



Health & Human Services Committee

**Tuesday, February 21, 2018
9:00 AM – 12:00 PM
Morris Hall (17 HOB)**

Action Report

REVISED

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

Summary:

Health & Human Services Committee

Wednesday February 21, 2018 09:00 am

CS/HB 21	Favorable With Committee Substitute	Yeas: 19	Nays: 0
	Amendment 677879 Adopted Without Objection		
CS/HB 425	Favorable With Committee Substitute	Yeas: 15	Nays: 0
	Amendment 229641 Adopted Without Objection		
HB 675	Favorable With Committee Substitute	Yeas: 15	Nays: 0
	Amendment 128723 Adopted Without Objection		
CS/HB 693	Favorable	Yeas: 13	Nays: 2
CS/CS/HB 751	Favorable With Committee Substitute	Yeas: 14	Nays: 4
	Amendment 706697 Adopted Without Objection		
CS/CS/HB 937	Favorable	Yeas: 17	Nays: 0
CS/CS/HB 965	Favorable With Committee Substitute	Yeas: 17	Nays: 0
	Amendment 368581 Adopted Without Objection		
CS/HB 1047	Favorable With Committee Substitute	Yeas: 18	Nays: 0
	Amendment 754059 Adopted Without Objection		
	Amendment 736555 Adopted		
	Amendment 598223 Adopted as Amended		
CS/CS/HB 1129	Favorable	Yeas: 12	Nays: 6
CS/HB 1155	Favorable	Yeas: 17	Nays: 0
CS/HB 1165	Favorable With Committee Substitute	Yeas: 15	Nays: 0
	Amendment 648661 Adopted Without Objection		
CS/CS/HB 1435	Favorable	Yeas: 17	Nays: 0

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
W. Travis Cummings (Chair)	X		
Lori Berman	X		
Jason Brodeur	X		
Karnia Brown	X		
Colleen Burton	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:	20	0	0

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

CS/HB 21 : Controlled Substances

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	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			

CS/HB 21 Amendments

Amendment 677879

Adopted Without Objection

Appearances:

Nuland, Chris (Lobbyist) - Opponent
 Florida Chapter, American College of Surgeons
 1000 Riverside Avenue
 Jacksonville Florida 32204
 Phone: (904) 233-3051

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

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/HB 21 : Controlled Substances (continued)

Appearances: (continued)

Gran, Jill (Lobbyist) - Waive In Support
Florida Behavioral Health Association
Senior Policy Advisor
2868 Mahan Dr
Tallahassee FL 32308
Phone: (850) 878-2196

Amendment 677879

Bell, Doug (Lobbyist) - Waive In Support
Florida Chapter American Academy of Pediatrics
119 S Monroe St
Tallahassee FL 32301
Phone: (850) 205-9000

Bunkley, Bill (Lobbyist) - Waive In Support
Florida Ethics and Religion Liberty Commission
President
P.O Box 341644
Tampa FL 33694
Phone: (813) 264-2977

McFaddin, Logan (Lobbyist) - Waive In Support
Property Casualty Insurers Association of America
215 S Monroe St
Tallahassee FL 32301
Phone: (850) 681-2615

Chaney, Christopher (Lobbyist) - Waive In Support
Associated Industries of Florida
204 S Monroe St
Tallahassee FL 32301
Phone: (850) 222-8900

Large, Toni (Lobbyist) - Opponent
Florida Orthopaedic Society
519 E Park Ave
Tallahassee FL 32308
Phone: (850) 566-1461

Silverman, MD, Sanford (General Public) - Proponent
FMA, FSIPP
100 E Sample Rd
Pompano Bch FL 33064

Ericks, Candice (Lobbyist) - Waive In Support
Palm Beach County
205 S Adams St
Tallahassee FL 32301
Phone: (954) 648-1204

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/HB 21 : Controlled Substances (continued)

Appearances: (continued)

Beaubien, Roger (Lobbyist) - Waive In Support

Office of the Attorney General

Special Counsel

PI-01 The Capitol

Tallahassee FL 32399-0001

Phone: (850) 245-0140

Amendment 677879

Beaubien, Roger (Lobbyist) - Waive In Support

Office of the Attorney General

Special Counsel

PI-01 The Capitol

Tallahassee FL 32399-0001

Phone: (850) 245-0140

West, Sally (Lobbyist) - Proponent

Walgreen Company/PDMP Foundation Board

Regional Director

Tallahassee FL 32317

Phone: (850) 210-2461

Bennett, Shane (General Public) - Waive In Support

The Florida Police Chiefs Association

2636 Mitcham Drive

Tallahassee FL 32308

Phone: 8502193631

Choy, Erin (State Employee) - Waive In Support

Junior Leagues of Florida

404 E. Sixth Avenue

Tallahassee FL 32303

Phone: 5616354168

Bishop, Barney (Lobbyist) - Waive In Support

Florida Smart Justice Alliance

204 S Monroe St

Tallahassee FL 32301

Phone: (850) 907-3436

West, Devon (Lobbyist) - Waive In Support

Broward County

Policy Advisor

115 S Andrews Ave

Fort Lauderdale FL 33301

Phone: (954) 789-9293

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

CS/HB 425 : Physician Fee Sharing Task Force

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman			X		
Jason Brodeur	X				
Kamia Brown			X		
Colleen Burton	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: 15		Total Nays: 0			

CS/HB 425 Amendments

Amendment 229641

Adopted Without Objection

Appearances:

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

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

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/HB 425 : Physician Fee Sharing Task Force (continued)

Appearances: (continued)

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

Christian, David (Lobbyist) - Waive In Support
Florida Hospital
Director Government Relations
900 Hope Way
Altamonte Springs FL 32714
Phone: (407) 357-2493

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

HB 675 : Pharmacies

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman			X		
Jason Brodeur	X				
Kamia Brown			X		
Colleen Burton	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: 15		Total Nays: 0			

HB 675 Amendments

Amendment 128723

Adopted Without Objection

Appearances:

Fuller, Heather (General Public) - Waive In Support
 Florida Society of Health System Pharmacists
 Pharmacist
 402 E Palmer Ave
 Tallahassee FL 32308
 Phone: (850) 405-1968

Christian, David (Lobbyist) - Waive In Support
 Florida Hospital
 Director Government Affairs
 900 Hope Way
 Altamonte Springs FL 32714
 Phone: (407) 357-2493

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

HB 675 : Pharmacies (continued)

Appearances: (continued)

Gonzalez, Larry (Lobbyist) - Waive In Support
Florida Society of Health System Pharmacists, Inc
223 S Gadsden St
Tallahassee FL 32309
Phone: (850) 570-6307

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

CS/HB 693 : Family Self-Sufficiency

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman			X		
Jason Brodeur	X				
Kamia Brown			X		
Colleen Burton	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: 13		Total Nays: 2			

Appearances:

Chamizo, Jorge (Lobbyist) - Waive In Support
 Opportunity Solutions Project
 Attorney
 108 S Monroe St
 Tallahassee FL 32301
 Phone: (850) 681-0024

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

CS/CS/HB 751 : Public Assistance

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman		X			
Jason Brodeur	X				
Kamia Brown		X			
Colleen Burton	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: 4			

CS/CS/HB 751 Amendments

Amendment 706697

Adopted Without Objection

Appearances:

Chamizo, Jorge (Lobbyist) - Waive In Support
 Opportunity Solutions Project
 Attorney
 108 S Monroe St
 Tallahassee FL 32301
 Phone: (850) 681-0024

Amendment 706697
 Chamizo, Jorge (Lobbyist) - Waive In Support
 Opportunity Solutions Project
 Attorney
 108 S Monroe St
 Tallahassee FL 32301
 Phone: (850) 681-0024

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

CS/CS/HB 751 : Public Assistance (continued)

Appearances: (continued)

Huddleston, Cindy (Lobbyist) - Opponent

Florida Legal Services

2425 Torreya Dr

Tallahassee FL 32303

Phone: (850) 508-8282

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

CS/CS/HB 937 : Perinatal Mental Health

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman				X	
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	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: 17		Total Nays: 0			

Appearances:

Gran, Jill (Lobbyist) - Waive In Support
 Florida Behavioral Health Association
 Senior Policy Director
 2868 Mahan Dr
 Tallahassee FL 32308
 Phone: (850) 878-2196

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

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

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/CS/HB 937 : Perinatal Mental Health (continued)

Appearances: (continued)

Bishop, Barney (Lobbyist) - Waive In Support

Florida Smart Justice Alliance

204 S Monroe St

Tallahassee FL 32301

Phone: (850) 907-3436

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

CS/CS/HB 965 : Laser Hair Removal Or Reduction

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman			X		
Jason Brodeur	X				
Kamia Brown			X		
Colleen Burton	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: 17		Total Nays: 0			

CS/CS/HB 965 Amendments

Amendment 368581

Adopted Without Objection

Appearances:

Nuland, Christopher (Lobbyist) - Waive In Support
 Florida Society of Plastic Surgeons/Florida Society of Dermatology
 1000 Riverside Ave
 Jacksonville FL 32204
 Phone: (904) 233-3051

Amendment 368581
 Gonzalez, Larry (Lobbyist) - Opponent
 Electrologist Society & Electrologist Association of Florida
 223 S Gadsden St
 Tallahassee FL 32301
 Phone: (850) 570-6307

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/CS/HB 965 : Laser Hair Removal Or Reduction (continued)

Appearances: (continued)

Bogdanoff, Ellyn (Lobbyist) - Proponent

SCMHR

1 E Broward Blvd

Fort Lauderdale FL 33301

Phone: (954) 364-6005

Amendment 368581

Bogdanoff, Ellyn (Lobbyist) - Waive In Support

SCMHR

1 E Broward Blvd

Fort Lauderdale FL 33301

Phone: (954) 364-6005

Gonzalez, Larry (Lobbyist) - Opponent

Electrologist Society & Electrologist Association of Florida

223 S Gadsden St

Tallahassee FL 32301

Phone: (850) 570-6307

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

CS/HB 1047 : Department of Health

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman			X		
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	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			

CS/HB 1047 Amendments

Amendment 754059

Adopted Without Objection

Amendment 736555

Adopted

Amendment 598223

Adopted as Amended

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/HB 1047 : Department of Health (continued)

Appearances:

Amendment 598223

Stewart, Michelle (General Public) - Opponent

Florida Academy of Nutrition and Dietetics

President

1050 Satin Leaf Street

Hollywood FL 33019

Phone: (954) 547-5382

Stewart, Michelle (General Public) - Opponent

Florida Academy of Nutrition and Dietetics

President

1050 Satin Leaf Street

Hollywood FL 33019

Phone: (954) 547-5382

Christie, Dr. Catherine (State Employee) (General Public) - Opponent

Florida Academy of Nutrition & Dietetics

Associate Dean, Brooks College of Health

10168 Bishop Lake Rd W

Jacksonville FL 32256

Phone: (904) 716-2202

Amendment 598223

Christie, Dr. Catherine (State Employee) (General Public) - Opponent

Florida Academy of Nutrition & Dietetics

Associate Dean, Brooks College of Health

10168 Bishop Lake Rd W

Jacksonville FL 32256

Phone: (904) 716-2202

Amendment 598223

Mixon, Corinne (Lobbyist) - Waive In Support

Florida Academy of Physician Assistants

Government Consultant

119 S Monroe St

Tallahassee FL 32301

Phone: (850) 766-5795

Amendment 736555

Troncoso, Wences (Lobbyist) - Waive In Support

Florida Association of Health Plans

Vice President & General Counsel

200 W College Ave

Tallahassee FL 32301

Phone: (850) 212-3178

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/HB 1047 : Department of Health (continued)

Appearances: (continued)

Wright, Dr Lauri (State Employee) - Opponent
Florida Academy of Nutrition & Dietetics
Director, UNF Center for Nutrition & Food Security
2959 McCrone Way
Jacksonville FL 32216
Phone: (904) 620-1436

Amendment 598223

Wright, Dr Lauri (State Employee) - Opponent
Florida Academy of Nutrition & Dietetics
Director, UNF Center for Nutrition & Food Security
2959 McCrone Way
Jacksonville FL 32216
Phone: (904) 620-1436

Beseler, Lucille (General Public) - Opponent

Academy of Nutrition & Dietetics
Immediate Past President
5350 W Hillsboro Blvd
Coconut Creek FL 33498
Phone: (954) 360-7883

Amendment 598223

Beseler, Lucille (General Public) - Opponent

Academy of Nutrition & Dietetics
Immediate Past President
5350 W Hillsboro Blvd
Coconut Creek FL 33498
Phone: (954) 360-7883

Fisher, MS, RDN, CEDRD, Heather (General Public) - Opponent

Florida Academy of Nutrition & Dietetics
Owner, Nutrition Education & Consulting Dietetics Services
2940 E Park Ave
Tallahassee FL 32301
Phone: (850) 274-1052

Hart, Joe (Lobbyist) - Waive In Support

Florida Dental Association
Chief Legislative Officer
118 E Jefferson St
Tallahassee FL 32301
Phone: (850) 224-1089

Amendment 598223

Bell, Doug (Lobbyist) - Waive In Support

Florida Chapter American Academy of Pediatrics
119 S Monroe St
Tallahassee FL 32301
Phone: (850) 205-9000

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/HB 1047 : Department of Health (continued)

Appearances: (continued)

Jackson, MS, RD, CP, Jontae (General Public) - Waive In Opposition

Florida Academy of Nutrition & Dietetics
Licensed and Registered Dietitian
4265 Sloe Dr
Tallahassee FL 32305
Phone: (850) 727-3131

Mabry, Janet (Lobbyist) - Waive In Support

American Massage Therapy Association
2866 Bay Heather Cir
Gulf Breeze FL 32563
Phone: (850) 501-2502

Amendment 598223

Diaz Lyons, Aimee (Lobbyist) - Waive In Support

Florida Physical Therapy Association
119 South Monroe St
Tallahassee FL 32301
Phone: (850) 205-9000

Thomas, Mary (Lobbyist) - Waive In Support

Florida Medical Association
Assistant General Counsel
1430 Piedmont Dr E
Tallahassee FL 32308
Phone: (850) 224-6496

Watson, Ronald (Lobbyist) - Waive In Support

Florida Chiropractic Physician Association
3738 Mundon Way
Tallahassee FL 32309
Phone: (850) 567-1202

Winn, Stephen (Lobbyist) - Waive In Support

Florida Osteopathic Medical Association
Executive Director
2544 Blairstone Pines Drive
Tallahassee FL 32301
Phone: (850) 878-7364

Amendment 736555

Smith, Steven (Lobbyist) - Waive In Support

Florida Blue
Director, State Legislative Relations
4800 Deerwood Campus Pkwy
Jacksonville FL 32246
Phone: (904) 905-6742

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/HB 1047 : Department of Health (continued)

Appearances: (continued)

Amendment 598223

Bullock, Carole (General Public) - Waive In Opposition
Medical Nutrition Therapy of Florida
President
267 John Knox Rd
Tallahassee FL 32303
Phone: (850) 212-0383

Amendment 598223

Griffin, Jaquinn M (General Public) - Waive In Opposition
Longterm Care
MSRD/LDN
Tallahassee FL 32311
Phone: (850) 510-9401

Amendment 598223

Bayliss, Slater (Lobbyist) - Opponent
American Board of Medical Specialties
204 S Monroe St
Tallahassee FL 32301
Phone: (850) 222-8900

Amendment 598223

Stapell, Christine (General Public) - Opponent
Florida Academy of Nutrition & Dietetics
Executive Director
2834 Remington Green Circle
Tallahassee FL 32308
Phone: (850) 386-8850

Ewer, Brett (Lobbyist) - Proponent

CrossFit, Inc.
611 Keefer Pl NW
Washington DC
Phone: (508) 560-2738

Posey, Jonathan (General Public) - Proponent

The Council of Holistic Health Educators
6614 Jupiter Hills Circle Apt A
ALEXANDRIA VA 22312
Phone: 2023791653

Blume, Amanda (General Public) - Proponent

Myself, my family, my volunteer philanthropy orphanage & foster home
Nutritional Therapy Practitioner
4308 Juanita Way S
St Petersburg FL 33705
Phone: (727) 401-4070

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/HB 1047 : Department of Health (continued)

Appearances: (continued)

Dorman, Meghan (General Public) - Waive In Support

Self

Nutritional Therapy Practitioner

490 28TH AVE N

St Petersburg FL 33704

Phone: (727) 424-9482

Orlofske, Chelsie (General Public) - Waive In Support

Holistic Nutrition Professionals

1810 NW 23rd Blvd

Gainesville Florida 32605

Phone: (740) 526-6044

Zukowsky, Lisa (General Public) - Waive In Support

Nutritional Therapy Certification, Holistic Health Practitioners

Nutritional Therapy Practitioner

11951 Laura Rose Ct

Jacksonville Florida 32223

Phone: (619) 549-6517

Amendment 598223

Winn, Stephen (Lobbyist) - Waive In Support

Florida Osteopathic Medical Association

Executive Director

2544 Blairstone Pines Drive

Tallahassee FL 32301

Phone: (850) 878-7364

Amendment 598223

Fisher, MS, RDN, CEDRD, Heather (General Public) - Opponent

Florida Academy of Nutrition & Dietetics

Owner, Nutrition Education & Consulting Dietetics Services

2940 E Park Ave

Tallahassee FL 32301

Phone: (850) 274-1052

Amendment 598223

Hart, Joe (Lobbyist) - Waive In Support

Florida Dental Association

Chief Legislative Officer

118 E Jefferson St

Tallahassee FL 32301

Phone: (850) 224-1089

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

CS/CS/HB 1129 : Licensure of Child Care Programs

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman			X		
Jason Brodeur	X				
Kamia Brown		X			
Colleen Burton	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: 12		Total Nays: 6			

Appearances:

Mabry, Janet (Lobbyist) - Waive In Support
 Self
 Mother/Grandmother
 2866 Bay Heather Cir
 Gulf Breeze FL 32563
 Phone: (850) 501-2502

Kottkamp, Jeffrey (Lobbyist) - Opponent
 Florida Alliance of Boys & Girls Clubs
 3311 Dartmoor Dr
 Tallahassee FL 32312
 Phone: (239) 297-9741

Cory, Jack (Lobbyist) - Opponent
 Florida Alliance of Boys & Girls Clubs
 730 E Park Ave
 Tallahassee FL 32301
 Phone: (850) 893-0995

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)
CS/HB 1155 : Anatomical Gifts

AMENDED

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	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: 17		Total Nays: 0			

Appearances:

Christian, David (Lobbyist) - Waive In Support
 Florida Hospital
 Director Government Relations
 900 Hope Way
 Altamonte Springs FL 32714
 Phone: (407) 357-2493

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

CS/HB 1165 : Allocation of Trauma Centers

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman			X		
Jason Brodeur	X				
Kamia Brown			X		
Colleen Burton	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: 15		Total Nays: 0			

CS/HB 1165 Amendments

Amendment 648661

Adopted Without Objection

Appearances:

Martinez, Cristina (General Public) - Opponent

Myself
 10900 SW 129th St
 Miami FL 33176
 Phone: (305) 907-4418

Meyer, Dr. Keith (General Public) - Opponent

Children's Critical Care Specialists
 Medical Director
 3100 SW 62nd Ave
 Miami FL 33155
 Phone: (305) 720-5365

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/HB 1165 : Allocation of Trauma Centers (continued)

Appearances: (continued)

McKenney, Dr. Mark (State Employee) - Proponent

HCA
Medical Director of Trauma
6575 Allison Rd
Miami Beach FL 33141
Phone: (786) 417-4080

Ecenia, Steve (Lobbyist) - Proponent

HCA Healthcare
Attorney
PO Box 551
Tallahassee FL 32302
Phone: (850) 509-4996

Panza, Tom (Lobbyist) - Proponent

Jackson Memorial Hospital - Ryder Trauma Center
201 East Park Avenue
Tallahassee FL 32301
Phone: (850) 681-0980

Amendment 648661

Anderson, Ellen (Lobbyist) - Proponent

Community Health Systems
Director of Government Relations
106 E College Ave
Tallahassee FL 32301
Phone: (850) 228-7959

Delegal, Mark (Lobbyist) - Proponent

Safety Net Hospital Alliance of Florida
General Counsel
315 S Calhoun St
Tallahassee FL 32301
Phone: (850) 224-7000

Amendment 648661

Delegal, Mark (Lobbyist) - Proponent

Safety Net Hospital Alliance of Florida
General Counsel
315 S Calhoun St
Tallahassee FL 32301
Phone: (850) 224-7000

Amendment 648661

Ecenia, Steve (Lobbyist) - Proponent

HCA Healthcare
Attorney
PO Box 551
Tallahassee FL 32302
Phone: (850) 509-4996

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

AMENDED

Location: Morris Hall (17 HOB)

CS/HB 1165 : Allocation of Trauma Centers (continued)

Appearances: (continued)

Singh, April Andrews (General Public) - Opponent

Nicklaus Children's Hospital

Sr VP/General Counsel

3100 SW 62nd Ave

Miami FL 33155

Phone: (305) 666-6511

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)
CS/CS/HB 1435 : Child Welfare

AMENDED

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman			X		
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	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: 17		Total Nays: 0			

Appearances:

Glover, Shakema (General Public) - Information Only
 The New Florida Majority
 Phone: (561) 801-9415

Bishop, Barney (Lobbyist) - Waive In Support
 Florida Smart Justice Alliance
 204 S Monroe St Ste 201
 Tallahassee FL
 Phone: (850) 907-3436

Zepp, Victoria (Lobbyist) - Information Only
 Florida Coalition for Children
 Chief Policy & Research
 411 E College Ave
 Tallahassee FL 32301
 Phone: (850) 561-1102

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:		21	
Amendment Number:		677879	

Name: Doug Bell

Representing: Florida Chapter American Academy of Pediatrics

Title: _____

Address: 119 S. Monroe St

City: TLH State/Zip: FL

Phone Number: _____ Meeting Date: 2/21/15

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WKS

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number: _____			
Amendment Number: <u>677879</u>			

Name: Roger Beaubien (Bo-be-en)

Representing: Office of the Attorney General

Title: Special Counsel

Address: PL 01 Capitol

City: _____ State/Zip: _____

Phone Number: _____ 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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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/B

Bill Amendment

Bill/PCS/PCB Number: 21

Amendment Number: _____

Name: Roger Beaubien (Bo-be-en)

Representing: Office of the Attorney General

Title: Special Counsel

Address: PL 01 Capitol

City: _____ State/Zip: _____

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

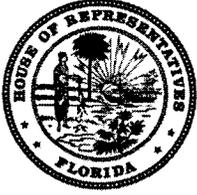
State Employee: YES NO

- 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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	21		
Amendment Number:	_____		

Name: Sally West

Representing: Walgreens / PDMP Foundation Board

Title: Regional Director

Address: _____

City: Tallahassee State/Zip: 32317

Phone Number: 850 210 2461 Meeting Date: _____

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Opioids - Controlled Substances

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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>21</u>	
Amendment Number: _____	

Name: Chris Nuland

Representing: Florida Chapter, American College of Surgeons

Title: _____

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051 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



59030051

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: CS/HB 21 : Controlled Substances Amendment: N/A
--

Name: **Bennett, Shane**

Representing: **The Florida Police Chiefs Association**

Title: **Chief of Police, Lawtey PD**

Address: **2636 Mitcham Drive**

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

Phone Number: **8502193631** Meeting Date: **February 21, 2018 9:00 AM**

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

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

<input type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input checked="" type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input type="checkbox"/> Appearing in response to an inquiry for information made by member, committee or staff <input type="checkbox"/> Appearing at the written request of the chair <input type="checkbox"/> Judge or elected officer appearing in official capacity <input type="checkbox"/> Lobbyist Appearance Form Submitted	<table border="1"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td style="text-align: center;">Waive In Support</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td style="text-align: center;">N/A</td> </tr> </table>	<u>Bill</u>	Waive In Support	<u>Amendment</u>	N/A
<u>Bill</u>					
Waive In Support					
<u>Amendment</u>					
N/A					



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	<u>21</u>		
Amendment Number:	_____		

Name: Jill Giran

Representing: Florida Behavioral Health Association

Title: Senior Policy Advisor

Address: 2868 Mahan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 978 2196 Meeting Date: 21 Feb 2019

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Opioids

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>21</u>	
Amendment Number: _____	

Name: THAD LOWREY

Representing: OPERATION PAR

Title: VP GOV. RELATIONS

Address: 7720 WASHINGTON ST

City: PORT RICHTER State/Zip: FL- 34668

Phone Number: _____ Meeting Date: 2-21-18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WFG

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	HB 21		
Amendment Number:	_____		

Name: Logan Mc Fadden

Representing: Property Casualty Insurers Assoc. of America

Title: _____

Address: 215 S. Monroe St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-681-2615 Meeting Date: 2/21

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

✓
Missing

WAVE IN SUPPORT

Bill Amendment

Bill/PCS/PCB Number: 21

Amendment Number: _____

Name: BILL BUNKLEY

Representing: FLORIDA ETHICS AND RELIGIOUS LIBERTY COMMISSION

Title: PRESIDENT

Address: PO BOX 341644

City: TAMPA State/Zip: FL 33694

Phone Number: 813.264.2977 Meeting Date: 2-21-18

Committee/Subcommittee: HEALTH + HUMAN SERVICES E

Presentation/Workshop Topic: CONTROLLED SUBSTANCES

Registered Lobbyist: YES NO

State Employee: YES NO

I wish to speak

WAVE 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.

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		21	
Amendment Number:			

Name: Candice Ericks

Representing: Palm Beach County

Title:

Address: 20 S S. Adams St

City: Tallahassee State/Zip: FL

Phone Number: 954-648-1204 Meeting Date: 2/21/18

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: Controlled Substances

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.)

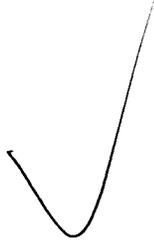
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill Amendment

Bill/PCS/PCB Number: HB 21

Amendment Number: _____

Name: Sanford Silverman, MP

Representing: FMA, FSIIP

Title: _____

Address: 100 E. Sample Rd Ste 200 1

City: Pompano Beach

State/Zip: FL 33064

Phone Number: _____

Meeting Date: 2-21-2018

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	21		
Amendment Number:	_____		



Name: Toni Large

Representing: Florida Orthopedic Society

Title: _____

Address: 519 E. Park Ave

City: Tallahassee State/Zip: FL 32308

Phone Number: (850) 556-1461 Meeting Date: Feb. 21, 18

Committee/Subcommittee: House Health & Human Services

Presentation/Workshop Topic: opioid prescribing

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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.

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	21		
Amendment Number:	_____		



Name: Chris Chaney

Representing: Associated Industries of Florida

Title: Lobbyist

Address: 204 South Monroe Street

City: Tallahassee State/Zip: FL

Phone Number: 222-8900 Meeting Date: 2/21/18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



66934323



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

w/s missing

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 21 : Controlled Substances Amendment: N/A
--

Name: **Choy, Erin**

Representing: **Junior Leagues of Florida**

Title: **Immediate Past Chair**

Address: **404 E. Sixth Avenue**

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

Phone Number: **5616354168** Meeting Date: **February 21, 2018 9:00 AM**

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>
Waive In Support
<u>Amendment</u>
N/A



94401587

*W/S
Missing*



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: CS/HB 21 : Controlled Substances Amendment: N/A
--

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title: **CEO**

Address: **204 S Monroe St, Ste 201**

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

Phone Number: **(850) 907-3436** Meeting Date: **February 21, 2018 9:00 AM**

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

Presentation/Workshop Topic: **Controlled Substances**

<input checked="" type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input checked="" type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input type="checkbox"/> Appearing in response to an inquiry for information made by member, committee or staff <input type="checkbox"/> Appearing at the written request of the chair <input type="checkbox"/> Judge or elected officer appearing in official capacity <input type="checkbox"/> Lobbyist Appearance Form Submitted	<table border="1"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td style="text-align: center;">Waive In Support</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td style="text-align: center;">N/A</td> </tr> </table>	<u>Bill</u>	Waive In Support	<u>Amendment</u>	N/A
<u>Bill</u>					
Waive In Support					
<u>Amendment</u>					
N/A					



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	21		
Amendment Number:	_____		

Name: Devon West

Representing: Broward County

Title: Policy Advisor

Address: 115 S Andrews Ave

City: Ft Lauderdale State/Zip: FL 33301

Phone Number: 954-789-9293 Meeting Date: 2/21/18

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Controlled Substances

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

2-21-2018
17-H
9:00 AM

WLS

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 425</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: 2-21-2018

Committee/Subcommittee: HOUSE HEALTH & HUMAN SERVICES COMMITTEE

Presentation/Workshop Topic: PHYSICIAN FEE SHARING TASK FORCE

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.

W/S

Bill Amendment

Bill/PCS/PCB Number: 425

Amendment Number: _____

Name: David Christian

Representing: Florida Hospital

Title: Director - Gov't Relations

Address: 900 Hope Way

City: Altamonte Springs State/Zip: FL

Phone Number: 407/257-2493 Meeting Date: 2/21/18

Committee/Subcommittee: W/S

Presentation/Workshop Topic: Fee Sharing

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WLS

Bill Amendment

Bill/PCS/PCB Number: 425

Amendment Number: _____

Name: Chris Nuland

Representing: Florida Chapter, American College of Physicians

Title: _____

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051 Meeting Date: 2/21/18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WLS

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	425		
Amendment Number:	_____		

Name: Mary Thomas

Representing: Florida Medical Association

Title: Assistant General Counsel

Address: 1430 Piedmont Dr E

City: TLH State/Zip: FL/32308

Phone Number: 8502246496 Meeting Date: 2/21/18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WTS

Bill Amendment

Bill/PCS/PCB Number: HB 675

Amendment Number: _____

Name: Larry Gonzalez

Representing: Florida Society of Health-System Pharmacists

Title: General Counsel

Address: 223 S. Gadsden St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-570-6307 Meeting Date: 2/21/18

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Regulation of hospital pharmacies

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

2018

Bill Amendment

Bill/PCS/PCB Number: 675

Amendment Number: _____

Name: David Christian

Representing: Florida Hospital

Title: Director - Gov't Affairs

Address: 900 Hope Ave Way

City: Altamonte Springs State/Zip: FL

Phone Number: 407/357-2453 Meeting Date: 2/21/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Pharmacies

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WFS

Bill Amendment
 Bill/PCS/PCB Number: 675
 Amendment Number: _____

Name: HEATHER FULLER

Representing: Florida Society of Health System Pharmacists

Title: PHARMACIST

Address: 402 E PALMER AVE

City: TALLAHASSEE State/Zip: FL

Phone Number: 386 405 1968 Meeting Date: 2/21/18

Committee/Subcommittee: Committee HHS

Presentation/Workshop Topic: PHARMACY

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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
Miss m
Miss m

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	693		
Amendment Number:	_____		

Name: Jorge Chamizo

Representing: Opportunity Solutions Project

Title: Attorney

Address: 108 South Monroe Street

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 681-0024 Meeting Date: 2/21/18

Committee/Subcommittee: HHSC

Presentation/Workshop Topic: Public Assistance

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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

Bill Amendment → W/S

Bill/PCS/PCB Number: 751

Amendment Number: 706697

Name: Jorge Chamizo

Representing: Opportunity Solutions Project

Title: Attorney

Address: 108 South Monroe Street

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 681-0024 Meeting Date: 2/21/18

Committee/Subcommittee: Health & Human Svs Committee

Presentation/Workshop Topic: Public Assistance

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.)

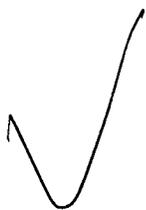
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	751		
Amendment Number:	_____		

Name: Cindy Huddleston

Representing: FL Legal Services

Title: attorney

Address: _____

City: TL State/Zip: FL 32303

Phone Number: 850-508-8282 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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WKS

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	937		
Amendment Number:	_____		

Name: Jill Gran

Representing: Florida Behavioral Health Association

Title: Senior Policy Director

Address: 2868 Mahan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 8508782196 Meeting Date: 21 Feb 2019

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Perinatal Mental Health

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

2-21-2018
17-H
9:00 AM

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>HB 937</u>	
Amendment Number: _____	

Name: STEPHEN R. WINN

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DRIVE

City: TALCAHASSEE State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 2-21-2018

Committee/Subcommittee: HOUSE HEALTH & HUMAN SERVICES COMMITTEE

Presentation/Workshop Topic: PERINATAL MENTAL HEALTH

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

WFS

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	937		
Amendment Number:	_____		

Name: Ron Watson

Representing: Midwife Association of Florida

Title: Lobbyist

Address: 3738 Murdon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 2/21/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: Perinatal Mental Health

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/CS/HB 937 : Perinatal Mental Health Amendment: N/A
--

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title: **CEO**

Address: **204 S Monroe St, Ste 201**

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

Phone Number: **(850) 907-3436** Meeting Date: **February 21, 2018 9:00 AM**

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

Presentation/Workshop Topic: **Mental Health**

<input checked="" type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input checked="" type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input type="checkbox"/> Appearing in response to an inquiry for information made by member, committee or staff <input type="checkbox"/> Appearing at the written request of the chair <input type="checkbox"/> Judge or elected officer appearing in official capacity <input type="checkbox"/> Lobbyist Appearance Form Submitted	<table border="1"> <tr> <td><u>Bill</u></td> </tr> <tr> <td>Waive In Support</td> </tr> <tr> <td><u>Amendment</u></td> </tr> <tr> <td>N/A</td> </tr> </table>	<u>Bill</u>	Waive In Support	<u>Amendment</u>	N/A
<u>Bill</u>					
Waive In Support					
<u>Amendment</u>					
N/A					



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	9165		
Amendment Number:	368581 DE		

W/S

Name: Ellyn Bogdanoff

Representing: SCMHR

Title: _____

Address: 1 E 6th Blvd

City: FT LAUD State/Zip: 33301

Phone Number: _____ 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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill <input checked="" type="checkbox"/>	Amendment <input checked="" type="checkbox"/>
Bill/PCS/PCB Number: <u>HB 965</u>	
Amendment Number: _____	

Name: Larry Gonzalez

Representing: Electrologist Society + Electrologist Association of Florida

Title: Attorney/Lobbyist

Address: 223 S. Gadsden St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-570-6307 Meeting Date: 2/01/18

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: Electrologist regulation

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

6/10

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	HB 965		
Amendment Number:	_____		

Name: Larry Gonzalez

Representing: Electrologist Society & Electrologist Association of Florida

Title: Attorney / Lobbyist

Address: 223 S. Gadsden St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-222-0465 Meeting Date: 2/21/18

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Electrologist regulation

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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

Bill Amendment

Bill/PCS/PCB Number: 965

Amendment Number: _____

Name: Chris Noland

Representing: Florida Society of Plastic Surgeons / Florida Society of Dermatology

Title: _____

Address: 1000 Riverride Ave #240

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051 Meeting Date: 2/21/18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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.

Bill Amendment

Bill/PCS/PCB Number: 1047

Amendment Number: Santiago Amendment

Name: Wences Troncoso

Representing: Florida Association of Health Plans

Title: Vice President + general counsel

Address: 200 W. College Ave Ste. 104

City: Tallahassee State/Zip: FL / 32309

Phone Number: 850-212-3173 Meeting Date: 2/21/19

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.

W/S

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	647		
Amendment Number:	Sanhago		

Sanhago

Name: Steven Smith

Representing: Florida Blue

Title: Director, State Legislative Relations

Address: _____

City: _____ State/Zip: _____

Phone Number: _____ 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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>KB 1047</u>	
Amendment Number: <u>598223</u>	

Name: CORINNE MIXON

Representing: FLORIDA MENTAL HEALTH COUNSELORS ASSOCIATION

Title: GOVERNMENT CONSULTANT

Address: 119 S MONROE ST #202

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850-766-5995 Meeting Date: 2/21/18

Committee/Subcommittee: HOUSE HEALTH & HUMAN SERVICES

Presentation/Workshop Topic: DEPT. OF HEALTH

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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:		1047	
Amendment Number:		598223	

Name: Carole Bullock

Representing: Medical Nutrition Therapy of Tallahassee

Title: President

Address: 267 John Knox Rd

City: Tallahassee State/Zip: Fl. 32303

Phone Number: 850-212-0383 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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:		1047	
Amendment Number:		598223	

Name: Jaquinn M. Griffin

Representing: Long Term Care

Title: MSRD/LDN

Address: 5872 Flintlock Way

City: Tallahassee FL State/Zip: 32311

Phone Number: 850 510-9401 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.)

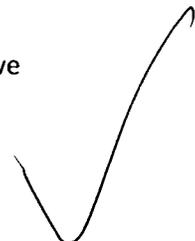
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	<u>1047</u>		
Amendment Number:	<u>598223</u>		

Name: SLATER BAYLISS

Representing: THE AMERICAN BOARD OF MEDICAL SPECIALTIES

Title: _____

Address: 204 S. MONROE ST

City: TALLAHASSEE State/Zip: FL

Phone Number: 222 8900 Meeting Date: 2/21/2018

Committee/Subcommittee: HHS COMMITTEE

Presentation/Workshop Topic: MAINTENANCE OF CERTIFICATION

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	HB 1047		
Amendment Number:	598223		

Name: CORINNE MIXON

Representing: FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS

Title: GOVERNMENT CONSULTANT

Address: 119 S MONROE ST. #202

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850-766-5795 Meeting Date: 2/21/18

Committee/Subcommittee: HOUSE HEALTH & HUMAN SERVICES

Presentation/Workshop Topic: DEPT OF HEALTH

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Missing

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	<u>1047</u>		
Amendment Number:	<u>598223</u>		

Name: Doug Bell

Representing: Florida Chapter American Academy of Pediatrics

Title: _____

Address: 119 S. Monroe St

City: TLH State/Zip: FL

Phone Number: 205-9000 Meeting Date: 2/21/18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	<u>1047</u>		
Amendment Number:	<u>598223</u>		

Name: Joe Anne Hart

Representing: Florida Dental Association

Title: Chief Legislative Officer

Address: 118 E. Jefferson Street

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-1089 Meeting Date: 2/21/18

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Dept. of Health

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	1047		
Amendment Number:	598233 (strike all)		

Name: Aimee Diaz Lyon

Representing: Florida Physical Therapy Association

Title: _____

Address: 119 South Monroe Street, Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: 2/21/18

Committee/Subcommittee: Health + Human Services Committee

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WES

<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 1047</u>	
<u>STRIKE ALL</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: 2-21-2018

Committee/Subcommittee: HOUSE HEALTH & HUMAN SERVICES

Presentation/Workshop Topic: DEPARTMENT OF HEALTH

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak **WAIVE IN SUPPORT OF STRIKE ALL AMENDMENT**
- 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

↳ STRIKE ALL



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:		1047	
Amendment Number:		598223	

Name: Dr. Lauri Wright

Representing: Florida Academy of Nutrition + Dietetics

Title: Director, UNF Center for Nutrition + Food Security

Address: 2959 McCrone Way

City: Jacksonville State/Zip: FL 32216

Phone Number: 904-620-1436 Meeting Date: 2/21/18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:		<u>1047</u>	
Amendment Number:		<u>598223</u>	

Name: Lucille Bezeled

Representing: Academy of Nutrition & Dietetics

Title: Immediate Past President

Address: 5350 W. Hillsboro Blvd #105

City: Coconut Creek State/Zip: FL 33498

Phone Number: 954-360-7883 Meeting Date: 2/21/18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	<u>1047</u>		
Amendment Number:	<u>598223</u>		

read into record

Name: Dr. Catherine Christie

Representing: Florida Academy of Nutrition & Dietetics

Title: Associate Dean, Brooks College of Health

Address: 10168 Bishop Lake Rd W

City: Jacksonville State/Zip: FL 32256

Phone Number: 904-716-2202 Meeting Date: 2/21/18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Reading

Bill Amendment

Bill/PCS/PCB Number: 1047

Amendment Number: 598223

Name: Michelle Stewart

Representing: Florida Academy of Nutrition and Dietetics

Title: President

Address: 1050 Satin Leaf Street

City: Hollywood State/Zip: FL 33019

Phone Number: 954-547-5382 Meeting Date: 02/21/2018

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Reading

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	<u>1047</u>		
Amendment Number:	<u>598 223</u>		

Name: CHRISTINE STAPEN

Representing: FLORIDA ACADEMY OF NUTRITION AND DIETETICS

Title: EXECUTIVE DIRECTOR

Address: 2834 REMINGTON GREEN CIRCLE

City: TALLAHASSEE

State/Zip: FL 32308

Phone Number: 850 386 8850

Meeting Date: 2/21/2018

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WLS

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	1047		
Amendment Number:	_____		

Name: Joe Anne Hart

Representing: Florida Dental Association

Title: Chief legislative officer

Address: 118 R. Jefferson St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-1089 Meeting Date: 2/21/18

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Dept of Health

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WLS

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1047</u>	
Amendment Number: _____	

Name: JANET MABRY

Representing: AMERICAN Massage Association

Title: _____

Address: 2866 Bay Heather Circle

City: Gulf Breeze State/Zip: FL

Phone Number: 850-501-2502 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

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

2-21-2018
17-H
9:00 AM

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

WJS

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 1047</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: 2-21-2018

Committee/Subcommittee: HOUSE HEALTH & HUMAN SERVICES COMMITTEE

Presentation/Workshop Topic: DEPARTMENT OF HEALTH

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

WFS

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		1047	
Amendment Number:		_____	

Name: Ron Watson

Representing: Florida Chiropractic Physician Association

Title: Lobbyist

Address: 3738 Murdon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 2/21/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: DOH bill

Registered Lobbyist: YES NO

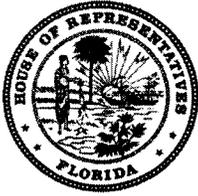
State Employee: YES NO

- 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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WFS

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		1047	
Amendment Number:		_____	

Name: Mary Thomas

Representing: Florida Medical Association

Title: Assistant General Counsel

Address: 1430 Piedmont Dr E

City: TLH State/Zip: FL 32308

Phone Number: 850 224 6496 Meeting Date: 2/2/18

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

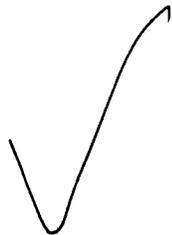
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



41308820



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: CS/HB 1047 : Department of Health Amendment: N/A

Name: **Posey, Jonathan**

Representing: **The Council of Holistic Health Educators**

Title: **Executive Director**

Address: **6614 Jupiter Hills Circle, Apt A**

City: **ALEXANDRIA** State/Zip: **VA 22312**

Phone Number: **2023791653** Meeting Date: **February 21, 2018 9:00 AM**

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



69692454



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: CS/HB 1047 : Department of Health Amendment: N/A

Name: **Ewer, Brett**

Representing: **CrossFit, Inc.**

Title: *Government Relations Specialist and Lobbyist*

Address: **611 Keefer Pl NW**

City: **Washington** State/Zip: **DC**

Phone Number: **(508) 560-2738** Meeting Date: **February 21, 2018 9:00 AM**

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

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

Miss M

<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1047</u>	
Amendment Number: <u>598223</u>	

Name: Heather Fisher MS, RDN, CEDRD
 Representing: Florida Academy of Nutrition & Dietetics
 Title: Owner, Nutrition Education & Consulting Services
 Address: 2940 East Park Ave, Ste 1A
 City: Tallahassee State/Zip: FL 32306
 Phone Number: (850) 274-1052 Meeting Date: 2-21-18
 Committee/Subcommittee: HHS
 Presentation/Workshop Topic: Bill 1047 / Amendment 598223

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



78777670



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: CS/HB 1047 : Department of Health Amendment: N/A

Name: **Blume, Amanda**

Representing: **Myself, my family, my volunteer philanthropy orphanage & foster home**

Title: **Nutritional Therapy Practitioner**

Address: **4308 Juanita Way S**

City: **St. Petersburg** State/Zip: **FL 33705**

Phone Number: **727-401-4070** Meeting Date: **February 21, 2018 9:00 AM**

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

Presentation/Workshop Topic: **Allow other holistic practitioners to practice**

- 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



99883102

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: CS/HB 1047 : Department of Health Amendment: N/A

Name: **Dorman, Meghan**

Representing:

Title: **Nutritional Therapy Practitioner**

Address: **490 28TH AVE N**

City: **St Petersburg** State/Zip: **FL 33704**

Phone Number: **7274249482** Meeting Date: **February 21, 2018 9:00 AM**

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

Presentation/Workshop Topic: **Nutrition recommendations/advice for the welfare of the public**

- 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



01955493

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: CS/HB 1047 : Department of Health Amendment: N/A

Name: Orlofske, Chelsie

Representing: ~~Holisatic~~ Holistic Nutrition Professionals

Title:

Address: 1810 NW 23rd Blvd Apt 136

City: Gainesville State/Zip: Florida 32605

Phone Number: 740-526-6044 Meeting Date: February 21, 2018 9:00 AM

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Nutritional Recommendations Without License

- 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



17721035

WLS



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: CS/HB 1047 : Department of Health Amendment: N/A

Name: **Zukowsky, Lisa**

Representing: **Nutritional Therapy Certification, Holistic Health Practitioners**

Title: **Nutritional Therapy Practitioner**

Address: **11951 Laura Rose Ct.**

City: **Jacksonville** State/Zip: **Florida 32223**

Phone Number: **619-549-6517** Meeting Date: **February 21, 2018 9:00 AM**

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

Presentation/Workshop Topic: **Nutritional Therapy**

- 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

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WJ

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1047</u>			
Amendment Number: _____			

Name: Jontae Jackson, MS, RD CP

Representing: Florida Academy of Nutrition and Dietetics

Title: Licensed and Registered Dietitian

Address: 4265 Sloe Drive

City: Tallahassee

State/Zip: FL 32305

Phone Number: 850-727-3131

Meeting Date: 2/21/18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill Amendment

Bill/PCS/PCB Number: 1129

Amendment Number: _____

Name: JEFF KATKAMP

Representing: Boys & Girls Clubs

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: HEALTH + HUMAN SERVICES COMMITTEE

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.)

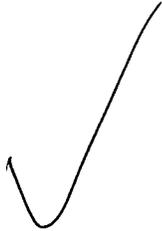
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill Amendment

Bill/PCS/PCB Number: HB 1129

Amendment Number: _____

Name: JACK CORY

Representing: Boys 4 Girls Club

Title: _____

Address: 730 East Park Ave

City: Tallahassee State/Zip: Fla 32311

Phone Number: 850-893-0995 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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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 type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1129</u>	
Amendment Number: _____	

Name: Jawet Mabry

Representing: Self

Title: Mother & Grandmother

Address: 2866 Bay Heather Circle

City: Gulf Breeze State/Zip: 32563

Phone Number: 850-501-2502 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

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

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W/S

Bill Amendment

Bill/PCS/PCB Number: 1155

Amendment Number: _____

Name: David Christian

Representing: Floride Hospital

Title: Director - Gov't Relations

Address: 900 Hope Way

City: Altamonte Springs State/Zip: FL

Phone Number: 407/357-2493 Meeting Date: 2/21/18

Committee/Subcommittee: HWS

Presentation/Workshop Topic: Anchored Gifts

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	1165		
Amendment Number:	648661		

Name: Ellen N. Anderson

Representing: Community Health Systems

Title: Director of Government Relations

Address: 106 E. College Ave. Suite 650

City: Tallahassee State/Zip: FL 32301

Phone Number: 850.228.7959 Meeting Date: 2/21/2018

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Trauma 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.)

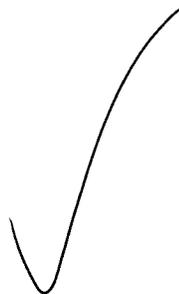
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill Amendment

Bill/PCS/PCB Number: 1165

Amendment Number: _____

Name: Mark Delegal

Representing: Safety Net Hospital Alliance

Title: General Counsel

Address: 315 S. Calhoun #600

City: TLH State/Zip: FL 32301

Phone Number: 850 224-7000 Meeting Date: 2/21

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Trauma

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.)

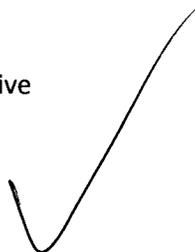
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		1165	
Amendment Number:		_____	

Name: Dr Keith Meyer

Representing: Children's Critical Care Specialists

Title: Medical Director

Address: 3100 SW 62nd Ave

City: Miami State/Zip: FL 33155

Phone Number: 305 720 5368 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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill Amendment
 Bill/PCS/PCB Number: 1165
 Amendment Number: _____

Name: Cristina Martinez

Representing: myself.

Title: _____

Address: 10900 SW 129 ST

City: Miami State/Zip: FL 33174

Phone Number: 305 907 4418 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

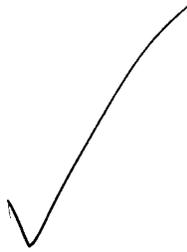
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Waive in Support Waive in Opposition Info only
 Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill Amendment

Bill/PCS/PCB Number: 1165

Amendment Number: W/8/2018

Name: Tom Panza

Representing: Jackson Memorial Hospital - Ryder Trauma Center

Title: _____

Address: 201 East Park Avenue, Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 681-0980 Meeting Date: 2-21-18

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Trauma 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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment []
Bill/PCS/PCB Number: CS/AB 1165
Amendment Number: _____

Name: Steve Eeonia

Representing: HCA

Title: Attorney

Address: P.O. Box 551

City: Tallahassee State/Zip: FL 32302

Phone Number: 850-509-4996 Meeting Date: _____

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: _____

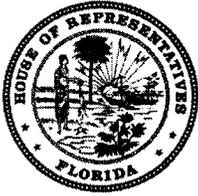
Registered Lobbyist: YES [checked] NO []
State Employee: YES [] NO []

- I wish to speak [checked]
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 [checked] Opponent [] Waive in Support [] Waive in Opposition [] Info only []

Amendment: Proponent [checked] Opponent [] Waive in Support [] Waive in Opposition [] Info only []



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill Amendment

Bill/PCS/PCB Number: CS/NB 1165

Amendment Number: _____

Name: Mark McKenney

Representing: HCA

Title: Medical Director of Trauma

Address: 6575 Allison Rd

City: Miami Beach State/Zip: FL 33141

Phone Number: 786 417 4080 Meeting Date: 2/21/18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	1165		
Amendment Number:	678661		

Name: APRIL ANDREWS SINGH

Representing: Nicklaus Children's Hospital

Title: SR. VP / GENERAL COUNSEL

Address: 3100 SW 62ND Ave

City: Miami State/Zip: FL 33155

Phone Number: 305-666-4511 Meeting Date: 2-21-18

Committee/Subcommittee: House HAS

Presentation/Workshop Topic: TRAUMA

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



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Missing WFS ✓



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: CS/CS/HB 1435 : Child Welfare Amendment: N/A

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title: **CEO**

Address: **204 S Monroe St, Ste 201**

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

Phone Number: **(850) 907-3436** Meeting Date: **February 21, 2018 9:00 AM**

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

Presentation/Workshop Topic: **Social 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>
Waive In Support
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1435C2</u>			
Amendment Number: _____			

Name: Victoria Zepp

Representing: FL Coalition for Children

Title: Chief Policy & Research Officer

Address: 411 E. College

City: TLC State/Zip: FL 32301

Phone Number: 850.561.1102 Meeting Date: 2/21/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Child Welfare

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>HB 1435</u>	
Amendment Number: _____	

Name: Shakema Glover

Representing: The New Florida Majority

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: 561 801 9415 Meeting Date: _____

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak on general Child Welfare System
- 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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only