



Health & Human Services Committee

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

Action Report

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

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: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

Attendance:

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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 21 : Controlled Substances

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: 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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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: Wednesday, February 21, 2018 3:55PM

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

Committee/Subcommittee: Health & Human Services
Meeting Date: 2/27/18
Place: Monks Hall
Time: 9:00 AM

Bill Number: CS/HB 21
Date Received: 1
Date Reported: _____
Subject: Controlled Substances

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS	<i>Strike all 697879</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Berman								
<input checked="" type="checkbox"/>		Brodeur								
<input checked="" type="checkbox"/>		Brown								
<input checked="" type="checkbox"/>		Burton								
<input checked="" type="checkbox"/>		Davis								
<input checked="" type="checkbox"/>		DuBose								
<input checked="" type="checkbox"/>		Grant, J.								
<input checked="" type="checkbox"/>		Grant, M.								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Santiago								
<input checked="" type="checkbox"/>		Silvers								
<input checked="" type="checkbox"/>		Stevenson								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>		Williams								
<input checked="" type="checkbox"/>		Yarborough								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
19	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 425 : Physician Fee Sharing Task Force

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				
Michaël 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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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: Wednesday, February 21, 2018 3:55PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services
 Meeting Date: 2/21/18
 Place: Misses Hall
 Time: 9:00 A.M.

Bill Number: CS/HR 425
 Date Received: _____
 Date Reported: _____
 Subject: Migration Fee Sharing Task Force

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS	Amend 229641							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Berman								
✓		Brodeur								
✓		Brown								
✓		Burton								
✓		Davis								
✓		DuBose								
✓		Grant, J.								
✓		Grant, M.								
✓		Hardemon								
✓		Harrell								
✓		Magar								
✓		Massullo								
✓		Pigman								
✓		Santiago								
✓		Silvers								
✓		Stevenson								
✓		White								
✓		Williams								
✓		Yarborough								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

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

Committee/Subcommittee: Health & Human Services
 Meeting Date: 2/21/18
 Place: Robert Hall
 Time: 9:00 AM

Bill Number: HB 695
 Date Received: _____
 Date Reported: _____
 Subject: Pharmaceuticals

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS	Amend 128723							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Berman								
✓		Brodeur								
✓		Brown								
✓		Burton								
✓		Davis								
✓		DuBose								
✓		Grant, J.								
✓		Grant, M.								
✓		Hardemon								
✓		Harrell								
✓		Magar								
✓		Massullo								
✓		Pigman								
✓		Santiago								
✓		Silvers								
✓		Stevenson								
✓		White								
✓		Williams								
✓		Yarborough								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

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: Wednesday, February 21, 2018 3:55PM

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HB 693

Meeting Date: 2/21/18

Date Received: _____

Place: Moritz Hall

Date Reported: _____

Time: 9:00 A.M.

Subject: Family Self-Sufficiency

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Berman								
✓		Brodeur								
✓		Brown								
✓		Burton								
✓	✓	Davis								
✓		DuBose								
✓		Grant, J.								
✓		Grant, M.								
✓	✓	Hardemon								
✓		Harrell								
✓		Magar								
✓		Massullo								
✓		Pigman								
✓		Santiago								
✓		Silvers								
✓		Stevenson								
✓		White								
✓		Williams								
✓		Yarborough								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	2									

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 751 : Public Assistance

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: 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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

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: Wednesday, February 21, 2018 3:55PM

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/CS/HB 951

Meeting Date: 2/21/18

Date Received: _____

Place: Wesley Hall

Date Reported: _____

Time: 9:00 A.M.

Subject: Public Assistance

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	<i>Amount 106697</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	<input checked="" type="checkbox"/>	Berman	<i>Adopted by 14/4</i>							
<input checked="" type="checkbox"/>		Brodeur								
	<input checked="" type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>		Burton								
<input checked="" type="checkbox"/>		Davis								
	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>		Grant, J.								
<input checked="" type="checkbox"/>		Grant, M.								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Santiago								
<input checked="" type="checkbox"/>		Silvers								
<input checked="" type="checkbox"/>		Stevenson								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>		Williams								
<input checked="" type="checkbox"/>		Yarborough								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<i>14</i>	<i>4</i>									

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 937 : Perinatal Mental Health

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: 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: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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: Wednesday, February 21, 2018 3:55PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services

Bill Number: CS/KS/HB 939

Meeting Date: 2/21/18

Date Received:

Place: House Hall

Date Reported:

Time: 9:00 A.M.

Subject: Perinatal Mental Health

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____
- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Berman								
<input checked="" type="checkbox"/>		Brodeur								
<input checked="" type="checkbox"/>		Brown								
<input checked="" type="checkbox"/>		Burton								
<input checked="" type="checkbox"/>		Davis								
<input checked="" type="checkbox"/>		DuBose								
<input checked="" type="checkbox"/>		Grant, J.								
<input checked="" type="checkbox"/>		Grant, M.								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Santiago								
<input checked="" type="checkbox"/>		Silvers								
<input checked="" type="checkbox"/>		Stevenson								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>		Williams								
<input checked="" type="checkbox"/>		Yarborough								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
17	0									

Berman - Yea after roll call

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

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: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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: Wednesday, February 21, 2018 3:55PM

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

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

Bill Number: CS/CS/HB 965

Meeting Date: 2/21/18

Date Received: _____

Place: Marsha Hall

Date Reported: _____

Time: 9:00 A.M.

Subject: Wax Hair Removal or Reduction

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	<i>Strike all 368581</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
_____	_____	Berman								
<input checked="" type="checkbox"/>	_____	Brodeur	<i>Adopted</i>							
_____	_____	Brown	<i>W. By</i>							
<input checked="" type="checkbox"/>	_____	Burton								
_____	_____	Davis								
<input checked="" type="checkbox"/>	_____	DuBose								
<input checked="" type="checkbox"/>	_____	Grant, J.								
<input checked="" type="checkbox"/>	_____	Grant, M.								
<input checked="" type="checkbox"/>	_____	Hardemon								
<input checked="" type="checkbox"/>	_____	Harrell								
<input checked="" type="checkbox"/>	_____	Magar								
<input checked="" type="checkbox"/>	_____	Massullo								
<input checked="" type="checkbox"/>	_____	Pigman								
<input checked="" type="checkbox"/>	_____	Santiago								
<input checked="" type="checkbox"/>	_____	Silvers								
<input checked="" type="checkbox"/>	_____	Stevenson								
<input checked="" type="checkbox"/>	_____	White								
<input checked="" type="checkbox"/>	_____	Williams								
<input checked="" type="checkbox"/>	_____	Yarborough								
<input checked="" type="checkbox"/>	_____	Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<u>17</u>	<u>0</u>									

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

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

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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) - Waive In Support

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: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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: Wednesday, February 21, 2018 3:55PM

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

Committee/Subcommittee: Health & Human Services
Meeting Date: 2/21/13
Place: Inverness Hall
Time: 9:00 A.M.

Bill Number: CS/HB 1047
Date Received: _____
Date Reported: _____
Subject: Department of Health,

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS	Strike all		amend to		amend to			
			Yea	Nay	Yea	Nays	Yea	Nays	Yea	Nays
✓	/	Berman	598223							
✓	/	Brodeur	liberal		amend 95/159		amend			
✓	/	Brown	as amend		by 031		by 031			
✓	/	Burton	no by							
✓	/	Davis								
✓	/	DuBose								
✓	/	Grant, J.								
✓	/	Grant, M.								
✓	/	Hardemon								
✓	/	Harrell								
✓	/	Magar								
✓	/	Massullo								
✓	/	Pigman								
✓	/	Santiago								
✓	/	Silvers								
✓	/	Stevenson								
✓	/	White								
✓	/	Williams								
✓	/	Yarborough								
		Cummings, Chair								
Yea	Nays	TOTALS	Yea	Nays	Yea	Nays	Yea	Nays	Yea	Nays
18	0									



COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1047 (2018)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input checked="" type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Santiago offered the following:

5 **Amendment to Amendment (598223) by Representative Gonzalez**

6 Remove line 379 of the amendment and insert:

7 facility or licensure, except that a

8 Remove line 494 of the amendment and insert:

9 facility or licensure, except that a

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

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: Wednesday, February 21, 2018 3:55PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

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

Bill Number: CS/CS/HB 1129

Meeting Date: 2/21/13
Place: Work Hall
Time: 9:00 A.M.

Date Received: _____
Date Reported: _____
Subject: Expansion of Child Care Programs

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Berman								
<input checked="" type="checkbox"/>		Brodeur								
	<input checked="" type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>		Burton								
	<input checked="" type="checkbox"/>	Davis								
	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>		Grant, J.								
<input checked="" type="checkbox"/>		Grant, M.								
	<input checked="" type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Santiago								
	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>		Stevenson								
<input checked="" type="checkbox"/>		White								
	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>		Yarborough								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	6									

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 1155 : Anatomical Gifts

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: Wednesday, February 21, 2018 3:55PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services
 Meeting Date: 2/21/18
 Place: Marble Hall
 Time: 9:00 A.M.

Bill Number: CS/HB 1155
 Date Received: _____
 Date Reported: _____
 Subject: Anatomical Gifts

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burton								
<input type="checkbox"/>	<input type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input type="checkbox"/>	<input type="checkbox"/>	Grant, J.								
<input type="checkbox"/>	<input type="checkbox"/>	Grant, M.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stevenson								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
17	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 1165 : Allocation of Trauma Centers

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			

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: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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: Wednesday, February 21, 2018 3:55PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

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: Wednesday, February 21, 2018 3:55PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HB 1165

Meeting Date: 2/21/18
 Place: Marble Hall
 Time: 9:00 A.M.

Date Received: _____
 Date Reported: _____

Subject: Allocation of Trauma Centers

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	<i>Strike all 648661</i>		Yeas	Nays	Yeas	Nays	Yeas	Nays
Yea	Nay		Yeas	Nays						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, M.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stevenson								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cummings, Chair								
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 1435 : Child Welfare

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: Wednesday, February 21, 2018 3:55PM

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

Committee/Subcommittee: Health & Human Services
Meeting Date: 2/21/18
Place: Morone Hall
Time: 9:00 A.M.

Bill Number: CS/CS/HB 1435
Date Received: _____
Date Reported: _____
Subject: Child Welfare

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Berman								
✓		Brodeur								
✓		Brown								
✓		Burton								
✓		Davis								
✓		DuBose								
✓		Grant, J.								
✓		Grant, M.								
✓		Hardemon								
✓		Harrell								
✓		Magar								
✓		Massullo								
✓		Pigman								
✓		Santiago								
✓		Silvers								
✓		Stevenson								
✓		White								
✓		Williams								
✓		Yarborough								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	0									



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WBS

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

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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: 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
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- Judge or elected officer appearing in official capacity
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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 Noland

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**

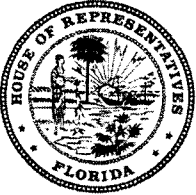
Phone Number: **8502193631** Meeting Date: **February 21, 2018 9:00 AM**

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

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

- 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.

W/S

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

Name: Jill Gran

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 RICHEY State/Zip: FL-34668

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

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

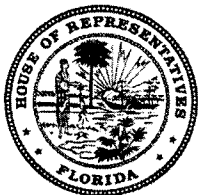
State Employee: YES NO

- 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: <u>HB 21</u>			
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

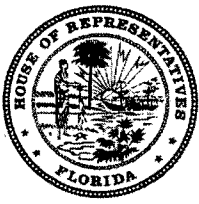
State Employee: YES NO

- 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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>21</u>	
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: 2-28-18

Committee/Subcommittee: HEALTH + HUMAN SERVICES E

Presentation/Workshop Topic: CONTROLLED SUBSTANCES

Registered Lobbyist: YES NO

State Employee: YES NO

WAVE IN SUPPORT

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

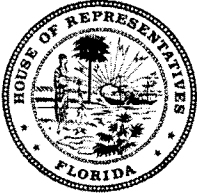
State Employee: YES NO

- 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.)

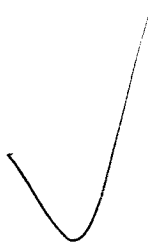
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

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

Name: Sanford Silverman, MD

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

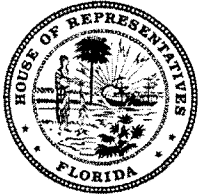
State Employee: YES NO

- 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: <u>21</u>			
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**

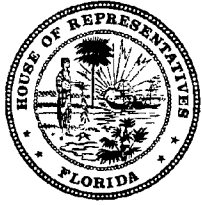
Committee/Subcommittee: **Health & Human Services Committee**

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

<input checked="" type="checkbox"/> Registered Lobbyist <input checked="" type="checkbox"/> State Employee <input 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					



94401587



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: **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>Waive In Support</td> </tr> <tr> <td style="text-align: center;"><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.

W/S

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

Name: Devon West

Representing: Broward County

Title: Policy Advisor

Address: 115 S Andrews Ave

City: Fort 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

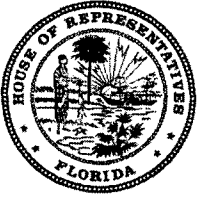
State Employee: YES NO

- 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

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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: Dwight 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: IOHS

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

Name: Chris Noland

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

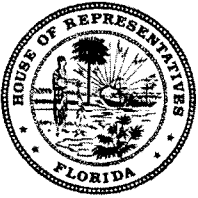
State Employee: YES NO

- 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.

WPS

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>HB 675</u>			
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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>675</u>			
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
Missing

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: HAFC

Presentation/Workshop Topic: Public Assistance

Registered Lobbyist: YES NO

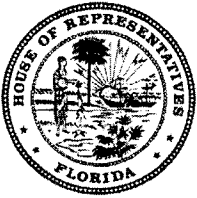
State Employee: YES NO

- 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 Svcs Committee

Presentation/Workshop Topic: Public Assistance

Registered Lobbyist: YES NO

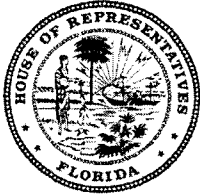
State Employee: YES NO

- 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 Amendment

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: 8508782194 Meeting Date: 21 Feb 2018

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Perinatal Mental Health

Registered Lobbyist: YES NO

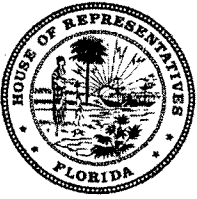
State Employee: YES NO

- 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

W/S

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

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

Name: STEPHEN R. WINN

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DRIVE

City: TALAHASSEE 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 **WHAIVE 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 Mardon 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.)

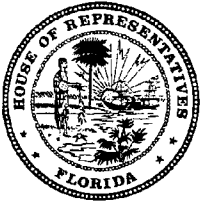
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

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



55800969

Missing WS



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 style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td>Waive In Support</td> </tr> <tr> <td style="text-align: center;"><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.

W/S

Bill Amendment

Bill/PCS/PCB Number: 9105

Amendment Number: 368581 DE

Name: Ellyn Bogdanoff

Representing: SCMR

Title: _____

Address: 1 E 8th Blvd

City: FT LAUD State/Zip: 33301

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

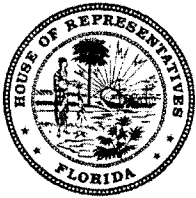
State Employee: YES NO

- 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 Amendment

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

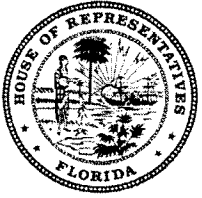
State Employee: YES NO

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

Name: Chris Ouland

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

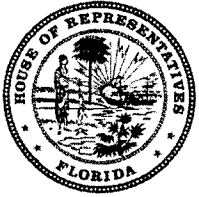
State Employee: YES NO

- 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/32307

Phone Number: 850-212-3179 Meeting Date: 2/21/19

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

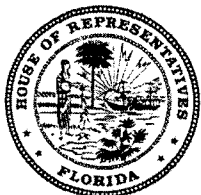
State Employee: YES NO

- 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

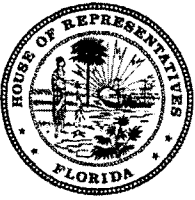
State Employee: YES NO

- 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

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 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

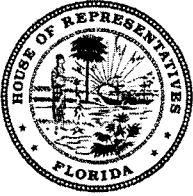
State Employee: YES NO

- 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: <u>1047</u>			
Amendment Number: <u>598223</u>			

Name: Carole Bullock

Representing: Medical Nutrition ^{Therapy} of Tallahassee

Title: President

Address: 267 John Knox Rd

City: Tallahassee State/Zip: Fl. 32303

Phone Number: 850-217-0383 Meeting Date: _____

Committee/Subcommittee: MHS

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: Jaquon M. Griffin

Representing: Long Term Care

Title: MSRD/LDN

Address: 6872 Flintlock Way

City: Tallahassee FL State/Zip: 32311

Phone Number: 850 510-9401 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

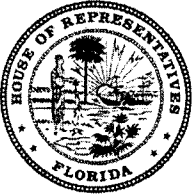
State Employee: YES NO

- 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.)

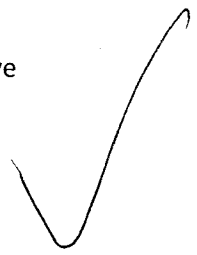
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

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 Amendment

Bill/PCS/PCB Number: 1047

Amendment Number: 598223

Name: SLATER BAKLISS

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:		1047	
Amendment Number:		598223	

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: 2/24/18

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:	1047		
Amendment Number:	598223		

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: 850-224-1085 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

W/S

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

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

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 Beseler

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

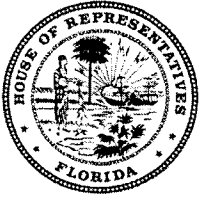
State Employee: YES NO

- 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.

read in

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

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>598223</u>	

Name: CHRISTINE STAPLEH

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

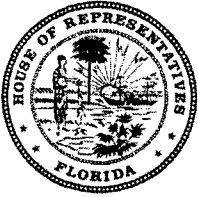
State Employee: YES NO

- 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: <u>1047</u>			
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: Depts 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

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

Name: Jawet Mabey

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

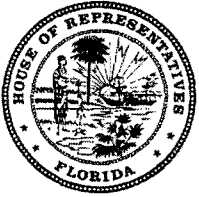
State Employee: YES NO

- 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-A
9:00 AM

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

5/25

<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: <u>1047</u>	
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: TLA State/Zip: FL 32308

Phone Number: 850 224 6496 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



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

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: **Ewer, Brett**

Representing: **CrossFit, Inc.**

Title: *Government Relations Specialist and Lobbyist*

Address: **611 Keefer PI NW**

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

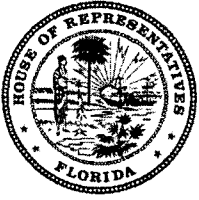
Phone Number: **(508) 560-2738** Meeting Date: **February 21, 2018 9:00 AM**

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**

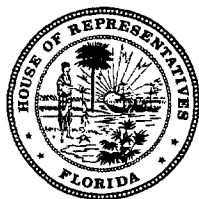
Presentation/Workshop Topic: **Allow other holistic practitioners to practice**

<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>Proponent</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td>N/A</td> </tr> </table>	<u>Bill</u>	Proponent	<u>Amendment</u>	N/A
<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

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

WJ

Bill Amendment

Bill/PCS/PCB Number: 1047

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

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



Bill Amendment

Bill/PCS/PCB Number: 1129

Amendment Number: _____

Name: JEFF KORTKAMP

Representing: Boys & Girls Clubs

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: HSR/PH + 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.



Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>HB 1129</u>			
Amendment Number: _____			

Name: JACK CORY

Representing: Boys & 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

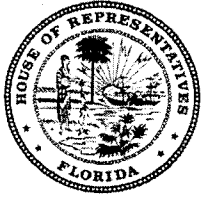
State Employee: YES NO

- I wish to speak 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 Amendment

Bill/PCS/PCB Number: 1155

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

Committee/Subcommittee: HNS

Presentation/Workshop Topic: Armed Forces

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>1165</u>		
Amendment Number:	<u>648661</u>		

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

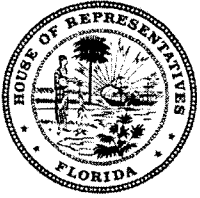
State Employee: YES NO

- 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

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>1165</u>			
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.)

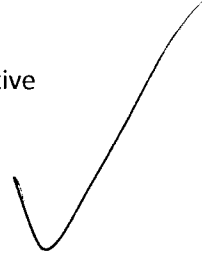
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

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: Childrens Critical Care Specialists

Title: Medical Director

Address: 3100 SW 62nd Ave

City: Miami State/Zip: FL 33155

Phone Number: 305 720 5365 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:	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

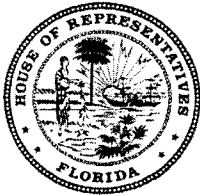
State Employee: YES NO

- 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.)

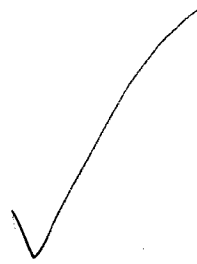
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

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

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

Name: Steve Ecenia

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 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: CS/HB 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:	0-18-061		



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 HHS

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



52011707

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 Amendment

Bill/PCS/PCB Number: 1435C2

Amendment Number: _____

Name: Victoria Zepp

Representing: FL Coalition for Children

Title: Chief Policy & Research Officer

Address: 411 E. College

City: T24 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

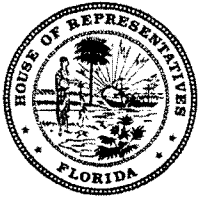
State Employee: YES NO

- 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