

Health & Human Services Committee

Thursday, February 4, 2016 1:00 PM - 3:00 PM Morris Hall

Action Packet

Health & Human Services Committee 2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

Summary:

Health & Human Services Committee

Thursday February 04, 2016 01:00 pm

CS/HB 89 Favorable	Yeas:	15	Nays: 0
CS/CS/HB 259 Temporarily Postponed			
CS/CS/HB 673 Favorable	Yeas:	13	Nays: 0
CS/CS/HB 919 Favorable With Committee Substitute	Yeas:	13	Nays: 0
Amendment 657785 Adopted Without Objection			
Amendment 643975 Adopted Without Objection			
Amendment 499439 Adopted Without Objection			
CS/HB 977 Favorable	Yeas:	11	Nays: 0
HB 1241 Favorable	Yeas:	15	Nays: 0
CS/HB 1269 Favorable With Committee Substitute	Yeas:	14	Nays: 0
Amendment 479317 Adopted Without Objection			
Amendment 664413 Adopted Without Objection			

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

Attendance:

	Present	Absent	Excused
Jason Brodeur (Chair)	X		
Bryan Avila	X		
Lori Berman			Х
Colleen Burton	X		
Gwyndolen Clarke-Reed	X		
Fred Costello	X		
Janet Cruz	X		
W. Travis Cummings	X		
Katie Edwards	X		
Gayle Harrell	X		
Mia Jones	X		
Shevrin Jones	X		
MaryLynn Magar	X		
Cary Pigman	X		
Paul Renner	X		
Kenneth Roberson			Х
Chris Sprowls	X		
Jay Trumbull	X		
Totals:	16	0	2

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/HB 89 : Florida Kidcare Program

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:

Boston, Mark A. (General Public) - Waive In Support Working Families Retired - UAW 579 Nettles Blvd Jensen Beach FL 34957

McQuone, Michael (Lobbyist) - Waive In Support Florida Conference of Catholic Bishops Associate Director for Health 201 W Park Ave Tallahassee FL 32301

Phone: (850) 284-9130

Phone: (772) 229-8237

Lapolt, Alisa (Lobbyist) - Waive In Support Fl Nurses Association Lobbyist P.O. Box 1344

Tallahassee FL 32302 Phone: (850) 443-1319

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/HB 89 : Florida Kidcare Program (continued)

Appearances: (continued)

Phone: (850) 321-9386

Woodall, Karen (Lobbyist) - Waive In Support Florida Center for Fiscal Economic Policy Director 579 E Call St Tallahassee FL 32301

Aloupis, Vance (General Public) - Proponent The Children Movement of Florida State Director 3250 SW Third Ave Miami FL 33129 Phone: (305) 646-7134

Liem, Amy (Lobbyist) - Waive In Support Florida Legal Services 2425 Torreya Dr Tallahassee FL 32304 Phone: (850) 385-7900

Pitts, Brian - Waive In Support Justice-2-Jesus Trustee 1119 Newton Avenue South 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) 375-1634

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

Ragbeer, Diana (Lobbyist) - Waive In Support The Children's Trust Director of Public Policy 3150 SW 3rd Ave, 8th Floor Miami FL 33129 Phone: (305) 571-5700

Page 4 of 15

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/HB 89 : Florida Kidcare Program (continued)

Appearances: (continued)

Birken, Brittany (Lobbyist) - Waive In Support Florida Children's Council 111 N Gadsden St Tallahassee FL 32301 Phone: 850) 402-5437

Curva, PhD, Fely (Lobbyist) - Waive In Support Florida Impact; Budd Bell Clearinghouse on Human Services 1212 Piedmont Dr Tallahassee FL 32312 Phone: (850) 508-2256

Scher, Jessica (Lobbyist) - Waive In Support United Way of Miami-Dade Director 3250 SW 3rd Avenue Miami FL 33129 Phone: (305) 322-6143

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services Meeting Date:										
	Vote									
	Bill	MEMBERS		T 3.7	*7	N	3.7	N T	*7	
Yea	Nay	D 1 Cl :	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
-V/	[Brodeur, Chair								
		Avila		-						
/		Berman		-						
		Burton Clarke-Reed		-						
-		Costello		-						
~		Cruz		-						
				-						
		Cummings Edwards								
V		Harrell								
		Jones, M.								
		Jones, S.								
1										
		Magar								
1		Pigman Renner								
	-									
		Roberson								
		Sprowls		-						
V		Trumbull		-						
			-							
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0			J = J =				, , , , , , , , , , , , , , , , , , ,		
Reg Bornen - Alsertie geo Reg Beiner - Alsertie geo										

Health & Human Services Committee 2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

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

X Temporarily Postponed

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Services CS/CT/HS 2.3	1
Services (20)	<u>l</u>
Meeting Date: 3/4//b Date Received: //	
Place: Morris Hall Date Reported:	_ 1 ^
Time: 1:00 g or Subject: Temperant Car	2700
In man child throught	tola
Committee/Subcommittee Action:	
Favorable Reconsider	eration
Favorable w/ amendments Reconsidered	
Favorable w/Committee/Subcommittee Substitute Temporarily Postpone	ed
Other Action: Unfavorable	

	l Vote Bill	MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Brodeur, Chair								
		Avila								
		Berman								
		Burton								
		Clarke-Reed								
		Costello								
		Cruz								
		Cummings								
		Edwards								
		Harrell								
		Jones, M.								
		Jones, S.								
		Magar								
		Pigman								
		Renner								
		Roberson								
		Sprowls								
		Trumbull								
Vana	Name	TOTALS	Vans	Name	Vees	Nave	Vacc	Nove	Vees	Nor
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB) CS/CS/HB 673: Adoption

X Favo

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:

Croom, Thomas (General Public) - Waive In Support FL State Foster/Adoptive Parent Association Regional VP, Board Member FSFAPA 113 S Monroe St Tallahassee FL 32301

Abramowitz, Alan (Lobbyist) (State Employee) - Waive In Support Guardian Ad Litem Program Executive Director 600 S Calhoun Tallahassee FL 32399 Phone: (850) 241-3232

Spudeas, Christina (Lobbyist) - Waive In Support Florida's Children First, Inc Executive Director 1401 N University Dr Coral Springs FL 33071 Phone: (954) 796-0860

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/CS/HB 673 : Adoption (continued)

Appearances: (continued)

Pitts, Brian - Opponent Justice-2-Jesus Trustee 1119 Newton Avenue South St Petersburg Florida 33705 Phone: (727) 897-9291

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comp	M nittee/Sul Favorab Favorab	le w/ amen le w/Committee/Subco	<u> </u>		eived:orted: bject: Reta Reco	dopt	HB 6.	leration		
	l Vote									
On Yea	Bill Nay	MEMBERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
V	Tiay	Brodeur, Chair	Teas	Tiays	Teas	1143	1 cas	rays	Teas	Tiays
1		Avila								
-		Berman								
		Burton								
-		Clarke-Reed								
1		Costello								
		Cruz								
-		Cummings								
		Edwards								
1		Harrell								
2	,	Jones, M.								
		Jones, S.								
1		Magar								
V		Pigman								
V		Renner								
		Roberson								
		Sprowls								
- Annaparation of the same	-	Trumbull								
	1		1	1						

Nays

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas

Yeas

Nays

TOTALS

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/CS/HB 919 : Involuntary Admission to Residential 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: 13	Total Nays: 0)		

CS/CS/HB 919 Amendments

Amendment 657785

X Adopted Without Objection

Amendment 643975

X Adopted Without Objection

Amendment 499439

X Adopted Without Objection

Appearances:

Brown, Robert (Lobbyist) - Waive In Support Agency for Person With Disabilities Legislative Affairs Director 4030 Esplanade Way Tallahassee Fl 32399

Phone: (850) 414-5853

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/CS/HB 919 : Involuntary Admission to Residential Services (continued)

Appearances: (continued)

Amendment #3 (643975)
Lyon, Aimee Diaz (Lobbyist) - Waive In Support
Florida Psychiatric Society
119 S Monroe St
Tallahassee FL 32301
Phone: (850) 205-9000

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

Page 10 of 15

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services			Bill Number:							
	Meeting Date: 2416 Place: Morrie Half				Date Received:					
		Time:		Subject: Involution advaccion to Residential Desiries						
	Fayorab Favorab	ole w/ a ole w/Committee/S	amendments Subcommittee Su			Reta Reco Tem	nined for onsidered porarily avorable	Reconsid I	deration	
	Vote		Unch	ral	,		~	>		
	Bill	MEMBERS	V	Name	Vaca	Nava	Vaca	Name	Vaca	Name
Yea	Nay	Brodeur, Chair	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1/		Avila	6/		1.1	1	W			
*		Berman	70		N	0	0/	0		
-		Burton	1		U		4			
		Clarke-Reed	V)				1			
i/		Costello					/			
L		Cruz								
i		Cummings								
	- Annual	Edwards								
<u></u>	_	Harrell								
1/		Jones, M.								
		Jones, S.								
1/		Magar								
1		Pigman								
1		Renner								
		Roberson								
i		Sprowls								
		Trumbull								
Yeas 13	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	0	1.001	1 -1 (l						

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/HB 977 : Behavioral Health Workforce

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila	X				
Lori Berman				X	
Colleen Burton	X				
Gwyndolen Clarke-Reed			X		
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell				X	
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar	X				
Cary Pigman				X	
Paul Renner	X				
Kenneth Roberson			X		
Chris Sprowls	X				
Jay Trumbull			X		
Jason Brodeur (Chair)				X	
	Total Yeas: 11	Total Nays: 0			

Appearances:

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

Messer, Shane (Lobbyist) - Waive In Support Florida Council for Behavioral Healthcare, Inc Legislative Affairs Director 316 E Park Ave Tallahassee FL 32301 Phone: 850) 224-6048

Shouppe, Clinton (Lobbyist) - Waive In Support BayCare Health Systems State Gov't Relations Manager 16255 Bay Vista Dr Clearwater FL 33760 Phone: (727) 519-1885

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/HB 977 : Behavioral Health Workforce (continued)

Appearances: (continued)

Mixon, Corinne (Lobbyist) - Waive In Support Florida Academy of Physician Assistants 119 E Park Ave Tallahassee FL 32301 Phone: (850) 766-5705

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

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

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

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

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comr	nittee/Subcommittee:	Health & Human	Bill Nu	mber:
		Services		CS/AD 9177
	Meeting Date:	2/4/16	Date Reco	eived:
	Place:	Morris Holl	Date Repo	orted:
	Time:	1.00 BW	Su	bject: Behavioral Health
		٧.	W	orkhace
Comr	nittee/Subcommittee A	Action:		. 6
1	Favorable			Retained for Reconsideration
	Favorable w/	amendments		Reconsidered
	Favorable w/Commit	tee/Subcommittee Substi	tute	Temporarily Postponed
	Other Action:			Unfavorable
Comr	Favorable Favorable w/ Favorable w/Commit	amendments	tute	Reconsidered Temporarily Postponed

	Vote Bill	MEMBERS	MEMBEDS							
Yea	Nay	MEMBERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
,		Brodeur, Chair								
١	_	Avila								
C-manuscript	The state of the s	Berman								
V		Burton								
		Clarke-Reed								
1		Costello								
1/		Cruz								
سا		Cummings								
1_		Edwards								
_		Harrell								
1/		Jones, M.								
1/		Jones, S.								
1	/	Magar								
V		Pigman								
V		Renner								
		Roberson								
V		Sprowls								
		Trumbull								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1/	0									

Reg Handh-Alzerter ges Vez Bornen - Alzerter ges H-83 (2014)

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

HB 1241: Ordering of Medication

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:

Piloseno, Ellie (General Public) - Proponent Florida Tax Watch 106 N Bronough Ave Tallahassee FL 32301 Phone: (850) 222-5052

Lyon, Chris (Lobbyist) - Waive In Support Fl Association of Nurse Anesthetists Attorney 315 S. Calhoun St., Suite 830 Tallahassee FL 32301 Phone: (850) 222-5702

Hunt, Brittney (Lobbyist) - Waive In Support Florida Chamber of Commerce Policy Director 136 S. Bronough St. Tallahassee FL 32301 Phone: (850) 521-1200

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

HB 1241 : Ordering of Medication (continued)

Appearances: (continued)

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

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

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET										
Committee/Subcommittee: Health & Human Services Meeting Date: Place: Place: Time: Date Received: Subject: Date Reported: Subject: Date Reconsideration Favorable Reconsidered Reconsidered Favorable Reconsidered Reconsidered Favorable W/Committee/Subcommittee Substitute Reconsidered Other Action: Unfavorable									tion	
	l Vote Bill	MEMBERS								
Yea	Nay	WEWDERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
V		Brodeur, Chair								
i/		Avila								
-		Berman								
1/		Burton								
1/		Clarke-Reed								
1		Costello								
1_		Cruz								
1		Cummings								
		Edwards								
i/		Harrell								
V		Jones, M.								
1		Jones, S.								
		Magar								
-		Pigman								
سا		Renner								
-		Roberson								
i		Sprowls								
1/		Trumbull								

TOTALS

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas

Nays

Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/HB 1269 : Adult Cardiovascular 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			*	F
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 1269 Amendments

Amendment 479317

X Adopted Without Objection

Amendment 664413

X Adopted Without Objection

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services Meeting Date: Place: Place: Place: Place: Subject: Date Received: Subject: Subject: Subject: Place: Pl										
	l Vote Bill	MEMBERS	mai			\mathcal{L}	~			
Yea	Nay	WIEWIDERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1/	iay	Brodeur, Chair	icas	Itays	1 cas	/	1 cas	rays	1 cas	ivays
1		Avila	W/6		W	/	i	7		
4.000		Berman	01		1	Ú	h	//		
1/		Burton	Vila	1	8	0	0	N		
1		Clarke-Reed	V	1	_ V		7			
1		Costello	-	1,00		/	U)		
1/		Cruz	100	/						
1/		Cummings		19X						
		Edwards		6						
		Harrell		1 3						
-					`					
		Jones, M.								
-1		Jones, S.								
<i>i</i>		Magar								
		Pigman								
		Renner								
		Roberson								
		Sprowls								
1		Trumbull								

Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	\circ									
O Per	Property of the self cold									

H-83 (2014)



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

Bill Number: 89 Meeting Date: Thurs - 2 - 4
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Mark A Boston
Title: Retired - UAW-Flara
Address: 579 Nettles Blud.
City: Jenson Beach State/Zip: F/ 34957
Phone Number: 772-229-8237
Representing: Working Families
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Bill Number: 89	Meeting Date:	04 FEB 2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	(I) NOALTH & WELLIAM	SERVICES COMMITTEE
Committee/Subcommittee:		
Name: MICHAEL MCG	DUONE (MICK-CUE	E-ONE)
Title: ASSOCIATE DIRE	eron FOR HEALTH	
Address: 201 W. PA		
	State/Zip: F	EL 3230/
_	284-9130	
Representing: Front Con		TUC BISHOPS
Registered Lobbyist: YES N		
I Wish To Speak: YES NO	Bil	1 Amendment
I Have Been Requested to Speak: YES	Proponent M 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: 89 Meeting Date: 1 4/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: HH5 Cannifle
Name: Alisa (a Polt : Aleesa La Polt)
Title: Lobyist
Address: 60 Box 1344
City: Tallahassel State/Zip: TL
Phone Number: 850-443 - 1319
Representing: Florida Nwsls Association
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponen
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



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

Administrative Assistant at the meeting.

Bill Number: CS HB 89 Meeting Date: 2 /4 /16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Florida Kidease
Committee/Subcommittee: Health & Human Service
Name: Laren Woodall
Title: Director
Address: 579 E. Call St.
City: Tallahissee State/Zip: F/ 32301
Phone Number: 850-321-9386
Representing: Florida Center for Fiscal & Economic Policy
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
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.



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

Bill Number: HB 8 9 Meeting Date: 2/4/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health and Human Selvicas
Name: Amy Liem
Title:
Address: 2435 Torreya Dr
City:
Phone Number: P 50 385 7960
Representing: Florida Legal Services
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 ENTIRE FORM AND SUBMIT TWO COPIES TO THE COMMITTEE/SUBCOMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING

Reset Form



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number	89 Date	2 14 /2016	<u></u>		
Name	BRIAN PITTS				
Title	TRUSTEE				
Address	1119 NEWTON AVENUE	SOUTH			
City	SAINT PETERSBURG	Sta	ite/Zip	FLORIDA/33705	<u> </u>
Phone Number	727/897-9291				
Representing	JUSTICE-2-JESUS				
Lobbyist (registe	red) YES 🗌	NO 🔳			
State Employee	YES	NO 🔳			
	ng regarding an amendmen opponent is the same as on			r position as a	
				Amendment	Bill
I wish	to speak	× Pr	oponent		
I have	been requested to speak	\Box $O_{\mathbf{I}}$	ponent		
		In	formation		\times
	Subject matter:				
Committee	/Subcommittee:	HHS	<u>C</u>		



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

Administrative Assistant at the meeting.

	V
Bill Number: Meeting Date:	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee:	2
Name: VESS McCARTY	
Title:	
Address: 111 NW 157 St 2910	
Title: Address: 111 NW 157 Sy 2910 City: MINN) State/Zip: 33128	
Phone Number:	
Representing: MIAMI - DADE COUNTY	
Representing: MIAMI - DAOE COUNTY Registered Lobbyist: YES NO State Employee: YES NO	
I Wish To Speak: YES NO Bill Amendm	nent
	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:	#B	89	Meeting Date:	0	2/4/16	
Fill in appropri PCB/PCS/Ame Presentation/W	ndment # or	C standards	ufilly Resi	dong	/ Kid	Care
Committee/Sub	committee:		/			
Name:	Kon	Water	\wedge			
Title:	Lobbyist	1	~			
Address:	3738	Murdon	Way			
City:(illahass	2	State/Zip:		32369	
Phone Number:	(850)	367-12	.62		1	
Representing:	=	ocida (CHAIN	/		
Registered Lol	bbyist: YES	NO	State Employee:	YES	NO	
	W	Jalue in	Suppor			
I Wish To Speak:	YES \ NO		Bill		Amend	ment
I Have Been Requ	ested to Speak:	YES NO	Proponent Op Info Only	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: Sq	Meeting Date: 2416
Fill in appropriate informati PCB/PCS/Amendment # or Presentation/Workshop Topi	on:
Committee/Subcommittee:	HEALTH & HUMAN SERVICES
****	+ RAGBEER
Title: Directo	R, PORUC POLICY
	D 3RD AVE, 8TH FLOOR
	State/Zip: <u>33129</u>
Phone Number: 355	·
Representing: The	HIDREN'S TRUST
Registered Lobbyist: YES	
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: _	89	N	Meeting Date:	2/4/	116	
Fill in appropried PCB/PCS/Amer Presentation/Wo	ndment # or					
Committee/Subo	committee:	Homan	Service.	S		
Name:	Britany	Birller	1			
Title:	CEO					
Address:	111 N Ga	dsden				
City:	Tal	S	tate/Zip:	-L 3130		
Phone Number:						
Representing:	Florida	Childy	ens Cou	incil		
	byist: YES NO		State Employe		NO	
I Wish To Speak:	YES NO		Bill Proponent	Opponent	Ameno	Iment Opponent
I Have Been Reque	ested to Speak: YES	NO NO	Info Only	орропен 🗀	Info Only	Орронен 🗀



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

Bill Number:	89	Meeting Date: 2-4-	16	
Fill in appropriate PCB/PCS/Amendm Presentation/Works	nent # or	dear Program		
		1 Human Su		
Name: Feh	g Curva, Ph.	\mathcal{D}_{\perp}		
		Associates 40	· · · · · · · · · · · · · · · · · · ·	
Address:/2/	2 Piedmont 1	0_r .		
City: Tall	chessee	State/Zip: FL 323	312	
Phone Number: _	(830) 508-22	256		
Representing: FI	L IMPACT, Be	Humon Sur Ces	pause	Oh
Registered Lobbyis	st: YES NO	State Employee: YES	NO NO	
WAINE IN S		Bill	A a d	
I Wish To Speak: Y	ES NOLL	Proponent Opponent	Amend	
I Have Reen Requested	d to Speak: YES NO L	_1 ' _ ''	Info Only	opponent



25

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

Bill Number: 89 Meeting Date: $2/4/16$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: HHS
Name: lessica Scher
Title: Director, Public Policy
Address: 3250 Sw 3 Ave
City: M1AM1 State/Zip: FL 33/29
Phone Number: 305-322-6143
Representing: UNITED WAY OF MIAMI-DADE
Registered Lobbyist: YES NO State Employee: YES NO X
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On





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

Bill Number: <u>073</u> Meeting Date: <u>2/4/16</u>	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Adoption	
Committee/Subcommittee: HHS	
Name: Thomas Croom	
Title: President (CEO Go Foster!	
Address: 113 S. Monroe St	
City:	
Phone Number:	
Representing: 60 Foster! Foster Parents	
Registered Lobbyist: YES NO State Employee: YES NO NO	
I Wish To Speak: YES NO Bill Amend	
I Have Been Requested to Speak: YES NO NO Info Only Proponent Info Only Info Only Info Only	Opponent L



35609747





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/CS/HB 673: Adoption	Meeting Date:	Feb 4 2016 1:00PM
PCB/PCS/Ame Presentation/W	endment # or CS/CS/HB forkshop Topic:	673	
Committee/Sub	ocommittee: Health & I	Human Services Commi	ittee
Name:	Abramowitz, Alan		
Title:	Executive Director		
Address:	600 S. Calhoun		,
City:	Tallahassee	State/Zip:	FL 32399
Phone Number	: (850) 241-3232		
Representing:	Executive Director, Guard	ian Ad Litem Program	
Regis	stered Lobbyist: Yes	State Employee	e: Yes

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



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: <u>673</u> Meeting Date: <u>2-4-16</u>
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 673: ADOPTIONS
Committee/Subcommittee: HHS Committee
Name: Christina Spudeas
Title: Executive Director
Address: 1401 N. University Drive, STE 408
City: Cord Spings State/Zip: FL 3307/
Phone Number: 954 - 796 - 0860
Representing: FLORIDA'S Children FIRST
Registered Lobbyist: YES NO State Employee: YES NO NO
WAILE IN SUPPRI
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO NO Info Only Info



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Reset Form

TYPE OR PRINT CLEARLY

Bill Number	673 Da	te	219	/2016		
Name	BRIAN PITTS	3				
Title	TRUSTEE					
Address	1119 NEWTON	N AVENUE S	SOUTH			
City	SAINT PETER			State/Zip	FLORIDA/3370	5
Phone Number	727/897-9291					
Representing	JUSTICE-2-JE	9119	:	***************************************		
representing _	303110L-2-3L	.000				
Lobbyist (registe	red) YES		NO			
State Employee	YES		NO			
If you are testifyi proponent or an					ur position as a	
					Amendment	Bill
I wish	to speak		X	Proponent		
I have	been requested to	speak		Opponent		$ ot\boxtimes $
				Information	n 🗌	¥
	Subject matter:					
Committee	Subcommittee:			HHSC		



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: 919 Meeting Date: 2/4/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Notation Admission to Residential Service
Committee/Subcommittee: Health and Homan Services
Name: Robert Brown
Title: Legislative Affairs Director
Address: 4030 Esplanade Way
City: tallalassee State/Zip: FL 32399
Phone Number: 950 414 5853
Representing: Agency for Person with Disabilities
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment Waive in Support 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: 919 Meeting Date: 2/4/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment # 3 (643975)
Committee/Subcommittee: Health + Human Services Committee
Name:Annee Diaz Lyon
Title:
Address: 119 South Monroe Street
City: Tallahassee State/Zip: FL 3230
Phone Number: 850 - 205 - 9000
Representing: Florida Psychiatric Society
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Opponent Info Only Opponent Info Only



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Reset Form

TYPE OR PRINT CLEARLY

Bill Number	919 Date	216	/2016		
Name	BRIAN PITTS				
Title	TRUSTEE		a .		
Address	1119 NEWTON AVENUE	SOUTH			
City	SAINT PÉTERSBURG		_ State/Zip	FLORIDA/33705	
Phone Number	727/897-9291				
Representing	JUSTICE-2-JESUS				
Lobbyist (registe State Employee	red) YES YES	_	■		
	ng regarding an amendme opponent is the same as on			r position as a	
I wish	to speak	X	Proponent	<u>Amendment</u>	Bill
I have	been requested to speak		Opponent		
			Information		×
	Subject matter:				
Committee/	Subcommittee:	Н	H 50°		



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ES W

TYPE OR PRINT CLEARLY

Bill Number	<u>911</u> 1	Date	2-4-16	2			
Name	MAR	THA	DeCASI	RO			
Title	V-P +	50 K	Juizing				
Address	,		w//ege x	4			
City	TH		•	S	tate/Zip _ 🏳	2 3231	>]
Phone Number	1 850	222	- 9800			\sim	
Representing	horis				Associ	ATION	
Lobbyist (registo	ered) YES	S	NO			/	
State Employee	YES	sП	NO NO		/		
zarpacjes		- Ц	NO				
If you are testify proponent or an	ing regarding a	ın amer	ıdment, plea			position as a	
If you are testify	ing regarding a	ın amer	ndment, plea	l as a		position as a Amendment	<u>Bill</u>
If you are testify proponent or an	ing regarding a	ın amer	ıdment, plea	l as a			Bill
If you are testify proponent or an I wish	ing regarding a opponent is the	nn amer e same a	ndment, plea as on the bill WAI W	l as a	whole.		<u>Bill</u> □
If you are testify proponent or an I wish	ing regarding a opponent is the to speak	nn amer e same a	ndment, plea as on the bill WAI W	l as a	whole.		<u>Bill</u> □
If you are testify proponent or an I wish	ing regarding a opponent is the to speak	an amer e same a	ndment, plea as on the bill WAI W 	l as a	whole. Proponent Opponent Information	Amendment	
If you are testify proponent or an I wish	ing regarding a opponent is the to speak been requested	an amer e same a	ndment, plea as on the bill WAI W 	l as a	whole. Proponent Opponent Information	Amendment	





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: HB77 Meeting Date: 2414
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: BLAW SW Health Wykforce
Committee/Subcommittee: Health 3 Human Services
Name: Share Messer
Title: Legislature Affairs Director
Address: 3/14 E Park Ave
City: Tala State/Zip: F(3230/
Phone Number: <u>\$56</u> / 224 -(1048
Representing: Florida Council for Benguisral Health
Registered Lobbyist: YES NO State Employee: YES NO
_ waire in support
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO I Info Only Info Only Info Only Info Only



S

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: _	977	Meeting Date: 2	4 16	9 /
Fill in approprious PCB/PCS/Amer Presentation/Wo	ndment # or		· 	
Committee/Sub	committee: Healdh	+ Huna Servico		
Name:	Clint Shouppe	A. Y.		
Title:	Stale Gove Relado	Mary		
Address:		•		
City:		State/Zip:		
Phone Number:				
Representing:	Bay Care			
Registered Lob	byist: YES NO	State Employee: YES	NO	
I Wish To Speak:	YES NO	Bill	Ameno	dment
I Have Been Reque	ested to Speak: YES NO	Proponent Opponent Info Only	Proponent Info Only	Opponent



WS

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: _	977	Meeting Date:	2/4//	6	
Fill in appropried PCB/PCS/Amer Presentation/Wo	ndment # or	Behavioral	Healt	n World	2000
Committee/Subo	committee: H	HS			
Name:	Corini	ne Mixon			
Title:	subyist				
Address:	119 E Park				
City:	Are, Tally	/ State/Zip:	32301		
Phone Number:	166	5735			
Representing:	Florida	Academy	1 Phy	18/c/an	Assistan
Registered Lob	byist: YES NO	State Employ	yee: YES	NO 🔀	
I Wish To Speak:	YES NO	Bi	11	Amend	lment
I Have Been Reque	ested to Speak: YES	Proponent Info Only I	Opponent	Proponent Info Only	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: HB979 Meeting Date: 4 Feb 2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Substance Abuse SVCS
Committee/Subcommittee: HHS
Name: JIII Gran
Title: Legislative Affairs
Address: 2868 Mahan Dr
City: Talahassel State/Zip: Ft 32308
Phone Number: 850 878 2196
Representing: Florida Alcohol & Drug Abuse Assoc
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: VES NO NO Info Only Info



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: 977 Meeting Date: 2/4/2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Behwioral Health Wakfure
Committee/Subcommittee: ##\$
Name: Chris Floyd
Title: Consultant
Address: 101 E. College Ace
City: Tallehersee State/Zip: FC 32301
Phone Number: \$\int 1/3 - \beta 24 - \int 1/7
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
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: Meeting Date: 2-4-2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health and Amon Service
Name: THAD LOWBEY
Title: VP Covernmental Relations
Address: 7720 100 thing St. Sto 102
City: Port Richey State/Zip: 1-2 34668
Phone Number: 727- 992-8508
Representing: OPERATION PAR
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



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: 977 Meeting Date: 1 4/#6
Fill in appropriate information:
PCB/PCS/Amendment # or Presentation/Workshop Topic: Sehavioral Heal H) Committee/Subcommittee: HIS Committee
Name: Alisa Lafolt
Title:
Address:
City: Talkinassee State/Zip: FL
Phone Number:
Representing: Florida Nusses 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 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 1241 Meeting Date: Z/4/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health + Human Services
Name: Ellie PiloSeno
Title:
Address: 106 N, Bronough Ave.
City: Tallahassee State/Zip: FL, 32301
Phone Number: 850 - 222-5052
Representing: Florida Tax Watch
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 \underline{two} copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number:	1241	Meeting Date: 2	1/16	
PCB/PCS/Ame	iate information: endment # or forkshop Topic:			
Committee/Sub	ocommittee: HH.	5		
Name:	hvis Lyon			
Title:	Dry			
Address: 3	is S. Calhun	St. Ste. 830		
City:	llahas		32301	
Phone Number:	2072-5762			
Representing:	Florida Association	on of Noise Anoth	tit,	
Registered Lo	bbyist: YES NO	State Employee: Y	ES NO V	
				9
I Wish To Speak:	YES NO	Bill Proponent Oppon	Amend	
I Have Been Requ	nested to Speak: YES NO		ent Proponent Info Only	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: HB 1241 Meeting Date: 2/4/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Ordering of Medication
Committee/Subcommittee: Health & Human Services Committee
Name: Brittney Hunt
Title: Policy Director
Address: 136 S. Bronough St.
City: State/Zip: FL , 32301
Phone Number: (850) 521 - 1200
Representing: Florida Chamber of Commerce
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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

Bill Number: 1241 Meeting Date: 4/4/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Ordering of Medicafia
Committee/Subcommittee: HHS (QnniHQ
Name: Alisa LaPolt C
Title: Lobbyist
Address:
City: Tallahassel State/Zip: FL
Phone Number: 850-443-1319
Representing: Florida NWSLS ASSOCIATION
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO



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TYPE OR PRINT CLEARLY

Bill Number	/24/ Da	ite	-4-16			
Name	MARTHA	7 DeC	A5720			
Title	VP for	VOR	sing	- X 11-4 - 12-12-12-12-12-12-12-12-12-12-12-12-12-1		
Address	306 E.	Co/leg	c Ave		Ph. (1)	
City	TH			State/Zip	z 3236	
Phone Number	450	- 22	2-9800			
Representing	FLORI	LA	HOSPITAC	A550C17	47700	
Lobbyist (registered) YES NO State Employee YES NO NO State Employee YES NO NO State Employee YES no No State Employee N						
		ν	VAIVE		Amendment	<u>Bill</u>
I wish	to speak			Proponent		
I have	been requested	to speak		Opponent		
				Information		
	Subject matter:		edering	Mælica	MOMS	
Committe	e/Subcommittee:	 : 1+	H5			