

## **Health Innovation Subcommittee**

Wednesday, January 17, 2018 12:30 PM – 2:00 PM Mashburn Hall (306 HOB)

**Action Packet** 

## Health Innovation Subcommittee 1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

**Summary:** 

#### **Health Innovation Subcommittee**

Wednesday January 17, 2018 12:30 pm

HB 199 Favorable With Committee Substitute  Amendment 157879 Adopted Without Objection	Yeas: 14	Nays: 0
Amendment 137679 Adopted Without Objection		
HB 351 Favorable With Committee Substitute	Yeas: 14	Nays: 0
Amendment 580305 Adopted Without Objection		
HB 443 Favorable With Committee Substitute	Yeas: 12	Nays: 0
Amendment 745259 Adopted Without Objection		
Amendment 786045 Adopted Without Objection		
HB 1021 Favorable With Committee Substitute	Yeas: 12	Nays: 0
Amendment 917829 Adopted Without Objection		

#### **Health Innovation Subcommittee**

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

#### Attendance:

	Present	Absent	Excused
MaryLynn Magar (Chair)	×		
John Cortes	X		
Manny Diaz, Jr.	X		
Nicholas Duran	Х		
Jason Fischer	X		
Roy Hardemon	X		
Shawn Harrison	X		
Patrick Henry	Х		
Bobby Payne	X		
Bob Rommel	X		
Jackie Toledo	X		
Jay Trumbull	X		
Frank White	X		
Clay Yarborough	Х		
Totals:	14	0	0

#### **Health Innovation Subcommittee**

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

HB 199: Health Insurer Authorization

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Manny Diaz, Jr.	X				
Nicholas Duran	X		·		
Jason Fischer	X				
Roy Hardemon	X				
Shawn Harrison	X		•		
Patrick Henry	X				
Bobby Payne	X				
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X		•		
Frank White	X				
Clay Yarborough	X				
MaryLynn Magar (Chair)	X				
	Total Yeas: 14	Total Nays: 0	)		

#### **HB 199 Amendments**

#### Amendment 157879

X Adopted Without Objection

#### **Appearances:**

Kenigsberg, M.D., David N. (General Public) - Proponent Florida Cardiologists Medical Doctor, Clinical Cardiac Electrophysiologist 1841 NE 45th St Fort Lauderdale FL 33308

Phone: (954) 678-9531

Francoeur, Jeri (General Public) - Proponent Florida Breast Cancer Foundation & FLASCO Board Member 1 Sharon Terrace Ormond Beach FL 32174

Phone: (386) 295-1554

Jackson, Michael (General Public) - Waive In Support

Florida Pharmacy Association 610 North Adams Street Tallahassee Florida 32301 Phone: (850) 222-2400

## **Health Innovation Subcommittee**

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

HB 199: Health Insurer Authorization (continued)

**Appearances: (continued)** 

Phone: (850) 228-4243

Smith, Zayne (Lobbyist) - Waive In Support AARP Associate State Director 200 W College Ave Tallahassee Fi 32301

Committee meeting was reported out: Wednesday, January 17, 2018 2:33PM

## House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation  Meeting Date:										
	Vote		unne	69		•				
	Bill	MEMBERS	12,18	<b>*</b> ] ]	<b>X</b> 7	N.T.	*7	<b>3</b> 7	<b>T</b> 7 .	<b>N</b> Y
Yea	Nay	Cartas	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Cortes Diaz	1)1-	1						
		Duran	Los	QA .						
		Fischer	1.10	7					<del></del> _	
		Hardemon	W/ U							
		Harrison	-							
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	<u> </u>	Henry	-							
		Payne Rommel								
		Toledo	<del> </del>							
		Trumbull								-
		White								
		Yarborough							<u> </u>	
		Magar, Chair								
						<u> </u>				
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Yeas	Nays	TOTALS	Yeas _	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	0							1		

#### **Health Innovation Subcommittee**

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

HB 351: Pharmacy Benefits Managers

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Manny Diaz, Jr.	X				
Nicholas Duran	X			•	
Jason Fischer	X				
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Bobby Payne	X				
Bob Rommel	X				
Jackie Toledo	X				-
Jay Trumbull	X				
Frank White	X				
Clay Yarborough	X				
MaryLynn Magar (Chair)	X				
	Total Yeas: 14	Total Nays: 0	)		

#### **HB 351 Amendments**

#### Amendment 580305

X Adopted Without Objection

#### **Appearances:**

Scott, Jeff (Lobbyist) - Waive In Support Florida Medical Association 1430 Piedmont Dr E Tallahassee FL 32308 Phone: (850) 251-2439

Isaac, Mara (General Public) - Proponent Independent Pharmacy Owners Owner

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

#### **Health Innovation Subcommittee**

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

**HB 351: Pharmacy Benefits Managers (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

Wright, James (General Public) - Waive In Support Self Owner of Five Points Pharmacy 1108 Lake Drive Cocoa FL 32922 Phone: (321) 806-3951

Butterfield, Dawn (General Public) - Waive In Support Self Owner/Manager of West Cocoa Pharmacy 2711 ClearLake Rd Cocoa FL 32922 Phone: (321) 305-6909

Henderson, Cynthia (Lobbyist) - Waive In Support Epic Pharmacies, Inc c/o MultiState Associates, Inc 108 E Jefferson St Ste E Tallahassee FL 32301 Phone: (850) 559-0855

Mincy, Bill (General Public) - Waive In Support PPSC FIPN Small Business Pharmacies Vice President 3375 Capital Circle NE Tallahassee FL 32308 Phone: (850) 322-7740

Amendment 580305
Pharmacy Benefit Managers
Jackson, Michael (General Public) - Waive In Support
Florida Pharmacy Association
610 North Adams Street
Tallahassee Florida 32301
Phone: (850) 222-2400

Stoddard, Abigail (Lobbyist) - Information Only Prime Therapeutics, LLC Government Affairs 1305 Corporate Center Dr Eagan MN 55419 Phone: (612) 616-1431

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comm	M Favorab Favorab Favorab Savorab Other A	le w/ amen le w/Committee/Subco	HOB 30PT	<u>D</u> D	eate Reco	orted: bject: F Reta Reco Tem	have wage ined for onsidered	Reconsid	leration	<i>t</i>
Final On	Vote	MEMBERS	580	305						
Yea	Nay	MEMIDERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
10.		Cortes	1003	1143	1003	11443	Teas	1143	1005	11435
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V		Duran	1//	9						
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		Toledo								
		Trumbull								
	<del>* </del>	White								
	· · · · · · · · · · · · · · · · · · ·	Yarborough								-
		Magar, Chair								-
										-
										-
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

#### **Health Innovation Subcommittee**

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

#### HB 443: Nursing Home and Assisted Living Facility Resident Rights

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Manny Diaz, Jr.	X				
Nicholas Duran	X				
Jason Fischer			X		
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Bobby Payne			X		
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
Clay Yarborough	X				
MaryLynn Magar (Chair)	X				
	Total Yeas: 12	Total Nays: (	)		

#### **HB 443 Amendments**

#### Amendment 745259

#### Amendment 786045

X Adopted Without Objection

#### **Appearances:**

Arnold, Melody (Lobbyist) - Proponent Florida HealthCare Association Associate Director of Gov't Affairs 307 W Park Ave Tallahassee FL 32301 Phone: (850) 224-3907

Milliken, Michael (Lobbyist) (State Employee) - Waive In Support Florida Long-Term Care Ombudsman Program State Ombudsman

4040 Esplanade Way Tallahassee FL 32399 Phone: (850) 414-2331

## **Health Innovation Subcommittee**

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

HB 443: Nursing Home and Assisted Living Facility Resident Rights (continued)

Appearances: (continued)

Smith, Zayne (Lobbyist) - Waive In Support AARP Associate State Director 200 W College Ave Tallahassee Fl 32301 Phone: (850) 228-4243

Reynoso, Angelique (General Public) - Waive In Support 6140 Caliente Lane

Boca Raton FL 33486 Phone: (561) 306-5634

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comm	Committee/Subcommittee: Health Innovation  Meeting Date:   1   1   8									
	Vote	MEMBERG	line	150	line	1,2				
	Bill	MEMBERS		259	1186	042	<b>X</b> 7.	NT .	*7	N.T.
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1/		Duran	nas		, /	1,7				
		Fischer	W U	<del>17</del>	1/0	*				
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1/		Harrison								
1/		Henry								
		Payne								
i		Rommel								
<u></u>		Toledo								
i		Trumbull								
V		White								
V	/	Yarborough								
V		Magar, Chair								
			ļ							
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

## **Health Innovation Subcommittee**

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

HB 1021: Florida Insurance Code Exemption for Nonprofit Religious Organizations

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Manny Diaz, Jr.	X				
Nicholas Duran	X		-		
Jason Fischer			X		
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Bobby Payne			X		
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X	•			
Clay Yarborough	X				
MaryLynn Magar (Chair)	X				
	Total Yeas: 12	Total Nays: 0			

#### **HB 1021 Amendments**

#### Amendment 917829

X Adopted Without Objection

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comm	M ittee/Sul Favor <del>ab</del> Favorab	le w/ amer le w/Committee/Subc	adments ommittee S	D	ate Rec	bject: )  Le Lufe  Reta  Reco  Tem	ined for onsidered porarily ivorable	Reconsid		pojet
Final			1 V /	ed Core	<b>1</b>					
	Bill	MEMBERS	- , ,	329						
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1		Cortes	1	1						
1		Diaz	do	1-1						
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		Henry								
		Payne								
1	<b>.</b>	Rommel								
/		Toledo								
		Trumbull								
	,	White								
	<u>/</u>	Yarborough								<u> </u>
V		Magar, Chair								
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				<del>                                     </del>						
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays



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

ļ	Bill Amendment  Bill/PCS/PCB Number: +B 199					
	Amendment Number:					
Name: David N. Kenigsberg	, MD					
Representing: Harda Cardiologist	5					
Title: Medical Docher, Clinica	, 1 1					
Address: SW ST	第1841 NE N24 84.					
City: Ft Landerlalo,	State/Zip: 12 3330 8					
Phone Number: (954) 678-9531	Meeting Date: 1 17 18					
Committee/Subcommittee: Healh Inno	ator					
Presentation/Workshop Topic: HB 199						
Registered Lobbyist: YES	NO Y					
State Employee: YES	NO L					
I wish to speak						
Appearing in response to an inquiry for information made	de 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 posit	cion as a proponent or opponent on the bill as a whole.)					
Bill: Proponent Opponent	Info only					
Amendment: Proponent Opponent	Info only					



	Bill Amendment  Bill/PCS/PCB Number:
Name: JERI FRANCOSUR  Representing: FLORIDA BRUST  FLASCO  Title: BOARD	CANEER FOUNDATION &
Address: 1 SHARON TER  City: ORMOND BEACH  Phone Number: 386-395-1554  Committee/Subcommittee: HEALTH  Presentation/Workshop Topic: PATIENT  Registered Lobbyist: YES	State/Zip: TZ 32 174  Meeting Date: 117118  INNOVATION  ACCESS
State Employee: YES  I wish to speak  Appearing in response to an inquiry for information  Appearing in response to subpoena	
Appearing at the written request of the chair  Judge or elected officer appearing in official capacit  Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate your  Bill: Proponent Opponent  Amendment: Proponent Opponent	position as a proponent or opponent on the bill as a whole.)  Info only  Info only





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

		. ✓	Bill 🗆 Amendment
		Bill Number: Authorization	HB 199: Health Insurer
		Amendment:	N/A
Name:	Jackson, Michael		
Representing:	Florida Pharmacy Association	on	
Title:			
Address:	610 North Adams Street		
City:	Tallahassee	State/Zip:	Florida 32301
Phone Number:	8502222400	Meeting Date:	January 17, 2018 12:30 PM
Committee/Sub	committee: Health Inno	vation Subcommittee	
Presentation/Wo	orkshop Topic: N/A		
Registered Lo	obbyist		Bill
☐ State Employ	ree		Waive In Support
🗆 I Wish To Sp	eak		Amendment
☐ Appearing in	response to subpoena		N/A
☐ Appearing in	response to an inquiry for	information made by	member, committee or staff
	the written request of the c		
☐ Judge or elec	ted officer appearing in off	icial capacity	
Lobbyist App	pearance Form Submitted		



Bill Amendment  Bill/PCS/PCB Number: 199  Amendment Number:	
Name: Zayne Smith  Representing: AARP  Title: Associate State Drector	
Address: 200 W. College Av.  City: Tally State/Zip: 32301  Phone Number: 850 228-4243 Meeting Date: 1/17/18  Committee/Subcommittee: Health Toronation  Presentation/Workshop Topic: Health Toronation  Registered Lobbyist: YES NO State Employee: YES NO State Employee: YES NO MO	
I wish to speak	)



51408222



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

☑ Bill ☑ Amendment

		Managers	: HB 351 : Pharmacy Benefits
Name:	Jackson, Michael	Amendment:	<u> </u>
Representing:	Florida Pharmacy Associ	ation	
Title:			
Address:	610 North Adams Street		
City:	Tallahassee	State/Zip:	Florida 32301
Phone Number	: 8502222400	Meeting Date:	January 17, 2018 12:30 PM
Committee/Sub	ocommittee: Health In	nnovation Subcommittee	
Presentation/W	orkshop Topic: Pharmac	y Benefit Managers	1
		- A	
Registered I	· · · · · · · · · · · · · · · · · · ·		<u>Bill</u>
☐ State Emplo	•		Info Only
☐ I Wish To S	-		Amendment Waive In Support
	n response to subpoena	For information made by	member, committee or staff
_ `` `	t the written request of the	•	memoer, commutee or starr
	cted officer appearing in		
-	pearance Form Submitte	-	W 5 9 hl
			and a modern T



Bill   Amendment   35    Amendment   35    Amendment   Name:
Title:
Title: COVERN MUNT AFFAITS  Address: 1305 COMMAR CONTON  City: Eagan State/Zip: MN  Phone Number: 612 616 43 Meeting Date: 1/17/18  Committee/Subcommittee: Health INNVATION  Presentation/Workshop Topic:  Registered Lobbyist: YES X NO State Employee: YES NO State Employee: YES NO STATE NO STATE OF THE PROPERTY NO STATE O
City: Eagan State/Zip: MN  Phone Number: 612 616 43 Meeting Date: 1/17/18  Committee/Subcommittee: Halth INNVation  Presentation/Workshop Topic:  Registered Lobbyist: YES NO State Employee: YES State Employee: YES NO State Employ
City: Eagan State/Zip: MN  Phone Number: 612 616 43 Meeting Date: 1/17/18  Committee/Subcommittee: Halth INNVation  Presentation/Workshop Topic:  Registered Lobbyist: YES NO State Employee: YES State Employee: YES NO State Employ
Presentation/Workshop Topic:  Registered Lobbyist: YES NO  State Employee: YES NO
Presentation/Workshop Topic:  Registered Lobbyist: YES NO State Employee: YES State Employee: YES NO State Employe
Registered Lobbyist: YES NO State Employee: YES NO NO
Registered Lobbyist: YES NO State Employee: YES NO NO
<u> </u>
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
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 Dpponent Info only D
Amendment: Proponent Opponent Info only



	Bill Amendment  Bill/PCS/PCB Number: 36 \ Amendment Number:			
Name: <u>Ciynthia Hendersun</u>				
Representing: <u>EPIOR</u> <u>QX</u>	<del>.</del>			
Title:				
Address: 108 E. Jefferson St. Si	alte E			
City: TALIANASSER	State/Zip: 71 3230			
Phone Number: <u>260</u> 559 0855	Meeting Date: 1/17/18			
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	☐ Info only ☐			
Amendment: Proponent Opponent				



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

Bill Amendment  Bill/PCS/PCB Number: 58735/
Amendment Number:
$\mathbb{Z}_{M}$
Name:
Representing: PPSC FIPN SMALL BUSINEST THANMACIE
Title: VP
Address: 3375 Capital Circle NG
city: Tallahassee State/Zip: Ft 37-308
Phone Number: 850-322-7740 Meeting Date: 1/17/18
Committee/Subcommittee:
Presentation/Workshop Topic: PBMS
Registered Lobbyist: YES NO L
State Employee: YES NO L
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 D Info only D



	Bill Amendment
	Bill/PCS/PCB Number: 351
	Amendment Number:
Name: Chris Mulan	d
Representing: Florida Cha	apter, American College of Physicians
Title:	
Address: 1000 River	ride Ave #240
city: Jacksonville	State/Zip: 1 322C9
Phone Number: <u>904-233-3</u> 0	State/Zip: 1 322CY  Meeting Date: 1/17/18
Committee/Subcommittee:	
Presentation/Workshop Topic:	
Regist	ered Lobbyist: YES NO
State	Employee: YES NO
I wish to speak	
Appearing in response to an in	quiry for information made by member, committee, or staff
Appearing in response to subp	oena
Appearing at the written reque	est of the chair
Judge or elected officer appear	ing in official capacity
Lobbyist Appearance form sub	mitted online
If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Proponent Oppo	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only



					Bill CS/PCB Number:	
Name:	Dawn	Buttons	ield			
•	enting: $\leq U$	L				
•	: Owna	Manas	in W	est (	NOG Phas	macy
	ress: <u>271</u>	1 (least	ake l	d +	(-/0	
City:	10.	2			State/Zip: 1	- 32922
•		21)305-1	G909		Meeting Date:	1/17/18
	mittee/Subcomi					) <i>/</i>
Prese	entation/Worksl	nop Topic:				
		Registered L	obbyist: YES		ио 🛛	
		State Emplo	yee: YES		ио 🔀	
	Appearing in resp Appearing at the Judge or elected o	onse to an inquiry fo onse to subpoena written request of th officer appearing in c nce form submitted	ne chair official capacit		member, committe	ee, or staff
(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	W/S
,	Amendment:	Proponent	Opponent		info only	, , ,



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

Name:			_		
Address:  City:	Name:	(ana -	Seac	Bill/PCS/PCB Number	#B351
Address:  City:	Representing:	Indefer	dart	Fharmah,	1 ourner
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 a)so indicate your position as a proponent or opponent on the bill as a whole  Bill: Proponent Opponent Info only M. S. W.	Title:	$$ $\omega$	en//		
Phone Number:	Address:				
Committee/Subcommittee:  Presentation/Workshop Topic:  Registered Lobbyist: YES  NO  State Employee: YES NO		•			
Presentation/Workshop Topic:  Registered Lobbyist: YES  NO  State Employee: YES NO	Phone Number:			Meeting Date	:
Presentation/Workshop Topic:  Registered Lobbyist: YES  NO  State Employee: YES NO	Committee/Subcor	nmittee:			
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 Info only Manual Supplies	Presentation/Work	Registered l	Lobbyist: YES [		
Bill: Proponent Opponent Info only M Suffer	Appearing in real Appearing in real Appearing at the Judge or elected	sponse to subpoena e written request of to d officer appearing in	he chair official capacity	nade by member, committ	ree, or staff
Bill: Proponent Opponent Info only M Suffer	(If you are testifying on an	amendment, please als	o indicate your po	osition as a proponent or opp	ponent on the bill as a whole.)
Amendment: Proponent Opponent Info only	Bill:	Proponent	Opponent [	Info only	In Support
	Amendment:	Proponent	Opponent [	Info only	JHB35



	Bill Amendment  Bill/PCS/PCB Number: 351  Amendment Number:				
Name: Steve Winn  Representing: FL Osteopathic  Title: Exec. Directo-	Medical Assoc.				
Address: 2544 Blairstone f	State/Zip: FL32301				
Phone Number: 850-878-7364  Committee/Subcommittee: Health (N	Meeting Date: 1/17/18				
Presentation/Workshop Topic: PBM'S					
Registered Lobbyist: YES NO NO State Employee: YES NO NO					
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  Bill: Proponent Opponent	position as a proponent or opponent on the bill as a whole.)  Info only				
Amendment: Proponent Opponent	Info only				



						Amendment : <u>HB 35  </u>
			İ	Amenam	ent Number	•
Name:		Scoll				, and the second
Repre	senting: F(o	rida Medic	al Arive	Intion		
Title	e:					
Add	Iress: 1430	Piedmont Dr	E.			
		: Weller		S	State/Zip: <del>_</del>	- 32308
Pho	ne Number:	950 251-	2439	N	Meeting Date	:: 11/p/18
Con	nmittee/Subcom	mittee:	·			
Pre	sentation/Works	shop Topic:				
		Registered L	obbyist: YES	NO NO		
		State Employ	yee: YES	☐ NO		
	I wish to speak					
	·	ponse to an inquiry fo	or information	made by men	nber, commit	tee, or staff
	Appearing in resp	ponse to subpoena				
	Appearing at the written request of the chair					
	Judge or elected officer appearing in official capacity					
	Lobbyist Appeara	ance 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		nfo only	$\mathcal{N}/<$
	Amendment:	Proponent	Opponent	lı	nfo only	"   _



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

	Bill Amendment  Bill/PCS/PCB Number: 35 /  Amendment Number:			
Name: James Wright				
Representing: St/F				
Title: Owner of Five Points 1  Address: 108 Lake Drive	Pharmacj			
City: Cocoa	State/Zip: <u>Fム 3 3 92 2</u>			
Phone Number: 321-806-3951	Meeting Date: $1/17/18$			
Committee/Subcommittee: Health Innovation				
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 ☐ W/S			
Amendment: Proponent Opponent	Info only			



	Bill Amendment  Bill/PCS/PCB Number: 443			
	Amendment Number:			
Name: Mellich Arnold				
Representing: <u>Funda Health Co</u>	re Association			
Title: ASSOCIATE Director of Gov'+ Affairs				
Address: 307 West Park Ave				
city: Tallahassee	State/Zip: F1 32301			
Phone Number: 850-294-3907 Meeting Date: 1/18/17				
Committee/Subcommittee: Health Innovation Subcommittee				
Presentation/Workshop Topic: <u>HB 443</u>				
Registered Lobbyist: YES	NO 🗆			
State Employee: YES	NO 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			



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

	Bill Amendment  Bill/PCS/PCB Number: 443			
	Amendment Number:			
Name: Michael Milliken				
Representing: Florida Long-Term	Care Ombicleman Program			
Title: State Ombudeman	·			
Address: 4048 Esplanade Way	,			
City: Talahassec	State/Zip: <u>A</u> 32399			
Phone Number: 850-414-2331	Meeting Date: 1/17/19/			
Committee/Subcommittee: Houth Innove	from Subcomittee			
Presentation/Workshop Topic:				
Registered Lobbyist: YES	S NO			
State Employee: YES	S NO			
I wish to speak				
Appearing in response to an inquiry for information	n 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	4			
	Wave in support.			
(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			



	Bill Amendment  Bill/PCS/PCB Number: 443  Amendment Number:
Name: Zayne Smith  Representing: AARP	
Title: Associate State Direct  Address: 200 W. College Au	
City: Tally  Phone Number: 850 228 - 4243  Committee/Subcommittee: Health In	
Presentation/Workshop Topic: Norsing He  Registered Lobbyist: YES  State Employee: YES	NO NO
I wish to speak  Appearing in response to an inquiry for information  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 Bill: Proponent Opponent  Amendment: Proponent Opponent	position as a proponent or opponent on the bill as a whole.)  Info only  Info only



26357122



## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

			☑ Bill ☐ Amendment		
			Bill Number: HB 443: Nursing Home and Assisted Living Facility Resident Rights		
		Amendment:	N/A		
Name:	Reynoso, Angelique				
Representing:					
Title:					
Address:	6140 Caliente Lane				
City:	Boca Raton	State/Zip:	FL 33486		
Phone Number:	561-306-5634	Meeting Date:	January 17, 2018 12:30 PM		
Committee/Sub	committee: Health	Innovation Subcommittee			
Presentation/Workshop Topic: N/A					
	11.1.		Dill		
☐ Registered L☐ State Employ	·		Bill Proponent		
✓ I Wish To Sp			Amendment		
	response to subpoena		N/A		
Appearing in	response to an inquiry	for information made by	member, committee or staff		
	the written request of t				
Judge or elected officer appearing in official capacity					
☐ Lobbyist App ☐ Lo	pearance Form Submitt	ed	141/<		
			VV/ ->		