



Health & Human Services Committee

Tuesday, November 14, 2017
9:00 AM – 11:00 AM
Morris Hall (17 HOB)

Action Packet

COMMITTEE MEETING REPORT
Health & Human Services Committee
11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

Summary:

Health & Human Services Committee

Tuesday November 14, 2017 09:00 am

HB 23	Favorable	Yeas: 14	Nays: 3
HB 35	Favorable	Yeas: 18	Nays: 0
HB 37	Favorable	Yeas: 19	Nays: 0
HB 41	Favorable With Committee Substitute Amendment 623167 Adopted Without Objection	Yeas: 14	Nays: 5

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
W. Travis Cummings (Chair)	X		
Lori Berman	X		
Jason Brodeur	X		
Colleen Burton	X		
Neil Combee	X		
Tracie Davis	X		
Bobby DuBose	X		
James Grant	X		
Michael Grant	X		
Roy Hardemon	X		
Gayle Harrell			X
MaryLynn Magar	X		
Ralph Massullo, MD	X		
Cary Pigman	X		
David Santiago	X		
David Silvers	X		
Cyndi Stevenson	X		
Frank White	X		
Patricia Williams	X		
Clay Yarborough	X		
Totals:	19	0	1

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 23 : Recovery Care Services

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman		X			
Jason Brodeur	X				
Colleen Burton	X				
Neil Combee	X				
Tracie Davis		X			
Bobby DuBose			X		
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers			X		
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams		X			
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 14		Total Nays: 3			

Appearances:

HB 23

Haen, Robert (General Public) - Waive In Support
 CenterOne Surgery Cenger
 Executive Director
 10475 Centurion Pkwy. N., Suite 101
 Jacksonville FL 32256
 Phone: (904) 652-2311

HB 23

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

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 23 : Recovery Care Services (continued)

Appearances: (continued)

HB 23

Nuzzo, Sal - Waive In Support
The James Madison Institute
Vice President of Policy
100 N Duval Street
Tallahassee FL 32301
Phone: (850) 322-9941

HB 23

Winn, Stephen (Lobbyist) - Waive In Support
Florida Osteopathic Medical Association
Executive Director
2544 Blairstone Dr.
Tallahassee FL 32301
Phone: (850) 878-7344

HB 23

Shouppe, Clinton (Lobbyist) - Waive In Opposition
BayCare
State Government Relation Mgr.
2985 Drew St MS: 1027
Clearwater FL 33759
Phone: (813) 767-0550

HB 23

Hosek, Andrew (Lobbyist) - Waive In Support
Americans for Prosperity
Policy Analyst
200 W College Ave Suite 113
Tallahassee FL 32301
Phone: (850) 378-6291

HB 23

Nuland, Christopher (Lobbyist) - Waive In Support
Florida Chapter of the American College of Surgeons; FL Society of Plastic Surgeons
1000 Riverside Ave Ste 240
Jacksonville FL 32204
Phone: (904) 233-3951

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services
 Meeting Date: 11/14/14
 Place: Marble Hall
 Time: 9 AM

Bill Number: HB 23
 Date Received: _____
 Date Reported: _____
 Subject: Respite Care 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								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>		Brodeur								
<input checked="" type="checkbox"/>		Burton								
<input checked="" type="checkbox"/>		Combee								
	<input checked="" type="checkbox"/>	Davis								
		DuBose								
<input checked="" type="checkbox"/>		Grant, J.								
<input checked="" type="checkbox"/>		Grant, M.								
<input checked="" type="checkbox"/>		Hardemon								
		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Santiago								
		Silvers								
<input checked="" type="checkbox"/>		Stevenson								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>		Williams								
<input checked="" type="checkbox"/>		Yarborough								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	3									

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 35 : Patient Safety Culture Surveys

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman	X				
Jason Brodeur	X				
Colleen Burton	X				
Neil Combee	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers			X		
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 18		Total Nays: 0			

Appearances:

HB 35

Shoupe, Clinton (Lobbyist) - Waive In Opposition
 BayCare
 State Government Relations Mgr.
 2985 Drew St MS: 1027
 Clearwater FL 33759
 Phone: (813) 767-0550

HB 35

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

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

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

Committee/Subcommittee: Health & Human Services

Bill Number: HB 35

Meeting Date: 11/14/17

Date Received: _____

Place: Markus Hall

Date Reported: _____

Time: 9:00 AM

Subject: Patient Safety Culture Survey

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"/>	Berman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Combee								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, M.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stevenson								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
18	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 37 : Direct Primary Care Agreements

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman	X				
Jason Brodeur	X				
Colleen Burton	X				
Neil Combee	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 19		Total Nays: 0			

Appearances:

HB 37

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

HB 37

Lambert, Paul (Lobbyist) - Waive In Support
 Florida Chiropractic Association, Inc
 263 Rosehill Dr N
 Tallahassee FL 32312
 Phone: (850) 597-2696

HB 37

Nungesser, Tim (Lobbyist) (General Public) - Waive In Support
 National Federation of Independent Business
 Legislative Director
 110 E Jefferson St
 Tallahassee FL 32301
 Phone: (850) 445-5367

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 37 : Direct Primary Care Agreements (continued)

Appearances: (continued)

HB 37

Millson, Jay (Lobbyist) - Waive In Support
Florida Academy of Family Physicians
13241 Bartram Park Blvd Suite 1321
Jacksonville FL 32258-5229
Phone: (904) 400-6189

HB 37

Abboud, Alexandra (Lobbyist) - Waive In Support
The Florida Dental Association
Governmental Affairs Liaison
118 E. Jefferson Street
Tallahassee FL 32301
Phone: (850) 224-1089

HB 37

Nuzzo, Sal - Waive In Support
The James Madison Institute
Vice President of Policy
100 N Duval Street
Tallahassee FL 32301
Phone: (850) 322-9941

HB 37

Hosek, Andrew (Lobbyist) - Waive In Support
Americans for Prosperity
Policy Analyst
200 W. College Ave., Ste. 113
Tallahassee FL 32301
Phone: (850) 378-6291

HB 37

Mixon, Corinne (Lobbyist) - Waive In Support
Florida Academy of Physician Assistants
119 S. Monroe St. Ste. 202
Tallahassee FL 32301
Phone: (850) 681-6788

HB 37

Watson, Ronald (Lobbyist) - Waive In Support
Florida Chiropractic Physician Association
3738 Mundon Way
Tallahassee FL 32309
Phone: (850) 567-1202

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 37 : Direct Primary Care Agreements (continued)

Appearances: (continued)

HB 37

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

HB 37

Nuland, Chris (Lobbyist) - Proponent
Florida Chapter, American College of Physicians
1000 Riverside Avenue, Ste. 240
Jacksonville Florida 32204
Phone: (904) 233-3051

HB 37

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

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services

Bill Number: HB 37

Meeting Date: 11/14/17

Date Received: _____

Place: Misses Hall

Date Reported: _____

Time: 9:30 AM

Subject: Direct Primary Care Agreements

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
✓		Berman								
✓		Brodeur								
✓		Burton								
✓		Combee								
✓		Davis								
✓		DuBose								
✓		Grant, J.								
✓		Grant, M.								
✓		Hardemon								
✓		Harrell								
✓		Magar								
✓		Massullo								
✓		Pigman								
✓		Santiago								
✓		Silvers								
✓		Stevenson								
✓		White								
✓		Williams								
✓		Yarborough								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
19	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 41 : Pregnancy Support and Wellness Services

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman		X			
Jason Brodeur	X				
Colleen Burton	X				
Neil Combee	X				
Tracie Davis		X			
Bobby DuBose		X			
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers		X			
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams		X			
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 14		Total Nays: 5			

HB 41 Amendments

Amendment 623167

Adopted Without Objection

Appearances:

HB 41

Wesolowski, Michelle (Lobbyist) - Waive In Opposition
 Florida Alliance of Planned Parenthood Affiliates
 Director of Public Policy
 2300 N Florida Mango Rd
 West Palm Beach FL 33409
 Phone: (561) 472-9940

HB 41

Rodriguez, Jennifer (General Public) - Opponent
 Self
 23283 Cedar Hollow Way
 Boca Raton FL 33433
 Phone: (561) 236-5668

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 41 : Pregnancy Support and Wellness Services (continued)

Appearances: (continued)

HB 41

Singletary, Patricia (General Public) - Waive In Opposition
Self
405 Collinsford Rd.
Tallahassee FL 32301

HB 41

Gonzalez, Jasmine (General Public) - Waive In Opposition
Self
2430 Wren Hollow Dr.
Tallahassee FL 32303
Phone: (321) 501-5202

HB 41

Zehnder, Amelia (General Public) - Opponent
Self
6812 Butterfly Dr.
St. Cloud FL 34773
Phone: (407) 968-2636

HB 41

Gentile, Haley (General Public) - Waive In Opposition
Self
2064 Holmes St.
Tallahassee FL 32310
Phone: (239) 210-8923

HB 41

Kelly, Amber (Lobbyist) - Waive In Support
FL Family Action, Legislative Arm of Florida Family Policy Council, Inc.
Director of Policy & Communications
4853 S. Orange Ave., Ste. C
Orlando FL 32806
Phone: (407) 418-0250

HB 41

Moloski, Christine (General Public) - Waive In Support
Self
2109 Waters Meet Dr.
Tallahassee FL 32312
Phone: (850) 445-3979

HB 41

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

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 41 : Pregnancy Support and Wellness Services (continued)

Appearances: (continued)

HB 41

Delgado, Ingrid (Lobbyist) - Waive In Support
Florida Conference of Catholic Bishops
Associate for Social Concerns & Respect Life
201 W Park Ave
Tallahassee FL 32301
Phone: (850) 222-3803

HB 41

DeVane, Barbara (Lobbyist) - Waive In Opposition
Florida National Organization for Women, Inc
625 E Brevard St
Tallahassee FL 32308
Phone: (850) 251-4280

HB 41

Grigoryan, Mane (General Public) - Waive In Opposition
FSU NOW
4 Box Elder Ct.
Ormond Beach FL 32774

HB 41

Colas, Cynthia - Waive In Opposition
NARAL Pro-Choice of America
501 Chapel Dr., Apt. 1412
Tallahassee FL 32304
Phone: (561) 654-7102

HB 41

Tesdall, Tracy (General Public) - Waive In Support
Self
4295 Four Oaks Blvd.
Tallahassee FL 32311
Phone: (321) 446-4260

HB 41

Sprague, Ryan - Proponent
PHI Center
CEO
1710 S. Gadsden St.
Tallahassee FL 32301
Phone: (850) 274-8487

HB 41

Jackson, Vermetra - Proponent
Pregnancy Health and Information Center
4265 Sloe Dr.
Tallahassee FL 32305
Phone: (305) 900-7305

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 41 : Pregnancy Support and Wellness Services (continued)

Appearances: (continued)

HB 41

O'Keefe, Jo-Ellen (General Public) - Waive In Support

Self

7929 Reynolds Dr.

Tallahassee FL 32312

Phone: (850) 212-3237

HB 41

Monroe, Marty (Lobbyist) - Opponent

League of Women Voters of Florida

2507 Callaway Rd Suite 102A

Tallahassee FL 32303

Phone: (850) 224-2545

HB 41

Hepburn, Toni (General Public) - Waive In Support

Self

3301 Killalu Way

Tallahassee FL 32309

Phone: (850) 893-4485

HB 41

Edwards, Talethia O. - Proponent

Pregnancy Help & Information Center

Board Member

1802 Saxon St.

Tallahassee FL 32310

Phone: (850) 933-9235

HB 41

Miller, Gail (General Public) - Waive In Support

Self

905 Shadow Lawn Dr.

Tallahassee FL 32312

HB 41

White, Tarri (General Public) - Waive In Support

Self

LPN - Nurse

1913 Wells St.

Tallahassee FL 32308

Phone: (850) 566-3650

HB 41

Valero, Maria (Lobbyist) - Waive In Opposition

Florida Latina Advocacy Network

State Policy Director

8235 NE 2nd Ave.

Miami FL 33138

Phone: (786) 442-8199

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 41 : Pregnancy Support and Wellness Services (continued)

Appearances: (continued)

HB 41

Boersma, Dr. Ann (General Public) - Waive In Opposition

Medically accurate data on breast cancer

24176 Jesse Dr.

Tallahassee FL 32310

Phone: (510) 228-5883

HB 41

Bonner, Gianna (General Public) - Waive In Opposition

Self

75 N. Woodward Ave.

Tallahassee FL 32313

HB 41

Willard, Hannah (Lobbyist) - Waive In Opposition

Equality Florida

Senior Policy Director

1627 1/2 E Concord St

Orlando FL 32803-4811

Phone: (407) 451-5460

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM

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

Committee/Subcommittee: Health & Human Services

Bill Number: HB 41

Meeting Date: 11/14/17

Date Received: _____

Place: Mark Hall

Date Reported: _____

Time: 9:00 AM

Subject: Pregnancy Support and Wellness Centers

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>Amptd</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>		Brodeur								
<input checked="" type="checkbox"/>		Burton								
<input checked="" type="checkbox"/>		Combee								
	<input checked="" type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>		Grant, J.								
<input checked="" type="checkbox"/>		Grant, M.								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Santiago								
	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>		Stevenson								
<input checked="" type="checkbox"/>		White								
	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>		Yarborough								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	5									

COMMITTEE MEETING REPORT
Health & Human Services Committee

11/14/2017 9:00AM

Location: Morris Hall (17 HOB)

Actionable Items

At 10:58 a.m., Vice Chair Santiago moved that the meeting of the Health & Human Services Committee extend 15 minutes. Motion passed.

Committee meeting was reported out: Tuesday, November 14, 2017 3:53PM



Statement of the National Partnership for Women & Families

Submitted to Chairman Cummings and Members of the House Health and Human Services Committee

Hearing on House Bill 41

November 14, 2017

The National Partnership for Women & Families is honored to submit this testimony on behalf of the women and families we represent. The National Partnership is a nonprofit, nonpartisan organization located in Washington, D.C., dedicated to promoting public policies that expand opportunity for women and improve the well-being of our nation's families. We advocate for fairness in the workplace, reproductive health and rights, access to quality affordable health care, and policies that help women and men meet the dual demands of work and family. Through education, outreach and advocacy, the National Partnership is an effective advocate for millions of women and families.

The National Partnership is committed to ensuring that women receive quality, patient-centered health care that is medically appropriate and based on scientific evidence. House Bill 41 (HB 41) runs counter to these important values. This bill would permanently fund crisis pregnancy centers (CPCs) that intentionally mislead pregnant women and try to pressure, shame and coerce them. Funding these organizations gives tacit approval to the lies CPCs tell women about abortion, about their pregnancy or about their reproductive health options. Florida women deserve the highest standard of care, and Floridians should not be expected to fund organizations that fail to truly support women's pregnancy decisions.

HB 41 would funnel taxpayer dollars to anti-abortion organizations that pose as comprehensive health care clinics.¹ Under the guise of providing reproductive health services and pregnancy-related information, many of these sham clinics shame women and lie to them to try to prevent them from accessing abortion care. Often camouflaged as health care facilities and located near abortion clinics, CPCs try to lure women away from facilities that can actually meet their needs,² sometimes targeting women of color and young women specifically.³

When a woman enters a CPC for any type of service, she may be forced to undergo biased counseling or religious seminars.⁴ Often, she hears false claims about fetal development and the health effects and safety of abortion care⁵ (which is one of the safest medical procedures in the United States⁶). In fact, a 2006 Congressional Report found that 87 percent of CPCs "provide[] false or misleading information about the health effects of abortion."⁷ More recent

studies have also found that CPCs are unethically giving women inaccurate information about abortion that seeks to intimidate them.⁸

CPCs are increasingly pressuring women to undergo ultrasounds⁹ – sometimes administered by untrained individuals¹⁰ – as another way to shame women, steer them away from abortion care and delay their care.¹¹ CPCs sometimes present inaccurate medical information, withhold ultrasound results, provide erroneous readings, or even misrepresent how far along a woman is in her pregnancy.¹²

CPCs are deceptive. They undermine a woman’s right to access abortion care. They undermine the trust at the foundation of the patient-provider relationship by posing as health care providers and peddling inaccurate medical information. And they undermine a woman’s dignity by attempting to shame and pressure her and by attempting to take away her ability to make her own decisions.

If Florida lawmakers continue to send tax dollars to CPCs, you will be demonstrating a disregard for the truth and for your constituents, undermining a woman’s right to make her own informed medical decisions and denying her the respect and dignity she deserves.

We call on the state legislature to vote no on HB 41 and stop playing politics with women’s health.

¹ H.B. 41, 2018 Leg., Reg. Sess. (Fla. 2018).

² Svokos, A. (2017, August 7). Crisis Pregnancy Centers Worry Abortion Clinics Like Hartford GYN. *Elite Daily*. Retrieved 9 November 2017, from <https://www.elitedaily.com/news/politics/happens-crisis-pregnancy-center-moves-next-door-abortion-clinic/2034122>;

³ Madsen, N. (2017, June 21). Crisis Pregnancy Centers: What to Know. *Teen Vogue*. Retrieved 9 November 2017, from <https://www.teenvogue.com/story/what-to-know-about-crisis-pregnancy-centers>

⁴ Resnick, S. (2012, November 29). Crisis Pregnancy Center That Makes Expectant Parents ‘Earn’ Baby Supplies Through Bible Study Seeks Federal Loans for Expansion. *Rewire*. Retrieved 9 November 2017, from <https://rewire.news/article/2012/11/29/christian-anti-abortion-group-sues-government-taxpayer-funding/>; United States House of Representatives Committee on Government Relations – Minority Staff, Special Investigations Division. (2006, July). *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers*. Retrieved 13 November 2017, from <https://www.chsourcebook.com/articles/waxman2.pdf>

⁵ NARAL Pro-Choice America. (2016). *The Truth About Crisis Pregnancy Centers*. Retrieved 9 November 2017, from <https://www.prochoiceamerica.org/wp-content/uploads/2016/12/6.-The-Truth-About-Crisis-Pregnancy-Centers.pdf>

⁶ Brief for Am. Coll. of Obstet. & Gyn., Am. Med. Ass’n, Am. Acad. of Family Physicians, & Am. Osteopathic Ass’n, and Am. Acad. of Pediatrics as Amici Curiae Supporting Petitioners for a Writ of Certiorari, p. 6, *Whole Woman’s Health v. Hellerstedt*, No. 15-274 (filed Jan. 2016).

⁷ United States House of Representatives Committee on Government Relations – Minority Staff, Special Investigations Division. (2006, July). *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers*. Retrieved 13 November 2017, from <https://www.chsourcebook.com/articles/waxman2.pdf>

⁸ See, e.g., Bryant, A.G. & Levi, E.E. (2012, December). Abortion misinformation from crisis pregnancy centers in North Carolina. *Contraception*, 86(6), 752-756; Bryant, A.G., Narasimhan, S., Bryant-Comstock, K., & Levi, E.E. (2014, December). *Contraception*, 90(6).

⁹ See, e.g., NARAL Pro-Choice Ohio Foundation. (2013). *Ultrasound Services at Crisis Pregnancy Centers*. Retrieved 9 November 2017, from <http://www.prochoiceohio.org/assets/bin/2013%20CPC%20report%20text/Ultrasound%20Fact%20Sheet-%20CPC%20report%202013.pdf>; NARAL Pro-Choice Virginia Foundation. (2013). *Mandatory Ultrasounds and Crisis Pregnancy Centers*. Retrieved 9 November 2017, from <http://www.naralva.org/assets/bin/Mandatory%20Ultrasounds%20and%20Crisis%20Pregnancy%20Centers.pdf>

¹⁰ Svokos, A. (2017, August 7). Crisis Pregnancy Centers Worry Abortion Clinics Like Hartford GYN. *Elite Daily*. Retrieved 9 November 2017, from <https://www.elitedaily.com/news/politics/happens-crisis-pregnancy-center-moves-next-door-abortion-clinic/2034122>;

NARAL Pro-Choice America. (2016). *The Truth About Crisis Pregnancy Centers*. Retrieved 9 November 2017, from <https://www.prochoiceamerica.org/wp-content/uploads/2016/12/6.-The-Truth-About-Crisis-Pregnancy-Centers.pdf>

¹¹ Madsen, N. (2017, June 21). Crisis Pregnancy Centers: What to Know. *Teen Vogue*. Retrieved 9 November 2017, from <https://www.teenvogue.com/story/what-to-know-about-crisis-pregnancy-centers>

¹² NARAL Pro-Choice America. (2016). *The Truth About Crisis Pregnancy Centers*. Retrieved 9 November 2017, from <https://www.prochoiceamerica.org/wp-content/uploads/2016/12/6.-The-Truth-About-Crisis-Pregnancy-Centers.pdf>



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

W/S

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 23</u>	
Amendment Number: _____	

Name: Robert Haem

Representing: HB 23 CenterOne Surgery Center

Title: Executive Director

Address: 10473 Centurian Parkway N #101

City: Jacksonville State/Zip: FL 32256

Phone Number: 904-652-2317 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>23</u>	
Amendment Number: _____	

Name: BRIAN PITTS

Representing: Justice-2-Jesus

Title: Trustee

Address: 1119 Newton Ave S

City: St Petersburg State/Zip: FL / 33705

Phone Number: 727/897-9291 Meeting Date: 11/14/2017

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

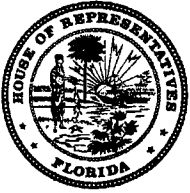
Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



16054701

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.

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 23 : Recovery Care Services PCB/PCS/Amendment #: N/A
--

Name: **nuzzo, Sal**

Representing: **The James Madison Institute**

Title: **Vice President of Policy**

Address: **100 N Duval Street**

City: **Tallahassee** State/Zip: **fl 32301**

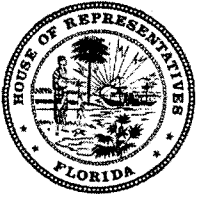
Phone Number: **8503229941** Meeting Date: **Nov 14 2017 9:00AM**

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

Presentation/Workshop Topic: **N/A**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 23</u>	
Amendment Number: _____	

Name: STEPHEN R. WINN

Representing: FLORIDA OSTIOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE DR

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7344 Meeting Date: 11-14-2017

Committee/Subcommittee: HEALTH & HUMAN SERVICES COMMITTEE

Presentation/Workshop Topic: REGULATORY CARE SERVICES

Registered Lobbyist: YES NO

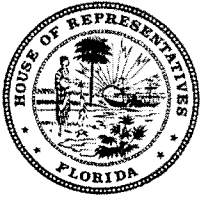
State Employee: YES NO

- I wish to speak WAVE TIME IN SUPPORT
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFO

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>23</u>	
Amendment Number: _____	

Name: Clint Shoupe

Representing: BayCare

Title: State Government Relations Mgr

Address: 2985 Drew Street

City: Clearwater State/Zip: FL 33759

Phone Number: 888-767-0550 Meeting Date: 11/14/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Recovery Care Centers

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>23</u>	
Amendment Number: _____	

Name: Andrew Hosek

Representing: Americans for Prosperity

Title: Policy Analyst

Address: _____

City: Tallahassee State/Zip: FL

Phone Number: 850-378-6291 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>23</u>	
Amendment Number: _____	

Name: Chris Noland

Representing: Florida Chapter, American College of Surgeons / Florida Society of Plastic Surgeons

Title: _____

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32209

Phone Number: 904-233-3051 Meeting Date: 11/14/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

WFO

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>35</u>	
Amendment Number: _____	

Name: Clint Shuppe

Representing: BayCare

Title: State Govt Relations Manager

Address: 2985 Dew St

City: Clearwater State/Zip: FL 33759

Phone Number: 813-767-0550 Meeting Date: 11/14/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Patient Safety Culture Survey

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>35</u>	
Amendment Number: _____	

Name: Brian Pitts

Representing: Justice-2-Jesus

Title: Trustee

Address: 1119 Newton Ave S

City: St Petersburg State/Zip: FL/33705

Phone Number: 727/897-9291 Meeting Date: 11-17-2017

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

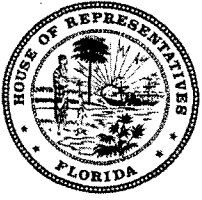
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>37</u>	
Amendment Number: _____	

Name: BRIAN PITTS

Representing: Justice-2-Jesus

Title: Trustee

Address: 1119 Newton Ave S

City: St Petersburg State/Zip: FL/33705

Phone Number: 727/897-9291 Meeting Date: 11-14-2017

Committee/Subcommittee: H H S

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

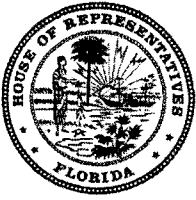
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

W/S

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>37</u>	
Amendment Number: _____	

Name: PAUL LAMBERT

Representing: FLORIDA CHIROPRACTIC ASSOCIATION

Title: _____

Address: 263 Rosehill Drive North

City: Tallahassee State/Zip: FL 32312

Phone Number: 850 597-2696 Meeting Date: 11/14/17

Committee/Subcommittee: H & HS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



87301257

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.

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 37 : Direct Primary Care Agreements PCB/PCS/Amendment #: N/A

Name: **Nungesser, Tim**

Representing: **National Federation of Independent Business**

Title: **Legislative Director**

Address: **110 E Jefferson St**

City: **Tallahassee** State/Zip: **FL 32301**

Phone Number: **850-445-5367** Meeting Date: **Nov 14 2017 9:00AM**

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

Presentation/Workshop Topic: **N/A**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

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



94688551

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.

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 37 : Direct Primary Care Agreements PCB/PCS/Amendment #: N/A
--

Name: **Millson, Jay**

Representing: **Florida Academy of Family Physicians**

Title:

Address: **13241 Bartram Park Blvd, Suite 1321**

City: **Jacksonville** State/Zip: **FL 32258-5229**

Phone Number: **(904) 400-6189** Meeting Date: **Nov 14 2017 9:00AM**

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

Presentation/Workshop Topic: **N/A**

- Registered Lobbyist
- State Employee
- I Wish To Speak / *waiver on support*
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>37</u>	
Amendment Number: _____	

Name: Alexandra Abboud

Representing: The Florida Dental Association

Title: Governmental Affairs Liaison

Address: 118 E. Jefferson Street

City: Tallahassee State/Zip: FL, 32301

Phone Number: (850) 224-1089 Meeting Date: 11/14/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Direct Primary Care

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



30226579

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.

<input type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 37 : Direct Primary Care Agreements PCB/PCS/Amendment #: N/A

Name: **Nuzzo, Sal**

Representing: **The James Madison Institute**

Title: **Vice President of Policy**

Address: **100 N Duval Street**

City: **Tallahassee** State/Zip: **FL 32301**

Phone Number: **8503229941** Meeting Date: **Nov 14 2017 9:00AM**

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

Presentation/Workshop Topic: **N/A**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
N/A
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>37</u>	
Amendment Number: _____	

Name: Andrew Hasek

Representing: Americans for Prosperity

Title: Policy Analyst

Address: _____

City: Tallahassee State/Zip: FL

Phone Number: 850-378-6291 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

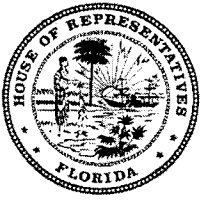
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WB

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 37</u>	
Amendment Number: _____	

Name: CORINNE MASON

Representing: FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS

Title: _____

Address: 119 S MONROE ST. SUITE 202

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850-681-6788 Meeting Date: 11/19/17

Committee/Subcommittee: HOUSE ADMIN AND HUMAN SERVICES

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

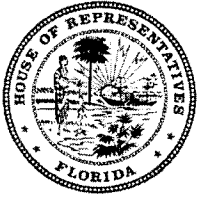
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>37</u>	
Amendment Number: _____	

Name: Ken Watson

Representing: Florida Chiropractic Physician Association

Title: Lobbyist

Address: 3738 Munden Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 11/14/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Direct Primary Care

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak *Waive in Support*
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 37</u>	
Amendment Number: _____	

Name: STEPHEN R. WINN

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DRIVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 11-14-2017

Committee/Subcommittee: HEALTH & HUMAN SERVICES COMMITTEE

Presentation/Workshop Topic: DIRECT PRIMARY CARE

Registered Lobbyist: YES NO

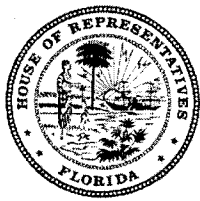
State Employee: YES NO

- I wish to speak WAIVE TIME IN SUPPORT
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>37</u>	
Amendment Number: _____	

Name: Chris Deland

Representing: Florida Chapter, American College of Physicians

Title: _____

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32209

Phone Number: 904-233-3051 Meeting Date: 11/14/17

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: Direct Primary Care

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>37</u>	
Amendment Number: _____	

Name: Mary Thomas

Representing: Florida Medical Association

Title: _____

Address: 1430 Piedmont Dr E

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 224 6400 Meeting Date: 11/14/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

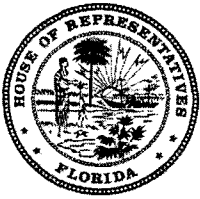
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/O

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: Missy Wesolowski

Representing: Florida Alliance of Planned Parenthood Affiliates

Title: Director of Public Policy

Address: 2300 N. Florida Mango Rd.

City: West Palm Beach State/Zip: FL 33409

Phone Number: 561-472-9940 Meeting Date: 11/14/17

Committee/Subcommittee: House Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 41</u>	
Amendment Number: _____	

Name: Jennifer Rodriguez

Representing: Self

Title: _____

Address: 23283 Cedar Hollow Way

City: Boca Raton State/Zip: FL 33433

Phone Number: 561-236-5668 Meeting Date: 11/14/17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFO

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 41</u>	
Amendment Number: _____	

Name: Patricia Singletary

Representing: Myself

Title: _____

Address: 405 Collinsford Rd

City: Tallahassee State/Zip: FL 32301

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

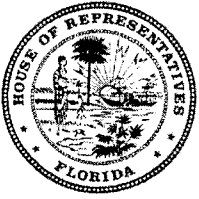
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/O

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 411</u>	
Amendment Number: _____	

Name: Jasmine Gonzalez

Representing: Myself

Title: _____

Address: 2430 Nien Hollow Dr

City: Tallahassee State/Zip: FL 32303

Phone Number: 321 501 5202 Meeting Date: 11/14/17

Committee/Subcommittee: HEALTH/HUMAN SERVICES

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

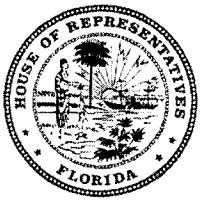
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 41</u>	
Amendment Number: _____	

Name: Amelia Zehnder

Representing: myself

Title: _____

Address: 6812 Butterfly Dr

City: Saint Cloud State/Zip: FL 34773

Phone Number: 407 968 2636 Meeting Date: _____

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

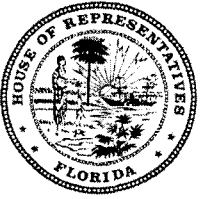
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFO

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB41</u>	
Amendment Number: _____	

Name: Haley Gentile

Representing: myself

Title: _____

Address: 2064 Holmes Street

City: Tallahassee State/Zip: FL/32310

Phone Number: 239-210-8923 Meeting Date: 11/14/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

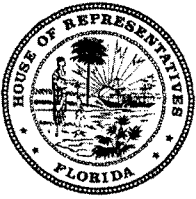
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

W/S

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: Amber Kelly

Representing: FL Family Action, Legislative Arm of FL Family Policy Council

Title: Director of Policy & Communications

Address: 4853 S. Orange Ave. Suite C

City: Orlando State/Zip: FL 32806

Phone Number: (407) 418-0250 Meeting Date: _____

Committee/Subcommittee: Health & Human Svcs

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

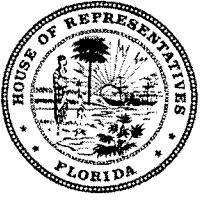
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFS

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>41</u>			
Amendment Number: _____			

Name: Christine Molosti

Representing: _____

Title: _____

Address: 7109 Waters Meet Dr.

City: Tallahassee State/Zip: FL 32312

Phone Number: 850-445-3979 Meeting Date: 11/14/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: Brian Pitts

Representing: Justice - 2 - Jesus

Title: Trustee

Address: 1119 Newton Ave S

City: St Petersburg State/Zip: FL / 33705

Phone Number: 727/897-9291 Meeting Date: 11/14/2017

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: Ingrid Delgado

Representing: Florida Conference of Catholic Bishops

Title: Associate for Social Concerns & Respect Life

Address: 201 W Park

City: Tallahassee

State/Zip: 32311

Phone Number: _____

Meeting Date: _____

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Pregnancy Support Services

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/O

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: Barbara DeVane

Representing: FL NOW

Title: Ms

Address: 625 E. Bernard St

City: Tallahassee State/Zip: FL 32308

Phone Number: 852-251-4280 Meeting Date: 11-14-17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Pregnancy Crisis Centers

Registered Lobbyist: YES NO

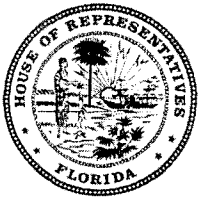
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/P

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: Mane Grigoryan

Representing: FSU Now

Title: _____

Address: 4 Boy Elder Ct

City: Ormond Beach State/Zip: FL 32174

Phone Number: _____ Meeting Date: 11/14

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/O

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill/PCS/PCB Number: 41

Amendment Number: _____

Name: Cynthia Colas

Representing: NARAI PO Charce of America

Title: _____

Address: 501 Chapel Dr apt 1412

City: Tallahassee State/Zip: FL, 32304

Phone Number: 561-654-7102 Meeting Date: _____

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

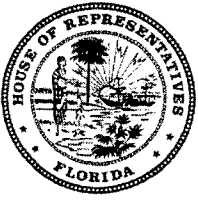
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: Tracy Tesdall

Representing: self

Title: _____

Address: 4295 Four Oaks Blvd

City: Tall State/Zip: FL 32311

Phone Number: 321-446-4260 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

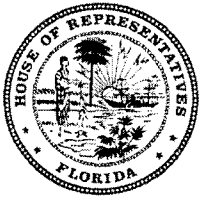
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: RYAN SPRAGUE

Representing: PHI Center

Title: CEO

Address: 1710 S. Coatsden St.

City: TLH State/Zip: 32301

Phone Number: 850 274 5487 Meeting Date: _____

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

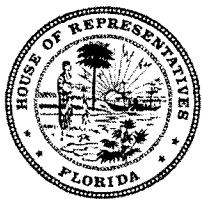
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: Vermetra Jackson

Representing: Pregnancy Health and Information Center

Title: _____

Address: 4265 Sloe Drive

City: Tallahassee State/Zip: FL 32305

Phone Number: (305) 900-7305 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

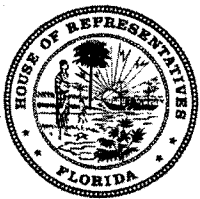
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WLS

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>4</u>			
Amendment Number: _____			

Name: To- Ellen O'Keefe

Representing: Self

Title: _____

Address: 7929 Reynolds Dr

City: Tallahassee State/Zip: FL 32312

Phone Number: 850 212-3237 Meeting Date: 11-14-17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: MARTY MONROE

Representing: League of Women Voters of Florida

Title: Lobbyist

Address: 2507 Callaway Rd Suite 102A

City: Tallahassee State/Zip: FL 32317

Phone Number: 850 224-2545 Meeting Date: 11/14/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

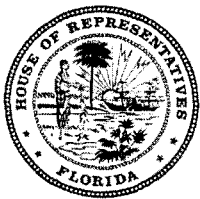
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>41</u>			
Amendment Number: _____			

Name: Toni Hepburn

Representing: Self

Title: _____

Address: 3301 Killala Way

City: Tallahassee State/Zip: 32309

Phone Number: 850.893.4485 Meeting Date: Nov 14, 2017

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: Talethia D. Edwards

Representing: Pregnancy help & Information Center

Title: Board member

Address: 1802 Saxon Street

City: Tallahassee State/Zip: Fl. 32310

Phone Number: 850-933-9235 Meeting Date: 11/14/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

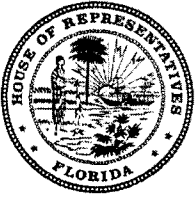
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFS

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: GAIL MILLER

Representing: SELF

Title: _____

Address: 905 SHADOWLAWN DR

City: TALLAHASSEE State/Zip: FL 32312

Phone Number: _____ Meeting Date: 11/14/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>41</u>			
Amendment Number: _____			

Name: Tarri White

Representing: Self

Title: LPN - Nurse

Address: 1913 Wells Street

City: Tallahassee State/Zip: Florida 32308

Phone Number: 566-3650 Meeting Date: 11/14/2017

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



04577075

WFO



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: 41 : Pregnancy Support and Wellness Services PCB/PCS/Amendment #: N/A
--

Name: **Maria Valero**

Representing: **Florida Latina Advocacy Network**

Title:

Address: **8235 NE 2nd Ave.**

City: **Miami**

State/Zip:

FL 33138

Phone Number: **786-442-8199**

Meeting Date:

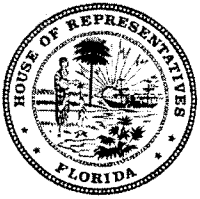
November 14, 2017 9:00 AM

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

Presentation/Workshop Topic: **Pregnancy Support Services**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/o

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>47</u>	
Amendment Number: _____	

Name: Dr. Anna Boersma

Representing: medically accurate data on breast cancer

Title: _____

Address: 24176 Jesse

City: Tally State/Zip: 32310

Phone Number: 510-228-5883 Meeting Date: 11/14

Committee/Subcommittee: _____

Presentation/Workshop Topic: HHS

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/O

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 411</u>	
Amendment Number: _____	

Name: Gianna Bonner

Representing: myself

Title: _____

Address: 15 N Woodward Ave #

City: Tallahassee State/Zip: FL 32313

Phone Number: _____ Meeting Date: 11/13/17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

wfo

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>41</u>	
Amendment Number: _____	

Name: Hannah Willard

Representing: Equality Florida

Title: Senior Policy Director

Address: 11027 1/2 E Concord St

City: Orlando State/Zip: FL 32805

Phone Number: 407 451 5466 Meeting Date: 11/14

Committee/Subcommittee: HAS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only