



Health & Human Services Committee

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

Action Packet

COMMITTEE MEETING REPORT
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		

Committee meeting was reported out: Thursday, February 04, 2016 4:19:46PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

Attendance:

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

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/HB 89 : Florida Kidcare Program

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Bryan Avila	X				
Lori Berman				X	
Colleen Burton	X				
Gwyndolen Clarke-Reed	X				
Fred Costello	X				
Janet Cruz	X				
W. Travis Cummings	X				
Katie Edwards	X				
Gayle Harrell	X				
Mia Jones	X				
Shevrin Jones	X				
MaryLynn Magar	X				
Cary Pigman				X	
Paul Renner	X				
Kenneth Roberson			X		
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
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
 Phone: (772) 229-8237

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

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

Committee meeting was reported out: Thursday, February 04, 2016 4:19:46PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/HB 89 : Florida Kidcare Program (continued)

Appearances: (continued)

Woodall, Karen (Lobbyist) - Waive In Support
Florida Center for Fiscal Economic Policy
Director
579 E Call St
Tallahassee FL 32301
Phone: (850) 321-9386

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

Committee meeting was reported out: Thursday, February 04, 2016 4:19:46PM

COMMITTEE MEETING REPORT
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

Bill Number: CS/HB 89

Meeting Date: 2/4/16
Place: Monroe Hall
Time: 1:00 p.m.

Date Received: _____
Date Reported: _____
Subject: Florida KidCare Program

Committee/Subcommittee Action:

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

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

Rep Pignone - Absentee Ye
Rep Berman - Absentee Ye

COMMITTEE MEETING REPORT
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

Temporarily Postponed

Committee meeting was reported out: Thursday, February 04, 2016 4:19:46PM

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/CS/HB 259

Meeting Date: 2/4/16

Date Received: _____

Place: Monroe Hall

Date Reported: _____

Time: 1:00 pm

Subject: Temporary Care of a Minor Child Present to a Power of Attorney

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

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

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/CS/HB 673 : Adoption

Favorable

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

Committee meeting was reported out: Thursday, February 04, 2016 4:19:46PM

COMMITTEE MEETING REPORT
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**

Committee/Subcommittee: Health & Human Services

Bill Number: CS/CS/HB 693

Meeting Date: 2/4/16

Date Received: _____

Place: Marble Hall

Date Reported: _____

Time: 1:00 p.m.

Subject: Adoption

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur, Chair								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Avila								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clarke-Reed								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Costello								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Edwards								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, M.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, S.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Roberson								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sprowls								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trumbull								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

Rep Berman - Yes after roll call

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/CS/HB 919 : Involuntary Admission to Residential Services

Favorable With Committee Substitute

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

CS/CS/HB 919 Amendments

Amendment 657785

Adopted Without Objection

Amendment 643975

Adopted Without Objection

Amendment 499439

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

Committee meeting was reported out: Thursday, February 04, 2016 4:19:46PM

COMMITTEE MEETING REPORT
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

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/CS/HR 919

Meeting Date: 2/4/16

Date Received: _____

Place: Morris Hall

Date Reported: _____

Time: 1:00 pm

Subject: Involuntary Admission to Residential Services

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	<i>Amendment</i> 1		2		3		Yeas	Nays
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur, Chair								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Avila	<i>W</i>		<i>W</i>		<i>W</i>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman	<i>W</i>		<i>W</i>		<i>W</i>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clarke-Reed								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Costello								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Edwards								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, M.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, S.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Roberson								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sproles								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trumbull								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

Rep Berman Absent 9:00

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/HB 977 : Behavioral Health Workforce

Favorable

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

Committee meeting was reported out: Thursday, February 04, 2016 4:19:46PM

COMMITTEE MEETING REPORT
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
FI Nurses Association
P.O. Box 1344
Tallahassee FL 32302
Phone: (850) 443-1319

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HB 977

Meeting Date: 2/4/16
Place: Meeting Hall
Time: 1:00 PM

Date Received: _____
Date Reported: _____
Subject: Behavioral Health Workforce

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
—		Brodeur, Chair								
✓		Avila								
—		Berman								
✓		Burton								
—		Clarke-Reed								
✓		Costello								
✓		Cruz								
—		Cummings								
✓		Edwards								
—		Harrell								
✓		Jones, M.								
✓		Jones, S.								
✓		Magar								
—		Pigman								
✓		Renner								
—		Roberson								
✓		Sprowls								
—		Trumbull								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	0									

Rep Hamoff - Absentee Yea
Rep B. Adams - Absentee Yea
Rep Berman - Absentee Yea

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

HB 1241 : Ordering of Medication

Favorable

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

Committee meeting was reported out: Thursday, February 04, 2016 4:19:46PM

COMMITTEE MEETING REPORT
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: Health & Human Services

Bill Number: HB 1241

Meeting Date: 2/4/16

Date Received: _____

Place: Marquez Hall

Date Reported: _____

Time: 1.00 p.m.

Subject: Ordering of Medication

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

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

Rep P. Brown Absent Yea
Rep Berman Absent Yea

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/4/2016 1:00:00PM

Location: Morris Hall (17 HOB)

CS/HB 1269 : Adult Cardiovascular Services

Favorable With Committee Substitute

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

CS/HB 1269 Amendments

Amendment 479317

Adopted Without Objection

Amendment 664413

Adopted Without Objection

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HOB 1269

Meeting Date: 2/4/16

Date Received: _____

Place: Morris Hall

Date Reported: _____

Time: 1:00 pm

Subject: Adult Cardiovascular Services

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	1		2		3			
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur, Chair								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Avila								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clarke-Reed								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Costello								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cruz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Edwards								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, M.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, S.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Roberson								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sprowls								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trumbull								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	0									

Rep Jones - yes after roll call
Rep Pigman - yes after roll call
Rep Berman - yes after roll call



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 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 Blvd.

City: Jensen Beach State/Zip: FL 34957

Phone Number: 772-229-8237

Representing: Working Families

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



WFS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 89 Meeting Date: 04 FEB 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: (H) HEALTH & HUMAN SERVICES COMMITTEE

Committee/Subcommittee: _____

Name: MICHAEL MCQUONE (MICK-CUE-ONE)

Title: ASSOCIATE DIRECTOR FOR HEALTH

Address: 201 W. PARK AVENUE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850-284-9130

Representing: FLORIDA CONFERENCE OF CATHOLIC BISHOPS

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 89 Meeting Date: 2/4/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS Committee

Name: Alisa LaPolt ; Aleesa LaPolt

Title: Lobbyist

Address: PO Box 1344

City: Tallahassee State/Zip: FL

Phone Number: 850-443-1319

Representing: Florida Nurses Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

WBS

Bill Number: CS/HB 89 Meeting Date: 2/4/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Florida Kidcare

Committee/Subcommittee: Health & Human Service

Name: Karen Woodall

Title: Director

Address: 579 E. Call St.

City: Tallahassee State/Zip: FL 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

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Type or Print Clearly

Bill Number: HB 89 Meeting Date: 2-4-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Relating to Kid Care Program

Committee/Subcommittee: HHS

Name: Vance Aloupis (Ah-lou-pis)

Title: State Director

Address: 3250 SW Third Ave

City: Miami State/Zip: FL 33129

Phone Number: 305-646-7134

Representing: The Children's Movement of Florida

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



WFS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 89 Meeting Date: 2/4/16

Fill in appropriate information:

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

Committee/Subcommittee: Health and Human Services

Name: Amy Liem

Title: _____

Address: 2425 Torreya Dr

City: Tall. State/Zip: FL 32303

Phone Number: 850 385-7900

Representing: Florida Legal Services

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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

WFS

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number 89 Date 2/19/2016
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 (registered) YES [] NO [x]
State Employee YES [] NO [x]

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.

I wish to speak [x] Proponent [] Amendment [] Bill [x]
I have been requested to speak [] Opponent [] Amendment [] Bill []
Information [] Amendment [] Bill [x]

Subject matter:

Committee/Subcommittee: HASC



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

WIS

Bill Number: 89 Meeting Date: _____

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: JESS McCARTY

Title: _____

Address: 111 NW 1st St 2910

City: MIAMI State/Zip: 33128

Phone Number: _____

Representing: MIAMI-DADE COUNTY

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 89 Meeting Date: 2/4/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: lawfully Residing / Kid Care

Committee/Subcommittee: _____

Name: Ron Watson

Title: Lobbyist

Address: 3738 Murdon Way

City: Tallahassee 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

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

WFS

Bill Number: 89 Meeting Date: 2/4/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: KID CARE

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Name: DIANA RAGREER

Title: DIRECTOR, PUBLIC POLICY

Address: 3150 SW 3RD AVE, 8TH FLOOR

City: MIAMI State/Zip: 33129

Phone Number: 305 571 5700

Representing: THE CHILDREN'S TRUST

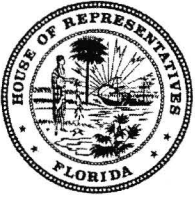
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

WLS

Bill Number: 89 Meeting Date: 2/4/16

Fill in appropriate information:

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

Committee/Subcommittee: Human Services

Name: Brittany Birken

Title: CEO

Address: 111 N Gadsden

City: Tal State/Zip: FL 32301

Phone Number: _____

Representing: Florida Children's Council

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 89 Meeting Date: 2-4-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Kidcare Program

Committee/Subcommittee: Health & Human Services

Name: Fely Curva, Ph.D.

Title: Partner, Curva & Associates LLC

Address: 1212 Piedmont Dr.

City: Tallahassee State/Zip: FL 32312

Phone Number: (850) 508-2256

Representing: FL IMPACT, Budd Bell Clearinghouse on Human Services

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE IN SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 89 Meeting Date: 2/4/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: KID CARE

Committee/Subcommittee: HHS

Name: Jessica Scher

Title: Director, Public Policy

Address: 3250 SW 3rd Ave

City: MIAMI State/Zip: FL 33129

Phone Number: 305-322-6143

Representing: UNITED WAY OF MIAMI-DADE

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 073 Meeting Date: 2/4/16

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: Tall State/Zip: 32301

Phone Number: _____

Representing: Go Foster! Foster Parents

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Number: **CS/CS/HB 673 : Adoption** Meeting Date: **Feb 4 2016 1:00PM**

PCB/PCS/Amendment # or **CS/CS/HB 673**
Presentation/Workshop Topic:

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

Name: **Abramowitz, Alan**

Title: **Executive Director**

Address: **600 S. Calhoun**

City: **Tallahassee** State/Zip: **FL 32399**

Phone Number: **(850) 241-3232**

Representing: **Executive Director, Guardian Ad Litem Program**

Registered Lobbyist: **Yes**

State Employee: **Yes**

I Wish To Speak: **No**

I Have Been Requested To Speak: **No**

	Bill	Amendment
Proponent		N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

Type or Print Clearly

Bill Number: 673 Meeting Date: 2-4-16

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: Coral Springs State/Zip: FL 33071

Phone Number: 954-796-0860

Representing: FLORIDA'S CHILDREN FIRST

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number 673 Date 2/9/2016

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 (registered) YES [] NO [x]

State Employee YES [] NO [x]

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.

Table with 4 columns: Statement, Position, Amendment, Bill. Includes rows for 'I wish to speak' and 'I have been requested to speak'.

Subject matter:

Committee/Subcommittee: HHSC



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WJS

Type or Print Clearly

Bill Number: 919 Meeting Date: 2/4/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Involuntary Admission to Residential Services

Committee/Subcommittee: Health and Human Services

Name: Robert Brown

Title: Legislative Affairs Director

Address: 4030 Esplanade Way

City: Tallahassee State/Zip: FL 32399

Phone Number: 850 414 5853

Representing: Agency for Person with Disabilities

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO
Waive in support

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Type or Print Clearly

Bill Number: 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: Aimee Diaz Lyon

Title: _____

Address: 119 South Monroe Street

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000

Representing: Florida Psychiatric Society

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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

TYPE OR PRINT CLEARLY

W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number 919 Date 2 16 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 (registered) YES [] NO [x]

State Employee YES [] NO [x]

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

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	[x]	Proponent	[]	[x]
I have been requested to speak	[]	Opponent	[]	[]
		Information	[]	[x]

Subject matter:

Committee/Subcommittee: H H S C



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

W/S

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE
RECORD

Bill Number 977 Date 2-4-16

Name MARTHA DeCASTRO

Title VP for Nursing

Address 306 E College Ave

City TUH State/Zip FL 32301

Phone Number (850) 222-9800

Representing (Florida Hospital Association)

Lobbyist (registered) YES NO

State Employee YES NO

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

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

Subject matter: Behavioral Health Workforce

Committee/Subcommittee: HHS



WLS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB977 Meeting Date: 2/4/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Behavioral Health Workforce

Committee/Subcommittee: Health & Human Services

Name: Shane Messer

Title: Legislative Affairs Director

Address: 314 E Park Ave

City: Tallah State/Zip: FL 32301

Phone Number: 850/224-6048

Representing: Florida Council for Behavioral Health Care
Registered Lobbyist: YES NO State Employee: YES NO

-waive in support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



WS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 977 Meeting Date: 2/4/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health + Human Services

Name: Clint Shouppe

Title: State Game Relside Manager

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: BayCare

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



WLS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 977 Meeting Date: 2/4/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Behavioral Health Workforce

Committee/Subcommittee: AHS

Name: Corinne Mixon

Title: Lobbyist

Address: 119 E Park

City: Avr, Tall State/Zip: 32301

Phone Number: 766-5735

Representing: Florida Academy of Physician Assistants

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 979 Meeting Date: 4 Feb 2014

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Workforce / Substance Abuse Svcs

Committee/Subcommittee: HHS

Name: Jill Gran

Title: Legislative Affairs

Address: 2808 Mahan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 878 2916

Representing: Florida Alcohol + Drug Abuse Assoc

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in Support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 977 Meeting Date: 2/4/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Behavioral Health Workforce

Committee/Subcommittee: HHS

Name: Chris Floyd

Title: Consultant

Address: 101 E. College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 813-624-5117

Representing: FL Assoc. of Nurse Practitioners

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



WLS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: 977 Meeting Date: 2-4-2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health and Human Services

Name: THAD LOWBEY

Title: VP Government Relations

Address: 7720 Working St. Ste 102

City: Port Richey State/Zip: FL 34668

Phone Number: 727-992-8508

Representing: OPERATION PAR

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 977 Meeting Date: 1/4/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS Committee

Name: Alisa Lafolt

Title: _____

Address: _____

City: Tallahassee State/Zip: FL

Phone Number: _____

Representing: Florida Nurses Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1241 Meeting Date: 2/4/16

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

I Have Been Requested to Speak: YES NO

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



WLS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1241 Meeting Date: 2/4/11

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Chris Lyon

Title: Attorney

Address: 315 S. Calhoun St., Ste. 830

City: Killbuck State/Zip: FL 32301

Phone Number: 222-5702

Representing: Florida Association of Nurse Anesthetists

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 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: Tallahassee State/Zip: FL, 32301

Phone Number: (850) 521-1200

Representing: Florida Chamber of Commerce

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1241 Meeting Date: 4/4/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Ordering of Medication

Committee/Subcommittee: HHS Committee

Name: Alisa LaPolt

Title: Lobbyist

Address: _____

City: Tallahassee State/Zip: FL

Phone Number: 850-443-1319

Representing: Florida Nurses Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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

WFS

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE
RECORD

Bill Number 1241 Date 2-4-16
 Name MARTHA DeCASTRO
 Title VP for Nursing
 Address 306 E. College Ave
 City TLH State/Zip FL 32301
 Phone Number 850-222-9800
 Representing FLORIDA HOSPITAL ASSOCIATION

Lobbyist (registered) YES NO
 State Employee YES NO

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

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

Subject matter: Ordering Medications

Committee/Subcommittee: HHS