

Health Innovation Subcommittee

Wednesday, January 23, 2018 1:30 PM – 2:30 PM Mashburn Hall (306 HOB)

Action Packet

Health Innovation Subcommittee 1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

Summary:

Health Innovation Subcommittee

Tuesday January 23, 2018 01:30 pm

HB 303 Favorable Yeas: 13 Nays: 0

HB 497 Favorable With Committee Substitute Yeas: 13 Nays: 0

Amendment 016243 Adopted Without Objection

HB 937 Favorable With Committee Substitute Yeas: 13 Nays: 0

Amendment 377667 Adopted Without Objection

Amendment 565603 Withdrawn

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

Attendance:

| | Present | Absent | Excused |
|------------------------|---------|--------------|---------|
| MaryLynn Magar (Chair) | × | | |
| John Cortes | X | | |
| Manny Diaz, Jr. | X | | |
| Nicholas Duran | X | | |
| Jason Fischer | X | | |
| Roy Hardemon | X | | |
| Shawn Harrison | Х | | |
| 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 |

Page 2 of 9

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

HB 303: Alternative Treatment Options for Veterans Pilot Program

X Favorable

| | 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: 13 | Total Nays: 0 | | | |

Appearances:

Helmich, William (Lobbyist) - Waive In Support VFW, American Legion 303 John's Dr Tallahassee FL 32301

Phone: (850) 251-3126

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

| | | COMMITTEE/SU | J BCOMM | ITTÉE E | BILL AC | CTION V | VORKSI | HEET | | |
|--|--|--------------|----------------|---------|---------|---------|--------|------|------|------------|
| Committee/Subcommittee: Health Innovation Meeting Date: | | | | | | | | | | |
| Final On | | MEMBERS | | | | | | | | * ******** |
| Yea | Nay | | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| سسا | | Cortes | | | | | | | | |
| سسيا | _ | Diaz | | | | | | | | |
| لسسا | | Duran | | | | | | | | |
| 1 | _ | Fischer | | | | | | | | |
| 1 | | Hardemon | | | | | | | | |
| نسا | | Harrison | | | | | | | | |
| نسنة | | Henry | | | | | | | | |
| | The state of the s | Payne | | | | | | | | |
| سسا | | Rommel | | | | | | | | |
| سسسا | | Toledo | | | | | | | | |
| سرا | | Trumbull | | | | | | | | |
| <i>i</i> | | White | | | | | | | | |
| 1 | / | Yarborough | | | | | | | | |
| \mathcal{V} | | Magar, Chair | | | | | | | | |
| | | | | | | | | | | |
| | | | 1 | 1 | | 1 | 1 | 1 | I | I |

Nays

Yeas

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas / 3

Nays

TOTALS

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

HB 497: Hospice Care

Favorable With Committee Substitute

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|------------------------|---------------------------------------|-------------|---------|-----------------|-----------------|
| John Cortes | X | | | rea | IVAY |
| 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: 13 | Total Nays: | 0 | | |

HB 497 Amendments

Amendment 016243

X Adopted Without Objection

Appearances:

Bell, Lynda (General Public) - Opponent Florida Right To Life President PO Box 162382 Altamonte Springs FL 32716 Phone: (407) 431-1831

Eakin, Margie (General Public) - Waive In Opposition Florida Right to Life PO Box 162382 Altamonte Springs FL 32716

Bell, Mark (General Public) - Waive In Opposition PO Box 162382

Altamonte Springs FL 32716 Phone: (407) 431-1831

Health Innovation Subcommittee 1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)
HB 497: Hospice Care (continued)

Appearances: (continued)

Ledford, Paul (Lobbyist) - Proponent Florida Hospice & Palliative Care Association, Inc 2000 Apalachee Pkwy Ste 200 Tallahassee FL 32301 Phone: (850) 878-2632

Amendment 016243
Ledford, Paul (Lobbyist) - Proponent
Florida Hospice & Palliative Care Association, Inc
2000 Apalachee Pkwy Ste 200
Tallahassee FL 32301
Phone: (850) 878-2632

Gowski, MD, Diane (General Public) - Opponent
Florida Guilds of the Catholic Medical Association
State Director for Florida for the Catholic Medical Association
1383 Temple St.
Clearwater FL 33756
Phone: (727) 480-7574

Halisky, Jan (General Public) - Opponent Florida Right to Life Chairman, Legislative Committee 507 S. Prospect Ave. Clearwater FL 33756 Phone: (727) 461-4234

McKeown, Georgia (Lobbyist) - Waive In Support Florida Cemetery, Cremation & Funeral Association, Inc GA McKeown & Associates LLC PO Box 250663 Holly Hill FL 32125 Phone: (904) 303-1611

Ponder-Stansel, Susan (General Public) - Proponent Florida Hospice and Palliative Care Board Member/CEO Community Hospice 4266 Sunbeam Rd Jacksonville FL 32257 Phone: (904) 268-5200

Jordan, Matt (Lobbyist) - Waive In Support American Cancer Society Cancer Action Network 1922 Dellwood Dr Tallahassee FL 32303 Phone: (850) 519-2801

Health Innovation Subcommittee 1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB) **HB 497 : Hospice Care (continued)**

Appearances: (continued)

Ricco, John (General Public) - Waive In Support Florida Cemetery Cremation & Funeral Association Executive Director 325 John Knox Rd, L-103 Tallahassee FL 32303

Phone: (800) 226-3332

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

| Comm | M ittee/Sul Favorab Favorab | le w/ amen le w/Committee/Subco | 3.118 HUB Spr | D | ate Reco | orted: bject: Reta Reco Tem | ined for | Reconsid | leration | |
|-------------|--------------------------------------|------------------------------------|---------------------|------|----------|---|----------|----------|----------|------|
| Final | Voto | | Dirika | glf | | | | | | |
| Final On | | MEMBERS | 076 | 743 | | | | | | |
| Yea | Nay | | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 1 | | Cortes | //// | | | | | | | |
| | William accommunity | Diaz | (1.C.b. | V/ | | | | | 1 | |
| 1 | | Duran | 177 | 01 | | | | | | |
| - | | Fischer | 1/00 | D/ | | | | | 1 | |
| اسسا | | Hardemon | | | | | | | | |
| <i></i> | | Harrison | | | | | | | | |
| 1 | | Henry | | 1 | | | | | | |
| 1 | | Payne | | | | | | | | |
| | | Rommel | | | | | | | | |
| سسسا | | Toledo | | | | | | | | |
| أسيأ | | Trumbull | | | | | | | | |
| 1 | | White | | | | | | | | |
| سما | | Yarborough | | | | | | | | |
| 1 | | Magar, Chair | | | | | | | | |
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| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Neve | Yeas | Nays | Yeas | Neve |
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Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)
HB 937: Perinatal Mental Health

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 | <u></u> | | | |
| Jackie Toledo | X | | | | |
| Jay Trumbull | X | | | | |
| Frank White | X | | | | |
| Clay Yarborough | X | | | | • |
| MaryLynn Magar (Chair) | X | | | | |
| | Total Yeas: 13 | Total Nays: 0 |) | | |

HB 937 Amendments

Amendment 377667

| X | Adopted | Without | Objection |
|---|---------|---------|-----------|
|---|---------|---------|-----------|

Amendment 565603

| X | Withdrawn |
|---|-----------|
|---|-----------|

Appearances:

Buhrmann, Dr. Louise (General Public) - Waive In Support Florida Psychiatric Society Psychiatrist 1035 S Semoran Blvd #1027 Winter Park FL 32792 Phone: (407) 222-4962

Winn, Stephen (Lobbyist) - Waive In Support Florida Osteopathic Medical Association Executive Director 2544 Blairstone Pines Dr

Tallahassee FL 32301 Phone: (850) 878-3056

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

HB 937: Perinatal Mental Health (continued)

Appearances: (continued)

Robinson, Dr. Paul (State Employee) - Waive In Support Florida Chapter of the American Academy of Pediatrics Vice President 1371 Hodges Dr Tallahassee FL 32308 Phone: (850) 566-4551

Armstrong, Kim (General Public) - Waive In Support

Tallahassee NOW 1059 Parkview Dr Tallahassee FL 32311 Phone: (850) 778-5855

Reilly, Christine (General Public) - Waive In Support Tallahassee Chapter National Organization for Women 3315 Whirlaway Trail Tallahassee FL 32309 Phone: (850) 893-7451

Mayo, Kathy (General Public) - Waive In Support Ft. Myers/Naples National Organization for Women President 8955 Forest St Ft Myers FL 33907

Phone: (239) 565-7988

DeVane, Barbara (Lobbyist) - Waive In Support Florida National Organization for Women, Inc 625 E Brevard St Tallahassee FL 32308 Phone: (850) 251-4280

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

Tal, Leor (General Public) - Waive In Support Florida NOW 2636 Mission Rd, Apt. 57 Tallahassee FL 32304

Phone: (352) 348-1076

Colvin, Patricia C (General Public) - Waive In Support Self 13364 Beach Blvd, #229

Jacksonville FL 32224 Phone: (904) 652-7634

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

HB 937: Perinatal Mental Health (continued)

Appearances: (continued)

Sheklin, Judy (General Public) - Waive In Support

National Organization for Women 1985 Brista De Mar Circle Atlantic Beach FL 32233

Phone: (904) 910-0714

Casas, Gena (General Public) - Waive In Support

Self

13118 Ebbtide Ct Jacksonville FL 32225

Phone: (904) 233-3577

Fausome, Laura (General Public) - Waive In Support

Florida NOW Vice President

vice President

180 Atlantic Avenue

Indialantic FL 32903

Phone: (321) 749-0025

Sanders, Terry (General Public) - Waive In Support

Florida NOW

President

181 Sand Dollar Rd

Indialantic FI 32903

Phone: (321) 615-1334

Flynn, Dr. Heather (State Employee) - Proponent

Florida Maternal Mental Health Coalition

Associate Professor & Chair

1115 W Call St

Tallahassee FI

Phone: (850) 645-7367

Whitten, Kenneth (General Public) - Waive In Support

Self

13118 Ebbtide Ct

Jacksonville FL 32225

Phone: (904) 221-2611

Jones, Emily (General Public) - Information Only

March of Dimes

Director

Atlanta Ga 30309

Phone: (850) 491-6699

Ellis, Karla (General Public) - Waive In Support

NAMI

Volunteer

P. O. Box 961

Tallahassee FL 32301

Phone: (850) 671-4445

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

| Comm | M ittee/Sul Favorab Favorab | le w/ amen le w/Committee/Subco | 3 118 11-103 2 Pro- | D | | Reta Reco | ined for | Reconsider Postpone | leration | |
|------------|--------------------------------------|------------------------------------|---------------------------|----------|------------|-----------|------------|---------------------|----------|------|
| | Vote | 1.50 | Since | γ | | | | | | |
| | Bill | MEMBERS | 397 F | 561 | 3 7 | NI | X 7 | NI | */ | NI |
| Yea | Nay | Cortes | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| | | Diaz | 1 / 1 / 7 | , , | | | | | | |
| سر: سر: | | Duran | 166 | | | | | |) | |
| | | Fischer | 1 7 | (-/ | <u> </u> | | | | | |
| i | | Hardemon | 11/ | -6/- | | | | | | |
| i | | Harrison | / 3 | | | | | | | |
| 1 | | Henry | | - | | | - | | | |
| | | Payne | | | | | | | | |
| i/ | | Rommel | | | | | | | | |
| 1 | | Toledo | | | | | | | | |
| | | Trumbull | | | | | | | | |
| أسمرا | | White | | | | | | | | |
| | / | Yarborough | | | | | | | | |
| 1 | | Magar, Chair | | | | | | | | |
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| | 1 | | | | | | | | | |
| | | | | | - | | | | | |
| 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. |
|--|
| Bill Amendment Bill/PCS/PCB Number: 3 0 3 Amendment Number: |
| Name: Bill Mich |
| Representing: Awolican Legion |
| Title: |
| Address: 303 Juhais D |
| City: 74/14h.55 ec State/7in: FL 32301 |
| Phone Number: Meeting Date: |
| Committee/Subcommittee: Health Inovation |
| Presentation/Workshop Topic: |
| Registered Lobbyist: YES NO 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 proportent or opponent on the bill as a whole.) |
| Proponent Opponent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only |



| CORIDA | |
|--|--|
| | Bill Amendment |
| | Bill/PCS/PCB Number: 4B 491 |
| | Amendment Number: |
| Name: Kyzolol | Bell |
| Representing: Florida | Right to life |
| Title: President | |
| Address: PO-BOX | 162382 |
| city: Olamorti | Spurgs State/Zip: 10 321/6 |
| Phone Number: 407 -4 | 31-1831 Meeting Date: 123/2018 |
| Committee/Subcommittee: | Health Innovations subcommitte |
| Presentation/Workshop Topic: | |
| Regist | tered Lobbyist: YES NO |
| State i | Employee: YES NO |
| | • |
| I wish to speak | |
| | quiry for information made by member, committee, or staff |
| Appearing in response to subpo | |
| Appearing at the written reque | |
| Lobbyist Appearance form subi | |
| Lobbyist Appearance form sub- | mitted offine |
| If you are testifying on an amendment, ple | ease also indicate your position as a proponent or opponent on the bill as a whole.) |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |



| ORTU | |
|--|--|
| | Bill Amendment |
| | Bill/PCS/PCB Number: <u>H3 497</u> |
| | Amendment Number: |
| A — | |
| Name: Mark Be | |
| Representing: Florida | Right to life |
| Title: | |
| | |
| city: Altamont | 162382 Spring State/Zip: FC 32716 |
| Phone Number: | , – |
| Committee/Subcommittee: | |
| Presentation/Workshop Topic: | |
| Regist | ered Lobbyist: YES NO |
| State I | Employee: YES NO |
| | |
| I wish to speak | |
| Appearing in response to an inc | quiry for information made by member, committee, or staff |
| Appearing in response to subpo | pena |
| 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.) |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |



| | Bill 📈 Am | nendment | |
|---|---|------------------------|----------------------|
| · | Bill/PCS/PCB Number: | 3 497 | |
| | Amendment Number: | | |
| Name: Margie Ea | K.1 A1 | | |
| Representing: $F \log R' da$ | Right to life | | |
| Title: | <u>'</u> | | |
| Address: PO Box | 162382_ | | |
| city: Altomote S | SPRINGS Sta | ate/Zip: <u>F</u> | 32716 |
| Phone Number: | - Contract of the contract of | eeting Date: | |
| Committee/Subcommittee: | March Irmova | lins | |
| Presentation/Workshop Topic: | | | |
| Regist | ered Lobbyist: YES NO | 5 | |
| State I | Employee: YES NO | 1 * | |
| I wish to speak Appearing in response to an inc Appearing in response to subpose Appearing at the written reque Judge or elected officer appear Lobbyist Appearance form subpose | est of the chair ling in official capacity | oer, committee, or sta | ff |
| If you are testifying on an amendment, ple | ease also indicate your position as a prop | onent or opponent on t | he bill as a whole.) |
| Bill: Proponent Oppor | nent Waive in Support W | aive in Opposition | Info only |
| Amendment: Proponent Oppor | nent Waive in Support Wa | aive in Opposition | Info only |



| | Bill Amendment |
|---|---|
| | Bill/PCS/PCB Number: 497 (Hospice) |
| | Amendment Number: |
| Name: Drane Gows | iki, mD |
| Representing: FLORIDA Q | puilds of the Catholic Medical association |
| Title: State Imed | ruilds of the Catholiz Medical association for for Florida for the Catholia Medical association |
| Address: [383 | |
| City: | earwater State/Zip: 33756 (FL) |
| Phone Number: 727 | - 480 - 7574 Meeting Date: 1-23-18 |
| Committee Subcommittee: | Health Amovation Subcommittee |
| Presentation/Workshop Topic: | HB 497 |
| Regist | ered Lobbyist: YES NO NO |
| State I | Employee: YES NO |
| I wish to speak | * · · · · · · · · · · · · · · · · · · · |
| | quiry for information made by member, committee, or staff |
| Appearing in response to subpo | oena |
| Appearing at the written reque | est of the chair |
| Judge or elected officer appear | ring in official capacity |
| Lobbyist Appearance form sub | mitted online |
| (If you are testifying on an amendment, pla | ease also indicate your position as a proponent or opponent on the bill as a whole.) |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |



| | Bill Amendment | |
|---|---|--------|
| | | |
| | Bill/PCS/PCB Number: 49 / | |
| | Amendment Number: | |
| Name: Mr. JANA | HALISKY | _ |
| Representing: Florida P | Right to Life | _ |
| , , | lesistative Committee | _ |
| Address: 5075, 7/2 | spect Avenue | _ |
| city: <u>Clearwater</u> | U State/Zip: <i>F</i> ∠ 3375 € | / > |
| Phone Number: 727-46 | (1-4)234 Meeting Date: 1-23-2018 | > |
| | lealth Innovation | _ |
| Presentation/Workshop Topic: _ | Opposina hospice | _ |
| | tered Lobbyist: YES NO X | |
| State | Employee: YES NO | |
| | V | |
| 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 appea | ring in official capacity | |
| Lobbyist Appearance form sub | mitted online | |
| | | |
| If you are testifying on an amendment, pl | ease also indicate your position as a proponent or opponent on the bill as a whol | e.) |
| Bill: Proponent Oppo | nent Waive in Support Waive in Opposition Info only |] |
| Amendment: Proponent Oppo | nent Waive in Support Waive in Opposition Info only |] |



| ORIGINA | , |
|--|---|
| | Bill V Amendment Bill/PCS/PCB Number: 497 |
| ! | Amendment Number: |
| Name: Matt Jon | dan |
| Representing: <u>American</u> | Carcer Society Carcer Action Network |
| Title: <u>GRD</u> | |
| Address: 1922 De | 11 most Dr |
| city: Tallabyssee | State/Zip: P1 32303 |
| Phone Number: <u>850-5/</u> | 9-2801 Meeting Date: 1-23 |
| Committee/Subcommittee: | Health Innovation |
| Presentation/Workshop Topic: | |
| Regist | ered Lobbyist: YES NO |
| State E | Employee: YES NO |
| | |
| I wish to speak | wire for information made by member, committee or staff |
| Appearing in response to an inc | quiry for information made by member, committee, or staff |
| Appearing at the written reque | |
| Judge or elected officer appear | |
| Lobbyist Appearance form subr | nitted online |
| If you are testifying on an amendment, ple | ase also indicate your position as a proponent or opponent on the bill as a whole.) |
| | nent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppor | ent Waive in Support Waive in Opposition Info only |



| | Bill Amendment 🕡 |
|---|--|
| | Bill/PCS/PCB Number: 497 |
| | Amendment Number: |
| Name: Zul Ledford | ₽ |
| • | + Pallistive Care Assn. |
| Title: President + | |
| Address: 2000 Ap2(22h | |
| City: | State/Zip: FL 32301 |
| Phone Number: 850, | |
| Committee/Subcommittee: | |
| Presentation/Workshop Topic: _ | Palliative Care |
| | ered Lobbyist: YES NO NO |
| | Employee: YES NO TY |
| | |
| Appearing in response to subpose | est of the chair |
| (If you are testifying on an amendment, ple | ease also indicate your position as a proponent or opponent on the bill as a whole.) |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |



00421556



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 497: Hospice Care | | | | |
| | | Amendment: | N/A | | |
| Name: | McKeown, Georgia | | | | |
| Representing: | Representing: Florida Cemetery, Cremation & Funeral Association, Inc | | | | |
| Title: | | | | | |
| Address: | GA McKeown & Assoc | iates LLC, PO Box 250663 | | | |
| City: | Holly Hill | State/Zip: | FL | | |
| Phone Number: | (904) 303-1611 | Meeting Date: | January 23, 2018 1:30 PM | | |
| Committee/Sub | committee: Health | Innovation Subcommittee | | | |
| Presentation/Wo | orkshop Topic: N/A | | | | |
| | | | | | |
| ☑ Registered L | obbyist | | Bill | | |
| ☐ State Employ | /ee | | Waive In Support | | |
| ☐ I Wish To Speak | | | 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 | | | | |
| | ted officer appearing i | - • | | | |
| ✓ Lobbyist App | pearance Form Submit | ted | | | |



| VORIDA DE | |
|--|--|
| | Bill Amendment |
| | Bill/PCS/PCB Number: 1413 497 |
| : | Amendment Number: |
| Name: Susan Po | nder-Stansel |
| Representing: Florida H | ospices and Palliative Care |
| Title: Board Me | mbes (CEO Community Hospie |
| Address: 4266 Sun | bean Rd |
| City: Jacksonville | State/Zip: <u>FL 32257</u> |
| Phone Number: $904 - 2$ | 268-5200 Meeting Date: 1-23-2018 |
| Committee/Subcommittee: | tealth Innovations |
| Presentation/Workshop Topic: | Palliatile Care |
| Regist | ered Lobbyist: YES NO NO |
| State I | Employee: YES NO |
| I wish to speak Appearing in response to an incomplete Appearing in response to subpose to subpose to subpose to subpose appearing at the written requese Judge or elected officer appeared Lobbyist Appearance form subpose to subpos | est of the chair ring in official capacity |
| (If you are testifying on an amendment, ple | ease also indicate your position as a proponent or opponent on the bill as a whole.) |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |



| | Bill Amendment X |
|--|---|
| | Bill/PCS/PCB Number: HB 497 |
| | Amendment Number: STRIKE ALL |
| Name: JOHN Ricco | |
| Representing: FL. CEME | TERY CREMATION + FUNERAL ASSOC. |
| Title: EXECUTIVE | |
| | KNOK Rd. L-103 |
| City: TALLAHASSES | State/Zip: FC \$2363 |
| Phone Number: 600.22 | 6-3332 Meeting Date: 123/18 |
| Committee/Subcommittee: | LEALTH INNOVATION |
| Presentation/Workshop Topic: | • |
| | ered Lobbyist: YES NO NO NO NO |
| I wish to speak Appearing in response to an ince Appearing in response to subpose Appearing at the written requese Judge or elected officer appearing Lobbyist Appearance form subn | st of the chair ng in official capacity |
| (If you are testifying on an amendment, ple | ase also indicate your position as a proponent or opponent on the bill as a whole.) |
| Bill: Proponent Oppon | ent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppon | ent Waive in Support Waive in Opposition Info only |



42267149



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

| | | \checkmark | Bill Amendment | | |
|---------------------------------------|-------------------------------|------------------------|---------------------------------------|--|--|
| | | Bill Number: Health | HB 937 : Perinatal Mental | | |
| | | Amendment: | N/A | | |
| Name: | me: Buhrmann, Dr. Louise | | | | |
| Representing: | Florida Psychiatric Society | | | | |
| Title: | Psychiatrist | | | | |
| Address: | 1035 S Semoran Blvd #1027 | | | | |
| City: | Winter Park | State/Zip: | FL 32792 | | |
| Phone Number: | 407-222-4962 | Meeting Date: | eeting Date: January 23, 2018 1:30 PM | | |
| Committee/Sub | committee: Health Innov | ation Subcommittee | | | |
| Presentation/Wo | orkshop Topic: N/A | | | | |
| _ | | | | | |
| Registered Lo | | | Bill | | |
| State Employ | | | Waive In Support | | |
| I Wish To Speak Amendment | | | | | |
| Appearing in response to subpoena N/A | | | | | |
| | | | member, committee or staff | | |
| | the written request of the ch | | | | |
| | ted officer appearing in offi | cial capacity | | | |
| ப Lobbyist App | pearance Form Submitted | | | | |



| | Bill Amendment Bill/PCS/PCB Number: Amendment Number: | | | |
|--|---|--|--|--|
| Hame: Stephen Winn Representing: Florida Osteopathic | Medical Association | | | |
| Title: <u>Exec.</u> <u>Director</u> Address: <u>2544</u> <u>Blairstone</u> City: <u>Tallahassee</u> | _ | | | |
| Phone Number: 850-878-3056 Meeting Date: Committee/Subcommittee: Health Innovation | | | | |
| Presentation/Workshop Topic: Perinat Registered Lobbyist: YE State Employee: YE | s X NO | | | |
| I wish to speak Waive in Su Appearing in response to an inquiry for informatio Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capac Lobbyist Appearance form submitted online | n made by member, committee, or staff | | | |
| f you are testifying on an amendment, please also indicate you Bill: Proponent 🔀 Opponent | | | | |
| Amendment: Proponent Opponent | | | | |



| | | | | | Bill /PCS/PCB Number endment Number | C | endment |
|-----------|---|--|------------------------------|----------|---|----------------|-----------------------|
| Name: | 101 | Mars | ×) \ | | | | |
| | senting: M | iduife A | waciati | U N | of FC | | |
| | | 38 Mund | on W | all | | | |
| | : Tallahax | | | <i></i> | State/Zip: | -(| |
| Pho | ne Number: | 350 567- | 1202 | | Meeting Date | e:1 <i> </i> 2 | 13/18 |
| | nmittee/Subcom sentation/Works | \mathcal{D}_{α} | rinata | \ | Meital Hea | 1Hh | |
| | | Registered L | / | | NO NO | | |
| X00000 | Appearing in resp Appearing at the Judge or elected | poonse to an inquiry for poonse to subpoena written request of the officer appearing in co ance form submitted | ne chair official capacit | | | | ff Defay |
| (If you a | are testifying on an a | amendment, please als | o indicate your | position | as a proponent or op | ponent on t | :he bill as a whole.) |
| | Bill: | Proponent | Opponent | | Info only | | |
| | Amendment: | Proponent | Opponent | | Info only | | |



| | Bill Amendment | | |
|--|--|--|--|
| | Bill/PCS/PCB Number: HB 937 | | |
| | Amendment Number: | | |
| Name: LUY Tal CF | pronounced Lee-or Tail) | | |
| Representing: Florida N | MG | | |
| Title: | | | |
| Address: 2636 MISSION | RD APT ST | | |
| city: Tallahasser | State/Zip: <u>アレ/323</u> 04 | | |
| Phone Number: 352-34 | 8-1074 Meeting Date: 1 23 18 | | |
| Committee/Subcommittee: | Latte innovation | | |
| Presentation/Workshop Topic: | Ennatal March | | |
| Regist | ered Lobbyist: YES NO | | |
| State I | Employee: YES NO | | |
| | / | | |
| I wish to speak Appearing in response to an inc | quiry for information made by member, committee, or staff | | |
| Appearing in response to subpo | | | |
| Appearing at the written reque | st of the chair | | |
| Judge or elected officer appear | Judge or elected officer appearing 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.) | | |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only | | |
| Amendment: Proponent Oppor | nent Waive in Support Waive in Opposition Info only | | |



| | Bill Amendment Bill/PCS/PCB Number: HB 937 |
|--|--|
| | Amendment Number: |
| Name: JUCH S | heklin |
| Representing: <u>Self</u> | 1 National Org. for Women. |
| Title: | ista De Mar Circle |
| city: Atlantic B | |
| Phone Number: 907 910- | -0714 Meeting Date: 1123118 |
| Committee/Subcommittee: | |
| Presentation/Workshop Topic: _ | |
| Regist | ered Lobbyist: YES NO 🔀 |
| State | Employee: YES NO |
| I wish to speak Appearing in response to an in Appearing in response to subp Appearing at the written reque Judge or elected officer appea Lobbyist Appearance form sub | est of the chair ring in official capacity |
| (If you are testifying on an amendment, pl | ease also indicate your position as a proponent or opponent on the bill as a whole.) |
| Bill: Proponent Oppo | nent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppo | nent Waive in Support Waive in Opposition Info only |



| LORIDA | |
|---|--|
| | Bill Amendment |
| | Bill/PCS/PCB Number: <u>937</u> |
| | Amendment Number: |
| Name: 1), Poul Ru | 16.03m, M1) |
| | BR OF THE AMERICAN ALADEMY OF |
| Title: VICE PRES | ت بر از المستقل المرازية الم |
| Address: 1371 W1061 | |
| City: TALLANASS & | |
| Phone Number: $\sqrt{50-56}$ | 6-455] Meeting Date: 1/23) 18 |
| Committee/Subcommittee: | |
| Presentation/Workshop Topic: | |
| Regist | ered Lobbyist: YES NO |
| | Employee: YES NO D Part Time for CMS |
| I wish to speak | |
| Appearing in response to an inc | quiry for information made by member, committee, or staff |
| Appearing in response to subpo | Dena |
| Appearing at the written reque | st of the chair |
| Judge or elected officer appear | ing in official capacity |
| Lobbyist Appearance form sub | nitted 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.) |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |



| | Bill / Amendment |
|--|--|
| | Bill/PCS/PCB Number: 937 |
| | Amendment Number: |
| Name: Christine | Reilly |
| Representing: Tallahas | see Chapter National Org for Women |
| Title: Ms Christin | = Reilly |
| Address: 3315 Wh | |
| City: Tallahassee | |
| Phone Number: 850 - 80 | 73-7451 Meeting Date: 1/23/18 |
| Committee/Subcommittee: | tealth Innovation Sub-committee |
| Presentation/Workshop Topic: _ | Perinatal Mental Health |
| Regist | ered Lobbyist: YES NO NO |
| State I | Employee: YES NO NO |
| C turish to small | |
| I wish to speak | quiry for information made by member, committee, or staff |
| Appearing in response to an inquiry for information made by member, committee, or staff Appearing in response to subpoena | |
| 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 | |
| · · · · | |
| | ease also indicate your position as a proponent or opponent on the bill as a whole.) |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |



| PLORIDA | |
|--|--|
| | Bill Amendment |
| | Bill/PCS/PCB Number: <u>137</u> |
| , | Amendment Number: |
| Name: KATHY | 1440 |
| Representing: FT. MYEA | RS MAPLES NATIONAL ORGANIZ |
| Title: PRES. | |
| Address: 8955 F | -CREST ST. |
| city: FT. MYER | 85 State/Zip: FL 33907 |
| Phone Number: 239 - | 565-7988 Meeting Date: 123 |
| Committee/Subcommittee: | EALTH INNOV. SUB COM. |
| Presentation/Workshop Topic: | PERINATAL MENTAL HEACTH |
| Regist | ered Lobbyist: YES NO NO |
| State I | Employee: YES NO |
| Lwish to speak | |
| I wish to speak Appearing in response to an inc | quiry for information made by member, committee, or staff |
| Appearing in response to subpo | |
| Appearing at the written reque | |
| Judge or elected officer appear | ring 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.) |
| | nent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |



| Assistant at the meeting. |
|--|
| Bill Amendment Bill/PCS/PCB Number: 931 |
| Amendment Number: |
| Name: Darbara DeVane |
| Representing: (Notonal Organization for Wohrles. |
| Title: <u>M 5</u> |
| Address: 625 E Brevard St |
| City: Jallaharre State/Zip: |
| Phone Number: <u>850-251-4280</u> Meeting Date: <u>1-23-18</u> |
| Committee/Subcommittee: Scalth John votion |
| Presentation/Workshop Topic: |
| Registered Lobbyist: YES NO 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 |
| Loubyist Appearance form submitted offine |
| (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 |



| ORIUM | | |
|---|--|---------------------|
| | Bill Amendment | |
| | Bill/PCS/PCB Number: 10 937 | |
| | Amendment Number: | |
| Name: Patricia C | Colvin | |
| Representing: $S \in I + f$ | | |
| Title: | | |
| Address: 13364 Bea | och Blut H227 | |
| | State/Zip: 3 2 2 2 く | <u> </u> |
| Phone Number: <u>904 65</u> | | |
| Committee/Subcommittee: | | |
| Presentation/Workshop Topic: _ | | |
| Regist | stered Lobbyist: YES NO | |
| State | Employee: YES NO | |
| | | |
| I wish to speak Appearing in response to an in | nquiry for information made by member, committee, or staff | |
| Appearing in response to subp | | |
| Appearing at the written reque | | |
| Judge or elected officer appea | aring in official capacity | |
| Lobbyist Appearance form sub | bmitted online | |
| (If you are testifying on an amendment, pl | please also indicate your position as a proponent or opponent on the | e bill as a whole.) |
| | | Info only |
| Amendment: Proponent Oppo | onent Waive in Support Waive in Opposition | Info only |
| | | · |



| | Bill 🗸 Amendment |
|---|--|
| | Bill/PCS/PCB Number: HB 137 |
| | Amendment Number: |
| | Amendment Number. |
| Name: <u>Gena Casa</u> : | 5 |
| Representing: Self | Ixdwidual |
| Title: | |
| Address: 13118 Ebb 2 | |
| City: <u>Jackson Ville</u> | State/Zip: <u>FL 32225</u> |
| Phone Number: 904-23 | 33-3577 Meeting Date: 1/23/18 |
| Committee/Subcommittee: | |
| Presentation/Workshop Topic: | |
| Reg | istered Lobbyist: YES NO 📝 |
| Stat | te Employee: YES NO 🗸 |
| I wish to speak | ₩ |
| | inquiry for information made by member, committee, or staff |
| Appearing in response to su | bpoena |
| Appearing at the written red | |
| Judge or elected officer app | earing in official capacity |
| Lobbyist Appearance form s | ubmitted 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 Op | ponent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Opp | ponent Waive in Support Waive in Opposition Info only |



| | Bill Amendment Bill/PCS/PCB Number: 93+ Amendment Number: |
|--|--|
| Name: Kim Amstrong | |
| Representing: Tallahassee Nau | |
| Title: | |
| Address: 1059 Parkview DR | |
| City: Tallahassee | State/Zip: 32311 |
| Phone Number: <u>250 7785855</u> | |
| Committee/Subcommittee: Heath U | incuation Subcommittee |
| Presentation/Workshop Topic: Perivat | al mental health |
| Registered Lobbyist: YES | □ NO □ |
| State Employee: YES | □ NO ☑ |
| 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 | made by member, committee, 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 |
| Amendment: Proponent Opponent | Info only |



| | Bill Amendment Bill/PCS/PCB Number: |
|--|--|
| Name: XAURA FAUSONE Representing: FLORISA NOW (Na Title: Via President | in Organization for Women |
| Address: 180 Atlantic Ave City: Indialantic Phone Number: 321 749-0025 | State/Zip: FL-32703 Meeting Date: |
| Committee/Subcommittee: Florido- Presentation/Workshop Topic: Perceptal | |
| Registered Lobbyist: YES [State Employee: YES [| NO |
| I wish to speak Appearing in response to an inquiry for information in 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 | nade by member, committee, or staff |
| (If you are testifying on an amendment, please also indicate your po | Info only Info o |



| PLORIDA | | 1 | |
|--|------------------------------------|-------------------------------------|-------------------|
| | Bill Bill/PCS/PCB Number: | Amendment | |
| | Amendment Number: | | |
| Torres S | $A_0 =$ | | |
| Name: 12119 CLM | WEAS | | |
| Representing: + lond | a NOW | | |
| Title: Tresiden | | | |
| Address: 181 Sand | Dollar Rd |) | |
| city: Judialan | tic | State/Zip: FZ 32 | 403 |
| Phone Number: 321-6/5 | -1334 | Meeting Date: 1/23 | 111 |
| Committee/Subcommittee: | ruse_ | , , | |
| Presentation/Workshop Topic: | Prenatal | | |
| Regist | ered Lobbyist: YES | NO | |
| State I | Employee: YES | NO NO | ₫° |
| Control to a control | | | |
| I wish to speak Appearing in response to an inc | guiry for information made b | v member, committee, or staff | |
| Appearing in response to subpo | | , member, committee, or start | |
| Appearing at the written reque | est of the chair | | |
| Judge or elected officer appear | ring in official capacity | | |
| Lobbyist Appearance form sub | mitted online | | |
| (If you are testifying on an amendment, pla | ease also indicate your position a | is a proponent or opponent on the b | oill as a whole.) |
| Bill: Proponent · Oppor | nent Waive in Support | Waive in Opposition Ir | nfo only |
| Amendment: Proponent Oppor | nent Waive in Support | Waive in Opposition Ir | nfo only |



| | Bill / Amendment | |
|--|--|--|
| · | Bill/PCS/PCB Number: | |
| | Amendment Number: | |
| Name: Dr. Heathar | Flynn | |
| Representing: Floride N | reservat mental fearly Coalition | |
| Title: A350 Callo P | Messon + Chain | |
| | * Cocl S | |
| City: Tallou | State/Zip: | |
| Phone Number: | Meeting Date: | |
| Regist | Pornotal Market Halls ered Lobbyist: 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, ple | ease also indicate your position as a proponent or opponent on the bill as a whole.) | |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only | |
| Amendment: Proponent Oppor | nent Waive in Support Waive in Opposition Info only | |



| | Bill Amendment |
|--|--|
| | Bill/PCS/PCB Number: <u>/†B 93& 7</u> |
| į | Amendment Number: |
| Name: <u>Kenneth</u> Wh | HEN |
| | |
| Title: MR | |
| Address: 13/18 EBB | TIDE CT |
| City: JACKSON VILLE | State/Zip:State/Zip: |
| Phone Number: <u>90x 29/26</u> | State/Zip: <u>F1 32925</u> // Meeting Date: 1/23/18 |
| Committee/Subcommittee: | · · · · · · · · · · · · · · · · · · · |
| Presentation/Workshop Topic: | PARENTAL MENTAL health |
| Regist | ered Lobbyist: YES NO |
| State I | Employee: YES NO |
| I wish to speak Appearing in response to an inc Appearing in response to subpose Appearing at the written reque Judge or elected officer appear Lobbyist Appearance form subpose. | est of the chair ring in official capacity |
| If you are testifying on an amendment, ple | ease also indicate your position as a proponent or opponent on the bill as a whole.) |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |
| Amendment: Proponent Oppor | nent Waive in Support Waive in Opposition Info only |



| | Bill Amendment | |
|--|---|--|
| | Bill/PCS/PCB Number: 937 | |
| į | Amendment Number: | |
| Name: Emily Junes | | |
| Representing: March of | - Dimes | |
| Title: Director, Adva | scacy + Government Affairs | |
| Address: | | |
| city: Atlanta | State/Zip: らみ 30309 | |
| Phone Number: 850-491- | Meeting Date: | |
| Committee/Subcommittee: H | use Health Innovation | |
| Presentation/Workshop Topic: | | |
| Registered Lobbyist: YES NO | | |
| State I | Employee: YES NO X | |
| [. 7] | | |
| 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, ple | ase also indicate your position as a proponent or opponent on the bill as a whole.) | |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only | |
| Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only | | |



| PLORIDA | | |
|---|--|--|
| | Bill Amendment | |
| | Bill/PCS/PCB Number: <u>HR 937</u> | |
| | Amendment Number: | |
| Name: Karla El | lis, totaler | |
| Representing: <u>NAM</u> | · | |
| Title: Volunteer | | |
| Address: DO Box 941 | <i>'</i> | |
| City: Tallahassu State/Zip: FL | | |
| Phone Number: <u>\$57) - 671 - 4443</u> Meeting Date: 1/23/2018 | | |
| Committee/Subcommittee: | | |
| Presentation/Workshop Topic: _ | | |
| Regist | ered 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 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.) | |
| Bill: Proponent Oppor | nent Waive in Support Waive in Opposition Info only | |
| Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only | | |