



Health Innovation Subcommittee

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

Action Packet

Richard Corcoran
Speaker

MaryLynn Magar
Chair

COMMITTEE MEETING REPORT

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	Yeas: 14	Nays: 0
	Amendment 157879 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		

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

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
MaryLynn Magar (Chair)	X		
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		
Totals:	14	0	0

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

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

HB 199 : Health Insurer Authorization

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

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

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

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

HB 199 : Health Insurer Authorization (continued)

Appearances: (continued)

Smith, Zayne (Lobbyist) - Waive In Support

AARP

Associate State Director

200 W College Ave

Tallahassee FL 32301

Phone: (850) 228-4243

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

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation

Bill Number: HB 199

Meeting Date: 1.17.18

Date Received: _____

Place: 306 HOR

Date Reported: _____

Time: 12:30 pm

Subject: Health Brewer
Authorization

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 |

*Strike all
around
157899*

Final Vote On Bill		MEMBERS	<i>157899</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cortes								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diaz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duran								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fischer								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrison								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Henry								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Payne								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rommel								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toledo								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trumbull								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	0									

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

HB 351 : Pharmacy Benefits Managers

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

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

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

COMMITTEE MEETING REPORT

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

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: 1.17.18
 Place: 306 HOB
 Time: 12:30pm

Bill Number: HB 351
 Date Received: _____
 Date Reported: _____
 Subject: Pharmacy Benefit Managers

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 down</i> 580305							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Cortes								
<input checked="" type="checkbox"/>		Diaz								
<input checked="" type="checkbox"/>		Duran								
<input checked="" type="checkbox"/>		Fischer								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrison								
<input checked="" type="checkbox"/>		Henry								
<input checked="" type="checkbox"/>		Payne								
<input checked="" type="checkbox"/>		Rommel								
<input checked="" type="checkbox"/>		Toledo								
<input checked="" type="checkbox"/>		Trumbull								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>		Yarborough								
<input checked="" type="checkbox"/>		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	0									

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

HB 443 : Nursing Home and Assisted Living Facility Resident Rights

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 443 Amendments

Amendment 745259

Adopted Without Objection

Amendment 786045

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

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

COMMITTEE MEETING REPORT

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**

Committee/Subcommittee: Health Innovation
 Meeting Date: 1.17.18
 Place: 306 HOB
 Time: 12:30 pm

Bill Number: HB 443
 Date Received: _____
 Date Reported: _____

Subject: Assisted Living Home and Resident Rights

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	Amend 1		Amend 2					
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cortes								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diaz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duran								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fischer								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrison								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Henry								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Payne								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rommel								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toledo								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trumbull								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/17/2018 12:30PM

Location: Mashburn Hall (306 HOB)

HB 1021 : Florida Insurance Code Exemption for Nonprofit Religious Organizations

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

Adopted Without Objection

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: 1.17.18
 Place: 306 HOB
 Time: 12:30 p.m.

Bill Number: HR 1021
 Date Received: _____
 Date Reported: _____

Subject: Bridge Dispute Code Exemption for Nonprofit Religious Organizations

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 as amended</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cortes								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diaz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duran								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fischer								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrison								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Henry								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Payne								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rommel								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Toledo								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trumbull								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 199</u>	
Amendment Number: _____	

Name: David N. Kenigsberg, MD

Representing: Florida Cardiologists

Title: Medical Doctor, Clinical Cardiac Electrophysiologist

Address: ~~3340 SW 55th St.~~ 1841 NE 45th St.

City: Ft Lauderdale, State/Zip: FL ~~33308~~ 33308

Phone Number: (954) 678-9531 Meeting Date: 1/17/2018

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: HB 199

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>199</u>	
Amendment Number: _____	

Name: JERI FRANCOEUR

Representing: FLORIDA BREAST CANCER FOUNDATION & FLASCO

Title: BOARD MEMBER

Address: 1 SHARON TER

City: ORMOND BEACH State/Zip: FL 32174

Phone Number: 386-295-1554 Meeting Date: 1/17/18

Committee/Subcommittee: HEALTH INNOVATION

Presentation/Workshop Topic: PATIENT ACCESS

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

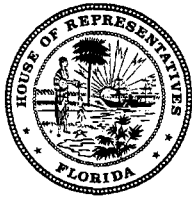
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



80048913



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 199 : Health Insurer Authorization Amendment: N/A

Name: **Jackson, Michael**

Representing: **Florida Pharmacy Association**

Title:

Address: **610 North Adams Street**

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

Phone Number: **8502222400** Meeting Date: **January 17, 2018 12:30 PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

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.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>199</u>	
Amendment Number: _____	

Name: Zayne Smith

Representing: AARP

Title: Associate State Director

Address: 200 W. College Ave.

City: Tally State/Zip: 32301

Phone Number: 850 228-4243 Meeting Date: 1/17/18

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Health Insurer Authorization

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.)

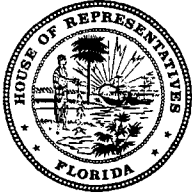
Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only

W/S



51408222



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 checked="" type="checkbox"/> Amendment Bill Number: HB 351 : Pharmacy Benefits Managers Amendment: 580305

Name: **Jackson, Michael**

Representing: **Florida Pharmacy Association**

Title:

Address: **610 North Adams Street**

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

Phone Number: **8502222400** Meeting Date: **January 17, 2018 12:30 PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

Presentation/Workshop Topic: **Pharmacy Benefit Managers**

- 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>
Info Only
<u>Amendment</u>
Waive In Support

W/ S of bill and amendment



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: 351

Amendment Number: _____

Name: Abigail Stoddard

Representing: Prime Therapeutics

Title: Government Affairs

Address: 1305 Corporate Center Dr

City: Eagan State/Zip: MN

Phone Number: 612 616 1431 Meeting Date: 1/17/18

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

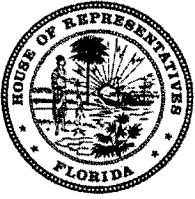
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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

Amendment: Proponent Opponent Info only

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>301</u>	
Amendment Number: _____	

Name: Cynthia Henderson

Representing: EPIC Rx

Title: _____

Address: 108 E. Jefferson St. Suite E

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 559 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 Info only

W/S



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>589351</u>	
Amendment Number: _____	

Name: BILL MINCY

Representing: PPSC FLPN Small Business Pharmacies

Title: VP

Address: 3375 Capital Circle NE

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-322-7740 Meeting Date: 1/17/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: PBMs

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

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment []
Bill/PCS/PCB Number: 351
Amendment Number: []

Name: Chris Moland

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: 1/17/18

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: []

Registered Lobbyist: YES [checked] NO []

State Employee: YES [] NO [checked]

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

W/S

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

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

Amendment: Proponent [] 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>HB 351</u>	
Amendment Number: _____	

Name: Dawn Butterfield

Representing: self

Title: owner/manager West Cocoa Pharmacy

Address: 2711 Clearlake Rd # C-10

City: Cocoa State/Zip: FL 32922

Phone Number: (321) 305-6909 Meeting Date: 1/17/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

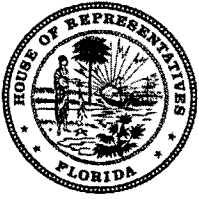
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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 Info only

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment []
Bill/PCS/PCB Number: HB 351
Amendment Number: []

Name: Mara Isaac
Representing: Independent Pharmacy owner
Title: owner / Pharmacist
Address:
City: State/Zip:
Phone Number: Meeting Date:
Committee/Subcommittee:
Presentation/Workshop Topic:

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

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

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent [checked] Opponent [] Info only []
Amendment: Proponent [] Opponent [] Info only []
In Support of HB 351



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>351</u>	
Amendment Number: _____	

Name: Steve Winn

Representing: FL Osteopathic Medical Assoc.

Title: Exec. Director

Address: 2544 Blairstone Pines Dr.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-878-7364 Meeting Date: 1/17/18

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: PBM's

Registered Lobbyist: YES NO

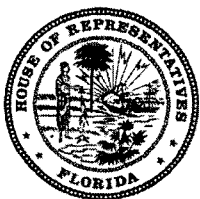
State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 351</u>	
Amendment Number: _____	

Name: Jeff Scott

Representing: Florida Medical Association

Title: _____

Address: 1430 Piedmont Dr. E.

City: Tallahassee State/Zip: FL 32308

Phone Number: 950 251-2439 Meeting Date: 11/17/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

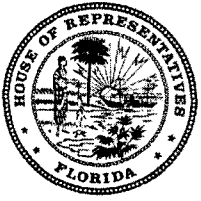
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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 Info only

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>351</u>	
Amendment Number: _____	

Name: James Wright

Representing: SELF

Title: owner of Five Points Pharmacy

Address: 1108 Lake Drive

City: Cocoa State/Zip: FL 32922

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

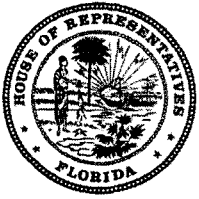
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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

Amendment: Proponent Opponent Info only

W/S



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>443</u>	
Amendment Number: _____	

Name: Melody Arnold

Representing: Florida Health Care Association

Title: Associate Director of Gov't Affairs

Address: 307 West Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-294-3907 Meeting Date: 1/18/17

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: HB 443

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>443</u>	
Amendment Number: _____	

Name: Michael Milliken

Representing: Florida Long-Term Care Ombudsman Program

Title: State Ombudsman

Address: 4040 Esplanade Way

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-414-2331 Meeting Date: 1/17/18

Committee/Subcommittee: Health Innovations 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

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



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>443</u>	
Amendment Number: _____	

Name: Zayne Smith

Representing: AARP

Title: Associate State Director

Address: 200 W. College Ave.

City: Tally State/Zip: 32301

Phone Number: 850 228-4243 Meeting Date: 1/17/18

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Nursing Home & ALF Resident Rights

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

W/S



26357122



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 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/Subcommittee:

Health Innovation Subcommittee

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

W/S