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# Health & Human Services Committee

**Tuesday, February 27, 2018  
1:30 PM – 2:30 PM  
Morris Hall (17 HOB)**

## **Action Packet**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/27/2018 1:30PM**

**Location:** Morris Hall (17 HOB)

**Summary:**

**Health & Human Services Committee**

*Tuesday February 27, 2018 01:30 pm*

CS/HB 579 Favorable With Committee Substitute  
Amendment 659057 Adopted Without Objection

Yeas: 17 Nays: 1

PCB HHS 18-03 Favorable

Yeas: 19 Nays: 0

Committee meeting was reported out: Tuesday, February 27, 2018 2:54PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/27/2018 1:30PM**

**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		
<b>Totals:</b>	<b>19</b>	<b>0</b>	<b>1</b>

Committee meeting was reported out: Tuesday, February 27, 2018 2:54PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/27/2018 1:30PM**

**Location:** Morris Hall (17 HOB)

**CS/HB 579 : Infectious Disease Elimination Pilot Programs**

*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				
<b>Total Yeas: 17</b>		<b>Total Nays: 1</b>			

**CS/HB 579 Amendments**

**Amendment 659057**

*Adopted Without Objection*

**Appearances:**

Winn, Stephen (Lobbyist) - Waive In Support  
 Florida Osteopathic Medical Association  
 Executive Director  
 2544 Blairstone Pines Dr  
 Tallahassee FL 32301  
 Phone: (850) 878-3056

Thomas, Mary (Lobbyist) - Waive In Support  
 Florida Medical Association  
 Assistant General Counsel  
 1430 Piedmont Dr E  
 Tallahassee FL 32308  
 Phone: (850) 244-6496

Committee meeting was reported out: Tuesday, February 27, 2018 2:54PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/27/2018 1:30PM**

**Location:** Morris Hall (17 HOB)

**CS/HB 579 : Infectious Disease Elimination Pilot Programs (continued)**

**Appearances: (continued)**

Controlled Substances

Bishop, Barney (Lobbyist) - Waive In Support

Florida Smart Justice Alliance

204 S Monroe St Ste 201

Tallahassee FL

Phone: (850) 907-3436

Rajner, Michael (General Public) - Waive In Support

Individual

PO Box 2133

Fort Lauderdale FL 33303

Phone: (954) 566-0144

Lyon, Aimee Diaz (Lobbyist) - Waive In Support

The Aids Institute

119 South Monroe Street, Ste 200

Tallahassee Florida 32301

Phone: (850) 205-9000

DeLaRosa, Rebecca (Lobbyist) - Waive In Support

Palm Beach County

Legislative Delegation Aide

301 N Olive Ave, Ste 1101

West Palm Beach FL 33401

Phone: (561) 355-3452

Henderson, Jasmyne (Lobbyist) - Waive In Support

Broward County

Attorney

1028 E Park Ave

Tallahassee FL 32301

Phone: (850) 216-1002

Pound, Greg (General Public) - Information Only

Saving Families of America

9166 Sunrise Dr

Largo FL 33773

Committee meeting was reported out: Tuesday, February 27, 2018 2:54PM

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

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

Bill Number: CS/HB 579

Meeting Date: 2/27/18  
Place: Monroe Hall  
Time: 1:30 p.m.

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Infectious Disease Elimination Pilot Program

**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 659057</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, M.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stevenson								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings, Chair								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
17	1									

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/27/2018 1:30PM**

**Location:** Morris Hall (17 HOB)

**PCB HHS 18-03 : Ratification of an Agency for Health Care Administration Rule**

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				
<b>Total Yeas: 19</b>		<b>Total Nays: 0</b>			

**Appearances:**

Reed, Emmett (Lobbyist) - Waive In Support  
 Florida Health Care Association  
 Executive Director  
 307 W Park Ave  
 Tallahassee FL 32301  
 Phone: (850) 224-3907

Bauer, Cliff (Lobbyist) - Waive In Support  
 Miami Jewish Health  
 Vice President  
 5200 NE 2nd Ave  
 Miami FL 33137  
 Phone: (954) 465-7431

Langston, Susan (Lobbyist) - Waive In Support  
 LeadingAge Florida  
 VP of Advocacy  
 1812 Riggins Rd  
 Tallahassee FL 32309  
 Phone: (850) 671-3700

Committee meeting was reported out: Tuesday, February 27, 2018 2:54PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/27/2018 1:30PM**

**Location:** Morris Hall (17 HOB)

**PCB HHS 18-03 : Ratification of an Agency for Health Care Administration Rule (continued)**

**Appearances: (continued)**

Senior, Justin (Lobbyist) (State Employee) - Proponent

Agency for Health Care Administration

Secretary

2727 Mahan Dr

Tallahassee FL 32308

Phone: (850) 412-3612

Ratification of an Agency for Health Care Administration Rule

Barker, Dorene (Lobbyist) - Waive In Support

AARP

Associate State Director

200 W. College Ave

Tallahassee FL 32301

Phone: (850) 228-6387

**Committee meeting was reported out: Tuesday, February 27, 2018 2:54PM**



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

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

**Bill Number:** PCB HHS 18-03

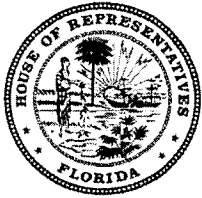
**Meeting Date:** 2/27/18  
**Place:** Missouri Hall  
**Time:** 1:30 pm

**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Ratification of an Agency Health Care Administration Rule

**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
19	0									



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>579</u>		
Amendment Number:	_____		

Name: Stephen Winn

Representing: Florida Osteopathic Medical Association

Title: Exec. Director

Address: 2544 Blairstone Pines Dr

City: Tallahassee State/Zip: FL 32301

Phone Number: 878-3056 Meeting Date: 2/27/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: IDEA/Needle Exchange

Registered Lobbyist: YES  NO

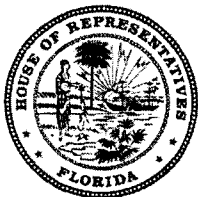
State Employee: YES  NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WTS

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>579</u>	
Amendment Number: _____	

Name: Mary Thomas

Representing: Florida Medical Association

Title: Assistant General Counsel

Address: 1430 Piedmont Dr E

City: TLH State/Zip: FL 32308

Phone Number: 850 224 6496 Meeting Date: 2/27/18

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



21911660

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: <b>CS/HB 579 : Infectious Disease Elimination Pilot Programs</b> Amendment: <b>N/A</b>
---

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title:

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

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

Phone Number: **(850) 907-3436** Meeting Date: **February 27, 2018 1:30 PM**

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

Presentation/Workshop Topic: **Controlled Substances**

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



16989655

5/10



### 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: <b>CS/HB 579 : Infectious Disease Elimination Pilot Programs</b> Amendment: <b>N/A</b>
---

Name: **Rajner, Michael**

Representing: **Individual**

Title:

Address: **PO Box 2133**

City: **Fort Lauderdale**

State/Zip: **FL 33303**

Phone Number: **9545660144**

Meeting Date: **February 27, 2018 1:30 PM**

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



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:	579		
Amendment Number:	_____		

Name: Aimee Diaz Lyon

Representing: The ATOS Institute

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

Address: 119 South Monroe Street, Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: 2/27

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: Infectious Disease Elimination Pilot

Registered Lobbyist: YES  NO

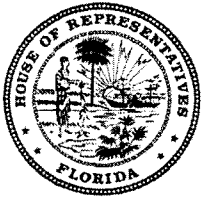
State Employee: YES  NO

- 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:	579		
Amendment Number:	_____		

Name: Rebecca DeLaRosa

Representing: Palm Beach County

Title: Legislative Delegation Aide

Address: 301 N. Olive Avenue, Suite 1101

City: WPA Palm Beach State/Zip: Florida, 33411

Phone Number: (561) 355-3452 Meeting Date: 02/27/19

Committee/Subcommittee: Health and Human Services Committee

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

Registered Lobbyist: YES  NO

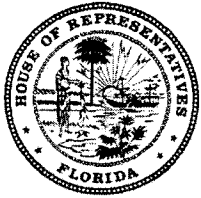
State Employee: YES  NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
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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>579</u>			
Amendment Number: _____			

Name: Jasmyn Henderson

Representing: Broward County

Title: Attorney

Address: 1029 EWA Park Avenue

City: Tallahassee State/Zip: Florida, 32301

Phone Number: (850) 216-1002 Meeting Date: 02/27/19

Committee/Subcommittee: Health and 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
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Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

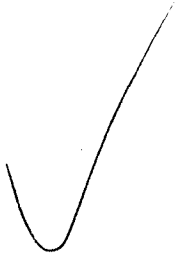
Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only





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:		579	
Amendment Number:		_____	

Name: Greg Pound

Representing: Saving Families 7@ gmail.com

Title: Parent.

Address: 9166 Sunrise Dr.

City: Largo State/Zip: Fl. 33773

Phone Number: \_\_\_\_\_ Meeting Date: 2/27/18

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
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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>HHS 18-03</u>			
Amendment Number: _____			

Name: Emmett Reed

Representing: Florida Health Care Association

Title: Executive Director

Address: 307 W Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-3907 Meeting Date: 2/27/18

Committee/Subcommittee: HHS

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

Registered Lobbyist: YES  NO

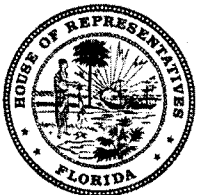
State Employee: YES  NO

- I wish to speak
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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.

WJS

Bill  Amendment

Bill/PCS/PCB Number: HHS 1803

Amendment Number: \_\_\_\_\_

Name: Cliff Bauer

Representing: Miami Jewish Health

Title: VP

Address: 5200 NE 2nd Ave

City: Miami State/Zip: 33137

Phone Number: 954-465-7431 Meeting Date: 2/27

Committee/Subcommittee: HHS

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

Registered Lobbyist: YES  NO

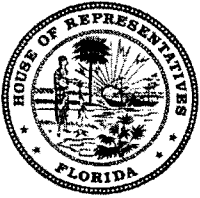
State Employee: YES  NO

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- 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.

5/25

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>HHS 3</u>			
Amendment Number: _____			

Name: Susan Langston

Representing: LeadingAge Florida

Title: VP of Advocacy

Address: 1812 Riggs Rd

City: Tallahassee State/Zip: FL 32309

Phone Number: 850/671-3700 Meeting Date: 2/27/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Ratification of AHCA Rule

Registered Lobbyist: YES  NO

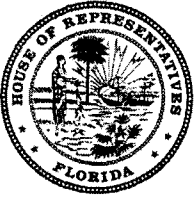
State Employee: YES  NO

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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: <u>HHS3</u>			
Amendment Number: _____			

Name: Justin Senior

Representing: Agency for Health Care Administration

Title: Secretary

Address: 8727 Mahan Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-412-342 Meeting Date: 8/27/18

Committee/Subcommittee: Health & Human Services

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

Registered Lobbyist: YES  NO

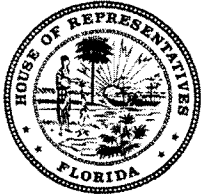
State Employee: YES  NO

- 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.

W/S

Bill	<input type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>HHS-18-03</u>			
Amendment Number: _____			

Name: Dorene Barker

Representing: AARP Florida

Title: Associate State Director

Address: 200 W. College Ave, Suite 304

City: Jacksonville State/Zip: FL 32301

Phone Number: 850-228-6387 Meeting Date: 2/27/18

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Ratification of ACHA Rule

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
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