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# Health Quality Subcommittee

Tuesday, January 19, 2016  
4:00 PM – 6:00 PM  
306 HOB

## Action Packet

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/19/2016 4:00:00PM

**Location:** 306 HOB

### Summary:

#### Health Quality Subcommittee

*Tuesday January 19, 2016 04:00 pm*

HB 941	Favorable With Committee Substitute	Yeas: 11	Nays: 0
	Amendment 810623 Adopted Without Objection		
	Amendment 339105 Adopted as Amended		
HB 943	Favorable With Committee Substitute	Yeas: 11	Nays: 0
	Amendment 219203 Adopted Without Objection		
HB 1143	Favorable	Yeas: 10	Nays: 2

Committee meeting was reported out: Tuesday, January 19, 2016 8:33:08PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/19/2016 4:00:00PM

**Location:** 306 HOB

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Cary Pigman (Chair)	X		
Bobby DuBose	X		
Matt Gaetz	X		
Julio Gonzalez	X		
Kristin Jacobs	X		
Mike Miller	X		
Edwin Narain	X		
Rene Plasencia	X		
Patrick Rooney, Jr.	X		
Chris Sprowls	X		
Cynthia Stafford	X		
W. Gregory Steube	X		
Cyndi Stevenson	X		
<b>Totals:</b>	<b>13</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Tuesday, January 19, 2016 8:33:08PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/19/2016 4:00:00PM

Location: 306 HOB

### HB 941 : Licensure of Health Care Professionals

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X				
Matt Gaetz			X		
Julio Gonzalez	X				
Kristin Jacobs	X				
Mike Miller	X				
Edwin Narain	X				
Rene Plasencia	X				
Patrick Rooney, Jr.	X				
Chris Sprowls	X				
Cynthia Stafford			X		
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
	<b>Total Yeas: 11</b>	<b>Total Nays: 0</b>			

### HB 941 Amendments

#### Amendment 810623

Adopted Without Objection

#### Amendment 339105

Adopted as Amended

### Appearances:

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

Amendment #339105  
Lapolt, Alisa (Lobbyist) - Waive In Support  
Intervention Project for Nurses  
P.O. Box 1344  
Tallahassee FL 32302-1344  
Phone: (850) 443-1319

Committee meeting was reported out: Tuesday, January 19, 2016 8:33:08PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/19/2016 4:00:00PM

**Location:** 306 HOB

**HB 941 : Licensure of Health Care Professionals (continued)**

**Appearances: (continued)**

Amendment #339105

Henning, Lisa (Lobbyist) - Waive In Support

Professional Resource Network(PRN)

242 Office Plaza Dr

Tallahassee FL 32305

Phone: (850) 766-8808



# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/19/2016 4:00:00PM

Location: 306 HOB

HB 943 : Prenatal Services and Early Childhood Development

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X				
Matt Gaetz			X		
Julio Gonzalez	X				
Kristin Jacobs	X				
Mike Miller	X				
Edwin Narain	X				
Rene Plasencia	X				
Patrick Rooney, Jr.	X				
Chris Spowls	X				
Cynthia Stafford			X		
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
	<b>Total Yeas: 11</b>	<b>Total Nays: 0</b>			

### HB 943 Amendments

#### Amendment 219203

Adopted Without Objection

### Appearances:

Wave in Support of Amendment

Granger, Ted (Lobbyist) - Waive In Support

United Way of FL

President

307 E. 7th Avenue

Tallahassee FL 32303

Phone: (850) 488-8276

Proponent of Bill, Waive in Support of Amendment

Hooper, Margaret (Lobbyist) - Proponent

FL Development Disabilities Council

Public Policy Coordinator

124 Marriott Dr., Ste. 203

Tallahassee FL 32301

Phone: (850) 921-7263

Committee meeting was reported out: Tuesday, January 19, 2016 8:33:08PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/19/2016 4:00:00PM

**Location:** 306 HOB

**HB 943 : Prenatal Services and Early Childhood Development (continued)**

**Appearances: (continued)**

Scher, Jessica (Lobbyist) - Waive In Support

United Way of Miami-Dade

Director, Public Policy

3250 S.W. 3rd Avenue

Miami FL 33129

Phone: (305) 322-6143

Ragbeer, Diana (Lobbyist) - Waive In Support

Children's Trust, The

Director of Public Policy

3150 SW 3rd Ave, 8th Floor

Miami FL 33129

Phone: (305) 571-5718



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

Committee/Subcommittee: Health Quality  
 Meeting Date: 1/19/18  
 Place: 306 HOB  
 Time: 4:00 PM

Bill Number: HB 943  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_

Subject: Prenatal Services and Early Childhood Development

**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>Vote all</i>							
Yea	Nay		Yea	Nays	Yea	Nays	Yea	Nays	Yea	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman, Chair								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gaetz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gonzalez								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jacobs								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Miller								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narain								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plascencia								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rooney								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sprowls								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stafford								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steube								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stevenson								
Yea	Nays	TOTALS	Yea	Nays	Yea	Nays	Yea	Nays	Yea	Nays
11	0									

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/19/2016 4:00:00PM

Location: 306 HOB

HB 1143 : Florida Clean Indoor Air Act

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X				
Matt Gaetz	X				
Julio Gonzalez		X			
Kristin Jacobs	X				
Mike Miller		X			
Edwin Narain	X				
Rene Plasencia	X				
Patrick Rooney, Jr.	X				
Chris Sprowls	X				
Cynthia Stafford			X		
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
	<b>Total Yeas: 10</b>	<b>Total Nays: 2</b>			

### Appearances:

Hampton, Jim (General Public) - Waive In Opposition  
Self  
2750 Capital Circle NE  
Tallahassee FL 32308  
Phone: (850) 597-7061

Guffey, Kyle (General Public) - Opponent  
Magic Dragon Vapes in our 3000+ Customers  
29348 US HWY 19 N  
Clearwater FL 33761  
Phone: (727) 216-6102

MacLeod, John (General Public) - Opponent  
Self  
1702 Elaine Ave  
Altamonte Springs Florida 32701  
Phone: (954) 798-2381

Olsen, Brenda (General Public) - Waive In Support  
American Lung Assocaition in FL  
539 Silver Slipper Lane Suite A  
Tallahassee FL 32303  
Phone: (850) 241-1002

Committee meeting was reported out: Tuesday, January 19, 2016 8:33:08PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/19/2016 4:00:00PM

**Location:** 306 HOB

**HB 1143 : Florida Clean Indoor Air Act (continued)**

**Appearances: (continued)**

CIAA

Skipper, Kevin (General Public) - Opponent  
VISTA Truth Inc. & Vaping Convention Circuit  
undefined  
7140 Maysville Ct  
Wesley Chapel FL 33545  
Phone: 8135000101

Bowen, Terry David (General Public) - Opponent  
Florida Smoke Free Association  
215 Central Ave, 2A  
St Petersburg FL 33701  
Phone: (813) 992-0878

Thomas, Jonathan (General Public) - Opponent  
Self  
885 S Lakeview Ave  
Bartow FL 33830  
Phone: (863) 272-8472

Dalessie, Jordan (General Public) - Opponent  
Steam Train Vapor Co.  
3165 Grand Ave., #403  
Pinellas Park FL 33782  
Phone: (727) 826-0747

Kleizo, Matthew (General Public) - Opponent  
Fast Eddies Vape Shop  
227 E Michigan St  
Orlando FL  
Phone: (407) 921-5931

Bender, Rick (General Public) - Opponent  
Self  
1570 Marvknoll Rd  
Englewood FL 34223  
Phone: (941) 451-1700

Breslin, Christian (General Public) - Proponent  
Self  
Student  
16008 Bethany Pl  
Tampa FL 33647  
Phone: (985) 807-9535

Breslin, PhD., Jerome (General Public) - Proponent  
Self  
Associate Professor, Molecular Pharmacology & Physiology USF  
16008 Bethany Pl  
Tampa FL 33647  
Phone: (985) 807-9535

Committee meeting was reported out: Tuesday, January 19, 2016 8:33:08PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/19/2016 4:00:00PM

**Location:** 306 HOB

**HB 1143 : Florida Clean Indoor Air Act (continued)**

**Appearances: (continued)**

Evans, Jr., Mark Allen (General Public) - Opponent

FL Smoke Free Association

President

478 E A1

Altamonte Springs FL 32701

Phone: (786) 759-5499

Gradinariu, Bogdan (General Public) - Opponent

Self

Business Owner

1475 Tamara Ct

Kissimmee FL 34744

Phone: (407) 683-0892

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

Committee/Subcommittee: Health Quality  
 Meeting Date: 1/19/16  
 Place: 356 HOB  
 Time: 4:00 pm

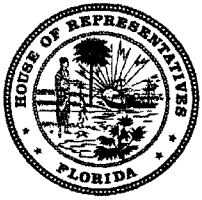
Bill Number: HB 1143  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Bridge Clean Water Act

**Committee/Subcommittee Action:**

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Pigman, Chair								
✓		DuBose								
✓		Gaetz								
✓	✓	Gonzalez								
✓		Jacobs								
✓	✓	Miller								
✓		Narain								
✓		Plascencia								
✓		Rooney								
✓		Sproles								
✓		Stafford								
✓		Steube								
✓		Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
10	2									



# 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: 941 Meeting Date: 1/19/16

Fill in appropriate information:  
PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment # 339105

Committee/Subcommittee: Health Quality

Name: Alisa LaPolt

Title: Lobbyist

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

City: Edithassel State/Zip: FL

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

Representing: Intervention Project for Nurses

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"/>	

*None to Report*



### 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: 941 Meeting Date: 1/19/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 339105

Committee/Subcommittee: Health Quality

Name: Lisa Henning

Title: Consultant

Address: 242 Office Plaza Dr.

City: Tallahassee State/Zip: FL 32305

Phone Number: 850-766-8000

Representing: Professional Resource Network (PRN)

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"/>	

*Name to Sign*



# 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: 941 Meeting Date: 1-19-16

Fill in appropriate information:

PCB/PCS/Amendment # or

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

Committee/Subcommittee: Health Quality Subcommittee

Name: Paul Burk

Title: Deputy Director of Legislative Planning

Address: 2585 merchants Row Blvd

City: Tallahassee State/Zip: FL 32399

Phone Number: 904-245-4006

Representing: Dept. of Health

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"/>	

*Name for Support*





# 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 943 *as amended* Meeting Date: 1-19-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Early Steps

Committee/Subcommittee: Health Quality

Name: Margaret S. Hooper

Title: Public Policy Coordinator

Address: 124 Merrick Drive # 205

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-921-7263

Representing: Florida Developmental Disabilities 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"/>	

*Proponent*

*Waive on Support*



### 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: 943 Meeting Date: 1-13-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: EARLY START

Committee/Subcommittee: HEALTH QUALITY SUBCOMMITTEE

Name: TED GRANGER

Title: PRESIDENT

Address: 307 E. 7<sup>th</sup> AVE

City: TALLAHASSEE State/Zip: FL 32303

Phone Number: 850-488-8276

Representing: UNITED WAY OF FLORIDA

Registered Lobbyist: YES  NO

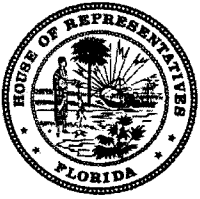
State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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

*Waive the Right of Amendment*



# 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: 943 Meeting Date: 1/19/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality

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

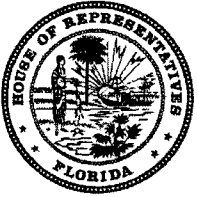
State Employee: YES  NO

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"/>	

*Wave In Dept*



# 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: 943 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 943

Committee/Subcommittee: HEALTH QUALITY

Name: DIANA RAGBEER

Title: DIRECTOR, PUBLIC POLICY

Address: 3150 SW 3RD AVE, 8TH FLOOR

City: MIAMI State/Zip: FL, 33129

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

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"/>	

*None In Support*



# 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 1143 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or

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

Committee/Subcommittee: Health Quality

Name: Christian Breslin

Title: Student

Address: 16008 Bethany Pl

City: Tampa State/Zip: FL

Phone Number: 985-807-9535

Representing: Self

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 1143 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or

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

Committee/Subcommittee: Health Quality

Name: Jerome Breslin, PhD

Title: Associate Professor, Molecular Pharmacology + Physiology  
USF

Address: 16008 Bethany Pl

City: Tampa State/Zip: FL 33617

Phone Number: 985-807-9535

Representing: Self

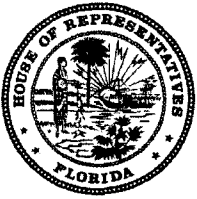
Registered Lobbyist: YES  NO

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: 1143 Meeting Date: \_\_\_\_\_

*Fill in appropriate information:*

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

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

Name: RICK BENDER

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

Address: 1570 MARV KNOLL RD

City: ENGLEWOOD State/Zip: FL 34223

Phone Number: 941 451 1700

Representing: Self

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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



05595994



### 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: **HB 1143 : Florida Clean Indoor Air Act** Meeting Date: **Jan 19 2016 4:00PM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Skipper, Kevin**

Title: **Mr.**

Address: **7140 Maysville Ct**

City: **Wesley Chapel** State/Zip: **FL 33545**

Phone Number: **8135000101**

Representing: **VISTA Truth Inc. & Vaping Convention Circuit**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	<b>Bill</b>	<b>Amendment</b>
<b>Opponent</b>		<b>N/A</b>





### 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: HB1143 Meeting Date: 1-19-2016

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality Subcommittee

Name: Terryl David Bower

Title: MR.

Address: 215 Central Ave 2A

City: St Petersburg State/Zip: FL 33701

Phone Number: 813-992-0878

Representing: FLORIDA Smoke Free 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 type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	<u>N/A</u>



# 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 1143 Meeting Date: 1-19-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: House Quality Subcom

Committee/Subcommittee: House Quality Subcommittee

Name: Jonathan Thomas

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

Address: 885 S. LAKEVIEW AVE

City: Bartow State/Zip: FL 33830

Phone Number: 863-272-8472

Representing: \_\_\_\_\_

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1143 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or

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

Committee/Subcommittee: Health Quality Sub Committee

Name: Jordan DeBessio

Title: Business owner

Address: 3165 Grand Ave 403

City: Pine Hills Park State/Zip: FL 33782

Phone Number: 727-826-0777

Representing: Steam Train Vaper Co.

Registered Lobbyist: YES  NO

State Employee: YES  NO

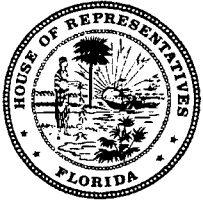
I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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



56804127



### 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: **1143 : Florida Clean Indoor Air Act** Meeting Date: **January 19, 2016 4:00 PM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Kyle Guffey**

Title:

Address: **29348 US HWY19 N**

City: **Clearwater** State/Zip: **FL 33761**

Phone Number: **7272166102**

Representing: **Magic Dragon Vapes in our 3000+ Customers**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	<b>Bill</b>	<b>Amendment</b>
<b>Opponent</b>		<b>Info Only</b>



### 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: 1143 Meeting Date: 1-19-16

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality Subcommittee

Name: Matthew Kleizo

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

Address: 227 E. Michigan St.

City: Orlando State/Zip: FL

Phone Number: 407-921-5931

Representing: Fast Eddie's Vape Shop

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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



07868836

WFO



### 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: **1143 : Florida Clean Indoor Air Act** Meeting Date: **January 19, 2016 4:00 PM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Jim Hampton**

Title:

Address: **2750 Capital Circle NE**

City: **Tallahassee** State/Zip: **FL 32308**

Phone Number: **8505977061**

Representing:

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
	<b>Opponent</b>	<b>N/A</b>

*Name In Opposition*



34667915



### 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: **1143 : Florida Clean Indoor Air Act** Meeting Date: **January 19, 2016 4:00 PM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **John MacLeod**

Title:

Address: **1702 Elaine Ave**

City: **Altamonte Springs** State/Zip: **Florida 32701**

Phone Number: **9547982381**

Representing:

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	<b>Bill</b>	<b>Amendment</b>
<b>Opponent</b>		<b>N/A</b>



02436145



### 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: **1143 : Florida Clean Indoor Air Act** Meeting Date: **January 19, 2016 4:00 PM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Brenda Olsen**

Title:

Address: **539 Silver Slipper Lane, Suite A**

City: **Tallahassee** State/Zip: **FL 32303**

Phone Number: **850.241.1002**

Representing: **American Lung Assocaiton in FL**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

Bill	Amendment
<b>Proponent</b>	<b>N/A</b>

*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: HB 1143 Meeting Date: JAN 19, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

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

Committee/Subcommittee: HOUSE QUALITY SUBCOMMITTEE

Name: BOGDAN GRADINARIU

Title: BUSINESS OWNER

Address: 1475 TAMRA CT

City: TAUSSIM MEE State/Zip: FL 34744

Phone Number: 407 683 0892

Representing: MYSELF

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1143 Meeting Date: January 19, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

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

Committee/Subcommittee: House Quality Subcommittee

Name: Mark Allen Evans Jr.

Title: President

Address: 478 E A1

City: Altamonte Springs State/Zip: 32701

Phone Number: 786-759-5499

Representing: Florida Smoke Free 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 type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	