		
Title .	TRUSTEE				,. <u></u>
Address	1119 NEWTON AVENUE	SOUTH			
City	SAINT PETERSBURG		State/Zip	FLORIDA/33705	
Phone Number	727/897-9291			,	
Representing	JUSTICE-2-JESUS				
Lobbyist (registe	ered) YES 🗌	NO [1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	!
State Employee	YES	NO [
If you are testify proponent or an	ing regarding an amendme opponent is the same as on	ent, please the bill a	indicate if you s a whole.	r position as a	
Y and all	40 mm - 10	[C]	.	Amendment	<u>Bill</u>
1 Wish	to speak	\boxtimes	Proponent		
I have	been requested to speak		Opponent		
			Information		X
	Subject matter:				
Committee	/Subcommittee:	H	H SC	/	



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

Administrative Assistant at the meeting.

Bill Number: _	951	Meeting Date:	2/17/16	-
Fill in appropriate PCB/PCS/Amer Presentation/Wo	ate information: adment # or orkshop Topic:	least Plas Res.	,	
Committee/Subo	committee: H	HS		
Name: We	NCCS Tro.	2080		
Title: U	ce Preside	at t bene	ral Count	se (
Address:	200 W.	college	ave	
		State/Zip:		
Phone Number:				
Representing:	FLorid	a Associat	ion of He	cIth Plans
	byist: YES NO		: YES NO NO	_
	_			
I Wish To Speak:	YES NO	Bill	Am	endment
l Have Been Reque	ested to Speak: YES		Opponent Proponent Info Only	_ ' '



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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Committee/Subcommittee: Name: Title: Address: State/Zip: \(\) Phone Number: Representing: Registered Lobbyist: YES NO State Employee: YES / Bill I Wish To Speak: Amendment Proponent 4 Proponent | Opponent L Opponent L

Info Only

Info Only

I Have Been Requested to Speak: YES



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

Administrative Assistant at the meeting.

Bill Number: HB 905 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Firesofety
Committee/Subcommittee: 445
Name: Zayne Smith
Title: ASD
Address: 200 W. College Ave
City: Tally State/Zip: FL 3230]
Phone Number: 850 228 - 4243
Representing: AARP
Registered Lobbyist: YES NO State Employee: YES NO
wairs in
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Bill Number:

CS/HB 965: Firesaftey

N/A

Meeting Date:

Feb 17 2016 9:00AM

PCB/PCS/Amendment # or

Presentation/Workshop Topic:

Committee/Subcommittee:

Health & Human Services Committee

Name:

Murphy, BG

Title:

Deputy Leg. Affairs Director

Address:

400 N Monroe St.

City:

Tallahassee

State/Zip:

Florida 32399

Phone Number: 850-413-2863

Representing:

Department of Financial Services

Registered Lobbyist: Yes

State Employee: Yes

I Wish To Speak: Yes

I Have Been Requested To Speak: No

Bill	Amendment
Proponent	N/A



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

Administrative Assistant at the meeting.

Bill Number: $\frac{46965}{17-16}$ Meeting Date: $\frac{2-17-16}{1}$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: HHS
Name: Susan Anderson
Title: VP Public Policy
Address: 2583 Halleck Ln
City: Tallahasse State/Zip: FL 32312
Phone Number: 850-708-497/
Representing: FL ALFA
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number:	1125		Meeting Date:	2/17	/16	
Din ivamoei.			viceting Date.	<u> </u>	14	
* * *	iate information:		,			
PCB/PCS/Ame Presentation/W	orkshop Topic:	Ob.	Il Care			
	The second secon	-				
Committee/Sub	ocommittee:	Health	& Homan	Sev.		
Name:	reg Round					
Title:				100 NO. 3 T. S		
Address:	9164					
City: <u> </u>	90		State/Zip:	Ta 3	3773	
Phone Number)					
Representing:	Pinellas	Courty	Florida	Coverax	vent Con	rphica
Registered Lo	bbyist: YES	NO\Z	State Employe	ee: YES	NO 🔀	•
I Wish To Speak:	YES 🔀 NO		Bill		Amend	lment
			Proponent	Opponent	Proponent	Opponent
I Have Reen Regu	rested to Speak: VE		- I		Info Only	



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

Bill Number: 1125 Meeting Date: 17 Feb 16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Eligibility of Employment
Committee/Subcommittee: HH5
Name: Barney BishopIII
Title: Pres & CEO
Address: 204 S. Monroe
City: Tall State/Zip: FL 32301
Phone Number: 577 3032
Representing: Fla. Smart Justice Alliance
Registered Lobbyist: YES NO State Employee: YES NO
WAIVE IN SUPPORT
I Wish To Speak: YES V NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Administrative Assistant at the meeting.

Bill Number:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Committee/Subcommittee:
Name: SAL NUCCO
Title: VP Policy
Address: 100 N DanAz
City: 1741/. State/Zip: FZ 32301
Phone Number: 832 322 -994/
Representing: THE JAMES MADISON /~ST.
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number	1175 Dat	e <u>}-</u>	<u> </u>	6		
Name	Tim Nu	ngesser				
Title	Legislatina	Dire	dor			
Address	110 E-)	efferson	St		<u> </u>	···
City	Tallahassee			State/Zip	L 3230)
Phone Number	850-445	5-5367)			
Representing	NFIB					
Lobbyist (registe State Employee	ered) YES		no □]		
	ing regarding an a				r position as a	ı
	ing regarding an a opponent is the sa					
proponent or an					r position as a Amendmen	
proponent or an	opponent is the sa	ame as on th	e bill as	s a whole.		t Bill
proponent or an	opponent is the sate	ame as on th	e bill as	Proponent		t Bill
proponent or an	opponent is the sate	ame as on th	ie bill as	Proponent Opponent Information	Amendmen	t Bill
proponent or an	opponent is the sate	ame as on th	ie bill as	Proponent Opponent Information	Amendmen	t Bill



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

Bill Number: 121 Meeting Date: 21716
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Annual Mut 00539
Committee/Subcommittee: DNys, Devis + Corenetis
Name: Name:
Title: lobby 15t
Address: 3738 Mindon Way
City: Tallahavee State/Zip: FL 32309
Phone Number: 450 567 1202
Representing: Florida Renal Administrators Association
Registered Lobbyist: YES NO State Employee: YES NO NO
Waite in Support
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponen
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: HB 1211 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health & Hungen Services
Name: Colton Madill
Title: Deputy Legislative Affairs Director
Address: 1940 N. Monvoe St.
City: Tallalassa State/Zip: 32399
Phone Number: (850) 48 7- 4827
Representing: DBPR
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Liansure of Residential Centers Committee/Subcommittee: HHS Name: Barney, Bishopttt Title: Pres & CEO Address: 204 5. Monroe St. City: Tall State/Zip: FL 32301 Phone Number: \$77.3032 Representing: Fla. Smart Justice Alliance Registered Lobbyist: YES LNO State Employee: YES NO WAIVE IN SUPPORT I Wish To Speak: YES LNO Bill Amendment	Bill Number:	1381	Meeting Date:	17 Feb 16
Committee/Subcommittee: HHS Name: Barrey Bishopth. Title: Pres & CEO Address: 204 5. Monroe St. City: Tall State/Zip: FL 32301 Phone Number: 577.3032 Representing: Fla. Smart Justice Alliance. Registered Lobbyist: YES LINO State Employee: YES NO L	PCB/PCS/Ameno	lment # or	1-11111 GUM OF	Recidental Conters
Name: Barney, Bishoptil. Title: Pres & CEO Address: 204 5. Monroe St. City: Tall State/Zip: FL 32301 Phone Number: 577.3032 Representing: Fla. Smart Justice Alliaire Registered Lobbyist: YES LINO State Employee: YES NO LINE IN SUPPORT	1 resentation wo	Ksnop Topic.	- hourson of	restrenging centres
Title: Pres & CEO Address: 204 S. Monroe St. City: Tall State/Zip: FL 32301 Phone Number: 577.3032 Representing: Fla. Smart Justice Alliance Registered Lobbyist: YES LNO State Employee: YES NO L	Committee/Subco	ommittee: H	HS	
Title: Pres & CEO Address: 204 S. Monroe St. City: Tall State/Zip: FL 32301 Phone Number: 577.3032 Representing: Fla. Smart Justice Alliance Registered Lobbyist: YES LNO State Employee: YES NO L	Name: Ba	rney Bisho	put_	
City: Tall State/Zip: FL 32301 Phone Number: 577.3032 Representing: Fla. Smart Justice Alliance Registered Lobbyist: YES LNO State Employee: YES NO L		_		
Phone Number: 577.3032 Representing: Fla. Smart Justice Alliance Registered Lobbyist: YES NO State Employee: YES NO WAIVE IN SUPPORT	Address: 26	94 5. Mon	roe St.	
Phone Number: 577.3032 Representing: Fla. Smart Justice Alliance Registered Lobbyist: YES NO State Employee: YES NO WAIVE IN SUPPORT	City: Ta),l	State/Zip: FL	32301
Registered Lobbyist: YES NO State Employee: YES NO WAIVE IN SUPPORT				
WAIVE IN SUPPORT	Representing: _	Fla. Sman	+ Justice Allian	ce_
	Registered Lobb	oyist: YES NO	State Employee:	YES NO NO
I Wish To Speak: YES VO Bill Amendment		WAIVE IN	1 SUPPORT	
	I Wish To Speak:	YES VO	Bill	Amendment
Have Been Requested to Speak: VES NO Info Only Info Only Info Only	III D D	. 1. 0 . 1 xmc	* ` _ `	



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

Administrative Assistant at the meeting.

Bill Number: HB 7087 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: HHS
Name: Zayne Smith
Title: ASD
Address: 100 W College Av.
City: State/Zip: FL 32301
Phone Number: <u>850 728-4243</u>
Representing: AARP
Registered Lobbyist: YES NO State Employee: YES NO NO
vaute in support
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number:	7087	Meeting Date:	217-	16	
Fill in appropriate PCB/PCS/Amenda Presentation/Work	v	CEHEALTH	·		
Committee/Subcor	mmittee: HHS				
Name: S	tz Nuzzo				
Title: VP	Policy				
Address: 1HE	JAMES MADISON	INST. 10	0/N I	DUMAR	
City:	<u>/</u>	State/Zip: Fo	L 323	0/	
·	850/322-9741				
Representing:	THE JAMB MADISCI	N INST.			
Registered Lobby	ist: YES NO	State Employee	e: YES	NO	
I Wish To Speak: \	YES NO	Bill		Amend	ment
I Have Been Requeste	ed to Speak: YES NO	- I ' (Opponent	Proponent Info Only	Opponent



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

Administrative Assistant at the meeting.

Bill Number: <u>7087</u> Meeting Date: <u>2/17/16</u>
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Amend #1 (551279)
Committee/Subcommittee: Health + Human Services
Name: Chris Schoonover
Title:
Address: 101 F. College Ave Ste. 502
City: Tallaharree State/Zip: FL . 32301
Phone Number: 850-222-9075
Representing: Consumer Health Alliance
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On

	int		



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

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number	7087 Date	又 <i>1.</i> 171:	201 <i>6</i>		
Name	BRIAN PITTS				
Title	TRUSTEE			·	
Address	1119 NEWTON AVENUE	SOUTH			
City	SAINT PETERSBURG		State/Zip	FLORIDA/33705	
Phone Number	727/897-9291				
Representing	JUSTICE-2-JESUS				
Lobbyist (registe	ered) YES	NO [1
State Employee	YES	NO [1		
If you are testifyi proponent or an	ing regarding an amendme opponent is the same as on	ent, please the bill a	indicate if you	r position as a	
				Amendment	<u>Bill</u>
I wish	to speak	\times	Proponent		
I have	been requested to speak		Opponent		
			Information		X
	Subject matter:			· ·	
Committee	/Subcommittee:	HE	+5 C	/	



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

Administrative Assistant at the meeting.

Bill Number: 7037 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: 14145
Name: Farmy Pertoe Chris Chaney
Title:
Address: 506 X/ Advans St
City: State/Zip:
Phone Number:
Representing: Associated Industries of Fl
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Administrative Assistant at the meeting.

Bill Number: 7097 Meeting Date: 2/17/2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Teleped Health
Committee/Subcommittee:
Name: Stan Whitaker
Title: Noise Practitioner
Address: 101 E. College Ave.
City: Jella Gessee State/Zip: FC 37666
Phone Number:
Representing: FC Assoc. of Norse Practitiones
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Info Only Info Onl
I Have Been Requested to Speak: YES NO Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: 7087 Meeting Date: 2/17/2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Telehealth
Committee/Subcommittee: // // 5
Name: Chris Floyd
Title: Obrsultant
Address: 101 E College Ar
City: Tallaherre State/Zip: FC 33606
Phone Number: 813-124-5117
Representing: FL Assoc of Norse Practitions
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO I Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: HB 7087 Meeting Date: H17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Telepheal th
Committee/Subcommittee: / Section + Summan Services
Name: Larry Gonzelor
Title: General Counsel
Address: 223 S. Gadsden ST
City: Tellebrace State/Zip: FL 3230)
Phone Number: 850-570-6307
Representing: Handa Occupational Therapy DISSN
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Info Only
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: _	<u>7087</u> 1	Meeting Date: 2 - /	7-14
Fill in appropriate PCB/PCS/Amen Presentation/Wor	dment # or		
Committee/Subc	ommittee: <u>Héalth a</u>	nd human Service	C)
Name:	Jon YARO		
Title:			
Address:	210 S. Thornfor Ave		
City: Dolan	ido,	State/Zip: FL 32	801
Phone Number:	407-383-3470		
Representing: _	Telehealth associoation	of Florida	
Registered Lobb	oyist: YES NO	State Employee: YES	NO 🔀
	,		
I Wish To Speak:	YES NO	Bill	Amendment
I Have Reen Reques	sted to Speak: VES NO V	Proponent Opponent Info Only	Proponent Opponent Info Only



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

Administrative Assistant at the meeting.

Bill Number: _	7087	Meeting Date:	2/17/16	<u> </u>
Fill in appropriate PCB/PCS/Ameno Presentation/Wor	dment # or	HHSC		
Committee/Subc	ommittee:	+H3C		
Name: PA	ful LAMb	ert		
Title:				·
Address: _ ユ(63 Rosehi	Il Drive	North	
City: <u>T4</u> /	14 hASSEE	State/Zip: FL	- 32312	
Phone Number:	850 597	-2696		
Representing: _	Florida CI	hiropract	ic Associ	ATION
	byist: YES NO	State Employee:	,	
	·			
	. 1			
I Wish To Speak:	YES NO	Bill	Amen	dment
I Have Been Reque	sted to Speak: YES \(\bigcap\) NO		Proponent Info Only Info Only	Opponent .



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

Administrative Assistant at the meeting.

Bill Number: 7097	Meeting Date:	17 Feb 2016			
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	Mental Health	+ Substance Abuse			
Committee/Subcommittee:	Halth Itu	mon Services			
Name: $\sqrt{\alpha}$	rk Fontair	ne			
Title: Executive DI	rector				
Address: <u>868</u>	Yohan Dr				
City: Tallahassep	State/Zip: _ FC	32308			
Phone Number: 978-5	D19U				
Representing: Florida Alca	onal + Drug F	buse ASSOCIATION			
Registered Lobbyist: YES NO State Employee: YES NO NO					
I Wish To Greater VES NO	D211	A many day and			
I Wish To Speak: YES NO	Bill	Amendment			
I Have Been Requested to Speak: YES	NO Info Only Opp	oonent Proponent Opponent Info Only			



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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.

Bill Number:	CS/HB 7097: Mental Health and Substance Abuse	Meeting Date:	Feb 17 2016 9:00AM	
PCB/PCS/Amer Presentation/Wo				
Committee/Sub	committee: Health & Hum	an Services Committ	ee	
Name:	Hendrickson, Dan			
Title:				
Address:	PO Box 1201, 319 E Park Ave			
City:	Tallahassee	State/Zip:	Fl 32302	
Phone Number:	8505701967			
Representing:	Big Bend Mental Health Coalition, NAMI Tallahassee			
Regis	tered Lobbyist: No	State Employee:	No	

I Wish To Speak: No	Bill	Amendment	
I Have Been Requested To Speak: No	Proponent	Proponent	



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee / Administrative Assistant at the meeting.
Bill Number: 7097 Amodrum 420117 Meeting Date: 2/17/10
Fill in appropriate information: PCB/PCS/Amendment # or
Presentation/Workshop Topic: AMENDING 4 2011+
Committee/Subcommittee: Health & Human Services
Name: Meghan Hoza
Title:
Address: 225 S. Adams Street
City: Tallahassee State/Zip: FL 32301
Phone Number: (772) 485-0693
Representing: Alzheimer's Community Care
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Info Only Info Onl



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

Administrative Assistant at the meeting.

Bill Number: 7097 Meeting Date: $ \sqrt{7/6} $
Fill in appropriate information: PCB/PCS/Amendment # or
Presentation/Workshop Topic: #608531 STRIKE-AU AMELIAMENT
Committee/Subcommittee: HHS
Name: DATAUE KELLY
Title: EXECUTIVE DIECTOR
Address: 411 E. Couere Are
City: TAUNHASSEE State/Zip: 13230/
Phone Number: 850) 570 - 5747
Representing: FLORIDA ABBOCIATION OF MANAGING ENTITIES
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent O
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Number: 7097 Meeting Date: 2/7/6
Fill in appropriate information: PCB/PCS/Amendment # or
Presentation/Workshop Topic: MENTA HENTH & SUBSTANCE
Committee/Subcommittee: HHS
Name: NATALIE KELLY
Title: EXECUTIVE DIRECTOR
Address: 411 E. Courre AUE
City: Taughasses State/Zip: FL 32301
Phone Number: 850) 570-5747
Representing: FLORIPA ÁSSOCIATION OF MANAGING ENTITIES
Registered Lobbyist: YES NO State Employee: YES NO NO
LWI LT Court VEC VI NO DELL'A LOUR
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Administrative Assistant at the meeting.

Bill Number: _	Wir	Meeting Date: 2/14/16
Fill in appropried PCB/PCS/Amer Presentation/Wo	ndment # or	·
Committee/Subo	committee:	Hearth & Hausen Service
Name:	Marie Bright	Waster
Title:	ision Redicard	Policy Director
Address:		i
City: Tail	Hapson	State/Zip:3230/
Phone Number:	160-324-6	048
Representing:	Monda Co	well Community Newton Health
Registered Lob	obyist: YES 🗸	NO State Employee: YES NO NO
	70/	nive in signart of the delene everything amendical by Rep.
I Wish To Speak:		Bill Amendment
I Have Been Reque	ested to Speak: Y	Proponent Opponent Opponent Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: 7	097	Meeting Date:_	17 FE	516	$\overline{}$
Fill in appropriate inform PCB/PCS/Amendment # Presentation/Workshop T	or .	ental Hea	1tn/50	165tave	2 Abuse
Committee/Subcommitte	e: <u>HH5</u>				
Name: Barney	BishopIII			<u> </u>	
Title: Pres 9 0					
Address: 204 3	s. Monroe S	5 .			
City: Tall		State/Zip:F_	_ 3230	١٠	
Phone Number: 5	77.3032				
Representing: Flo	i. Smart Ju	stice Allia	ve_		
Registered Lobbyist: YE	s Pro	State Employee	e: YES	NO 🕒	-
-WA	IVE IN SUPE	PORT			
I Wish To Speak: YES	NO [Bill		Amend	lment
I Have Been Requested to Sp	oeak: YES 🔲 NO 🗹	Proponent	Opponent	Proponent	Opponent



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

Administrative Assistant at the meeting.

Bill Number: 7097 Meeting Date: 2/17/6
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: THAD LOWREY
Title: 1/2 Covernmental Relation
Address: 7720 Washington St.
City: Port Riches State/Zip: 12 34668
Phone Number: 727-992-8508
Representing: OPERHTION PAR
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO I Info Only Info



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

Bill Number: 7097 Meeting Date: 3 17 16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Mutal Health
Committee/Subcommittee:
Name: Kon Watson
Title: lobby15t
Address: 3738 Mindon Way
City: Tallahasse State/Zip: FL 32309
Phone Number: 850 567 - 1202
Representing: Westal Health Carreles
Registered Lobbyist: YES NO State Employee: YES NO NO
Waive in spport
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On
Thave been requested to speak. TES INO Into only



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

Administrative Assistant at the meeting.

Bill Number: 7097 Meeting Date: 2/17/14
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: HHS
Name: Susan Harbin
ritle: Legislative Advocate
Address: 100 5. Monroe
City: TallaLessee State/Zip: FL 37303
Phone Number: 770 596 - 8895
Representing: Florida Association of Counties
Registered Lobbyist: YES NO State Employee: YES NO
Wish To Speak: YES NO. Bill Amendment
Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Bill Number: _	48307	Meeting Date	e: <u>2</u> -	17-16	
Fill in appropriate PCB/PCS/Amer Presentation/Wo	ate information: ndment # or	PCS MB U	,		1000
Committee/Sub	committee:	HEART Y	um Se	EXUICES	
Name:	JEFF 3	· ·			
Title:	Tresiusant				
Address:	106 E. Co	uegf Ave	SUITE	640	
City:	me Massel	State/Zip:	pc.	3270/	
Phone Number:	850-20	14-1660			
Representing:	Medien	MARIJUMA	Busines.	s Association	ion or Fl
Registered Lob	obyist: YES NO	State Emplo	oyee: YES] NO []	-
	,				
I Wish To Speak:	YES NO	E	Bill	Amend	lment
		Proponent	Opponent	Proponent	Opponent \square
I Have Been Reque	ested to Speak: YES	NO Info Only]	Info Only 🔃	



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

Administrative Assistant at the meeting.

	A CONTRACTOR
Bill Number: $\frac{13/3}{30.7}$ Meeting Date: $\frac{2/17}{16}$	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: PCSMB 13/3 30 7	
Committee/Subcommittee: H S C C C C C C C C	
Name: Jode James	
Title: <u>Executive</u> Director	
Address: 1375 Cypress Ave	
City: Melbourne State/Zip: 32935	
Phone Number: 321 890 7302	
Representing: Florida Cannabis Action Network	
Registered Lobbyist: YES NO State Employee: YES NO NO	
I Wish To Speak: YES NO Bill Amendment	\Box
I Have Been Requested to Speak: YES NO NO Proponent Info Only Info	nt 🔲
/ \	



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

Administrative Assistant at the meeting.

Bill Number: CSCS/HB1313 Meeting Date: 2/17/14
Fill in appropriate information: PCB/PCS/Amendment # or
Presentation/Workshop Topic: Medical Cannabis
Committee/Subcommittee: HHS
Name: Josephure Cannella-Krehl
Title: Licensed Choical Social Worker
Address: 3784 Wentworth Way
City: Tallahisser State/Zip: F1 32311
Phone Number: <u>850-1653-16938</u>
Representing: United for Compassion
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

1112

Bill Number 5	0/-1312 _{Date} _	2-17-10			
Name	ROBERT D	Wruser			
Title	Presion +				
Address	15105 NW	94 AE_			
City	ALACHVA		State/Zip <u>F</u>	L 32615	
Phone Number	352-219-58 Chestnu CHESTAUT	125 + Hill Tree	FAKIM		
Representing	CHESTNUT	1) ne 7 -	E FAREN		
Lobbyist (registe	ered) YES	NO [B		
State Employee	YES	NO [X		
-	ing regarding an ame opponent is the same	· -	-	r position as a	
				Amendment	Bill
I wish	to speak		Proponent		lacksquare
I have	e been requested to sp	eak 🗌	Opponent		
	+	M , ,	Information	- /	<u> </u>
	Subject matter:	vedical	Use of	(AMA	
Committe	e/Subcommittee:	tealth +	Human	ERVICES	Committee

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	F 1	HIL.		11	11	



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

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE **RECORD**

Bill Number	307 1313 Date	21171	2018				
Name	BRIAN PITTS						
Title	TRUSTEE						
Address	1119 NEWTON AVENUE SOUTH						
City	SAINT PETERSBURG		State/Zip	FLORIDA/33705			
Phone Number	727/897-9291						
Representing	JUSTICE-2-JESUS						
Lobbyist (registe	red) YES 🗌	NO [•	1.54			
State Employee	YES	ŅO [• *				
	ng regarding an amendme opponent is the same as on			r position as a			
				Amendment	<u>Bill</u>		
I wish	to speak	X	Proponent				
I have	been requested to speak		Opponent				
			Information ¹		X		
	Subject matter:				•		
Committee	/Subcommittee:	H H	45C				



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

Administrative Assistant at the meeting.

Bill Number: 1313 Meeting Date: 17 Feb 16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Low THC
Committee/Subcommittee: HH5
Name: Barney BishopIII
Name: Barney BishopIII Title: Pres & GEO
Address: 204 S. Monroe
City: Tall State/Zip: FL 32301
Phone Number: 577.3032
Representing: Fla. Smart Justice Allianoe
Registered Lobbyist: YES NO State Employee: YES NO
WAIVE IN SUPPORT
I Wish To Speak: YES YO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Administrative Assistant at the meeting.

Bill Number: _	307	Meeting Date: $\frac{2}{17}$
Fill in appropria PCB/PCS/Amer Presentation/Wo	idment # or	
Committee/Subo		& Human Somices
Name:	JEFF KOTTKA	mp
Title:		
Address:		
City:		State/Zip:
Phone Number:	•	
Representing:	ALTMED	
Registered Lob	byist: YES NO	State Employee: YES NO
I Wish To Speak:	YES NO	Bill Amendment
I Have Been Reque	ested to Speak: YES NO	Proponent Opponent Opponent Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: HB 309 Meeting Date: 2/17/2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health 3 Human Services
Name: Jagan Parnell
Title: <u>Coo</u>
Address: 6749 Ran Bostin Rd
City: Quincy State/Zip: FL 30355
Phone Number: 850 544 5284 Hackney Nursery Representing: Hackney Musery
Registered Lobbyist: YES NO State Employee: YES NO State Employee
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number:	HB 307	Me	eting Date:	2/17	12016	\sim
Fill in appropriate PCB/PCS/Amen Presentation/Wo	dment # or			, 		
Committee/Subc	committee:/	Yei/11 3	Human	Sevia	· 65	
Name: Kim	Rivers					
Title: Bown	1					
Address: 6	749 Ben 13					
City: Quin	cy	Stat	te/Zip: <u>F</u> _	303	51	
Phone Number:	/					
Representing:	Hackney	Nuser.	3			
	byist: YES NO		State Employee:	: YES	NO 🔀	
I Wish To Speak:	YES NO	F	Bill		Amend	ment
I Have Been Reque	ested to Speak: YES	I	roponent 🔲 (nfo Only 🔲	Opponent	Proponent LII	Opponent 🔲



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

Bill Number: $307/13/3$ Meeting Date: $2/7$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health Care
Name: LOUIS ROTUNDO
Title:
Address: 302 Pinespeau Circle
City: A Harvate Spawie State/Zip: 32714
Phone Number: 407-689-9361
Representing: Florida Medical Canadas desociotion
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Bill Number: PCS 307 Meeting Date: 2 17 2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Mulling Man War
Committee/Subcommittee: Hearn & Human Jewill
Name: JORA COMMÍZO
Title: Affordy
Address: 108 SOUTH MONVOL Street
City: Tallahasses State/Zip: FL 32301
Phone Number: (850) (81-0024
Representing: KNOX NUISHM
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Proponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Bill Number: 307/1313 Meeting Date: 2/17/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Now Watson Title: Loboyist
Address: 3738 Mundon Way
City: Tallahasse State/Zip: FC 32309
Phone Number: 850 567 - 1202
Representing: Alt Med
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Proponent Opponent Oppone
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only