



Health Quality Subcommittee

Wednesday, January 10, 2018
4:00 PM - 5:30 PM
Mashburn Hall (306 HOB)

Action Packet

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

Summary:

Health Quality Subcommittee

Wednesday January 10, 2018 04:00 pm

HB 21	Favorable With Committee Substitute Amendment 858463 Adopted Without Objection	Yeas: 15	Nays: 0
HB 513	Favorable	Yeas: 12	Nays: 0
HB 573	Favorable	Yeas: 13	Nays: 0
HB 673	Favorable	Yeas: 13	Nays: 0
HB 855	Favorable	Yeas: 13	Nays: 0
HB 973	Favorable	Yeas: 15	Nays: 0
HB 6049	Favorable	Yeas: 15	Nays: 0

Committee passed multiple motions to extend the meeting. Passed

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
James Grant (Chair)	X		
Robert Asencio	X		
Colleen Burton	X		
Cord Byrd	X		
Byron Donalds	X		
Shevrin Jones	X		
Amber Mariano	X		
Ralph Massullo, MD	X		
Amy Mercado	X		
Wengay Newton	X		
Daniel Perez	X		
Cary Pigman	X		
Rene Plasencia	X		
David Silvers	X		
Cyndi Stevenson	X		
Totals:	15	0	0

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 21 : Controlled Substances

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton	X				
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton	X				
Daniel Perez	X				
Cary Pigman	X				
Rene Plasencia	X				
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
	Total Yeas: 15	Total Nays: 0			

HB 21 Amendments

Amendment 858463

Adopted Without Objection

Appearances:

Controlled Substances

Katz, Mitch (General Public) - Waive In Support

City of Delray Beach

Commissioner

100 NW 1st Ave

Delray Beach FL 33448

Phone: (954) 873-5370

Controlled Substances

Bunkley, Bill (Lobbyist) - Waive In Support

Florida Ethics and Religious Liberty Commission

President

P.O. Box 341644

Tampa FL 33694

Phone: (813) 264-2977

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 21 : Controlled Substances (continued)

Appearances: (continued)

Controlled Substances

Glicksteen, Mayor Cary - Proponent

City of Delray Beach

Mayor

101 NW 1st Ave

Delray Beach FL 33483

Phone: (561) 243-7010

Controlled Substances

Luskin MD, Brandon (General Public) - Information Only

Self, Palm Beach County Medical Society, Florida Medical Association

2828 S Seacrest Blvd

Boynton Beach FL 33435

Phone: (561) 734-5080

Controlled Substances

Bishop, Mark (State Employee) - Proponent

Florida Physical Therapy Association

Associate Professor

101 S Newell Dr #1154

Gainesville FL 32609

Phone: (352) 273-6112

Controlled Substances

Nuland, Christopher (Lobbyist) - Opponent

Florida Neurosurgical Society / Florida Society of Theracic and Cardiovascular Surgeons

1000 Riverside Ave #240

Jacksonville FL 32204

Phone: (904) 233-3051

Controlled Substances

Bevis, Brewster (Lobbyist) - Waive In Support

Associated Industries of Florida

Senior VP

516 N Adams St

Tallahassee FL 32301

Phone: (850) 224-7173

Controlled Substances

Hart, Joe Anne (Lobbyist) - Information Only

Florida Dental Association

Chief Legislative Officer

118 E Jefferson St

Tallahassee FL 32301

Phone: (850) 224-1089

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 21 : Controlled Substances (continued)

Appearances: (continued)

Controlled Substances

Ramba, Melissa (Lobbyist) - Proponent

Florida Retail Federation
VP of Government Affairs
227 S Adams St
Tallahassee FL 32301
Phone: (850) 222-4082

Controlled Substances

Campbell, Bryan (General Public) - Proponent

Duval, Nassau and Clay County Medical Societies
CEO
1301 Riverplace Blvd Ste 1638
Jacksonville FL 32207
Phone: (904) 353-7536

Controlled Substances

Jackson, Michael (Lobbyist) - Proponent

Florida Pharmacy Association
610 N. Adams St.
Tallahassee FL 32309
Phone: (850) 222-2400

Controlled Substances

Mabry, Janet (Lobbyist) - Information Only

American Massage Therapy Association
2866 Bay Heather Cir
Gulf Breeze FL 32563
Phone: (850) 501-2502

Controlled Substances

Gran, Jill (Lobbyist) - Waive In Support

Florida Behavioral Health Association
Sr Policy Adviser
2868 Mahan Dr
Tallahassee FL 32308
Phone: (850) 878-2196

Controlled Substances

Fay, Andrew (Lobbyist) (State Employee) - Waive In Support

Department of Legal Affairs
Special Counsel
PI-01 The Capitol
Tallahassee FL 32399
Phone: (850) 245-0155

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 21 : Controlled Substances (continued)

Appearances: (continued)

Controlled Substances

Miller, Dr. Alan (General Public) - Proponent

Nassau County Medical Society & Duval County Opioid Task Force

Physician

1865 Line St Ste 101

Fernandina Beach FL 32034

Phone: (904) 321-2422

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 513 : Distributing Pharmaceutical Drugs and Devices

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton	X				
Cord Byrd			X		
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton	X				
Daniel Perez			X		
Cary Pigman	X				
Rene Plasencia			X		
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
	Total Yeas: 12	Total Nays: 0			

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 1/10/18
 Place: 306 HOB
 Time: 4:00 - 5:30

Bill Number: 513
 Date Received: _____
 Date Reported: _____

Subject: Distributing Pharmaceutical
Drugs and Devices

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
/		Asencio								
/		Burton								
		Byrd								
/		Donalds								
/		Jones								
/		Mariano								
/		Massullo								
/		Mercado								
/		Newton								
		Perez								
/		Pigman								
		Plasencia								
/		Silvers								
/		Stevenson								
/		Grant, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
62	5									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 573 : Involuntary Examinations Under the Baker Act

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton	X				
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton	X				
Daniel Perez			X		
Cary Pigman	X				
Rene Plasencia			X		
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
Total Yeas: 13		Total Nays: 0			

Appearances:

Involuntary Examinations Under the Baker Act
Carvajal, Allison S. (Lobbyist) - Waive In Support
Florida Nurse Practitioner Network
Consultant
120 S Monroe St
Tallahassee FL 32312
Phone: (850) 727-7087

Involuntary Examinations Under the Baker Act
Floyd, Chris (Lobbyist) - Waive In Support
Florida Association of Nurse Practitioners
101 E College Ave Ste 302
Tallahassee FL 32301
Phone: (813) 624-5117

Involuntary Examinations Under the Baker Act
Killinger, Lori (Lobbyist) - Proponent
Florida Association of Nurse Anesthetists
Attorney / Lobbyist
315 S Calhoun St
Tallahassee FL 32301
Phone: (850) 222-5702

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 573 : Involuntary Examinations Under the Baker Act (continued)

Appearances: (continued)

Involuntary Examinations Under the Baker Act

Kung, Ying Mai (State Employee) - Waive In Support

Self

Dr, DNP, ARNP

3712 Longchamp Cir

Tallahassee FL 32309

Phone: (850) 510-7500

Involuntary Examinations Under the Baker Act

Whitaker, Stan (General Public) - Proponent

FL Association of Nurse Practitioners

Chairman

6294 NW Torreya Pk Rd

Bristol FL 32321

Phone: (850) 545-8301

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 1/10/18
 Place: 306 HOB
 Time: 4:00 PM - 5:30 PM

Bill Number: 573
 Date Received: _____
 Date Reported: _____
 Subject: Involuntary Examinations Under the Baker Act

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
/		Asencio								
/		Burton								
/		Byrd								
/		Donalds								
/		Jones								
/		Mariano								
/		Massullo								
/		Mercado								
/		Newton								
/		Perez								
/		Pigman								
/		Plasencia								
/		Silvers								
/		Stevenson								
/		Grant, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 673 : Reporting Of Adverse Incidents In Planned Out-Of-Hospital Births

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton	X				
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton	X				
Daniel Perez			X		
Cary Pigman	X				
Rene Plasencia			X		
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
Total Yeas: 13		Total Nays: 0			

Appearances:

Reporting Of Adverse Incidents In Planned Out-Of-Hospital Births

Thomas, Mary (Lobbyist) - Waive In Support

Florida Medical Association

Assistant General Counsel

1430 Piedmont Dr E

Tallahassee FL 32308

Phone: (850) 224-6496

Reporting Of Adverse Incidents In Planned Out-Of-Hospital Births

Watson, Ronald (Lobbyist) - Proponent

Midwives Association of Florida

Lobbyist

3738 Mundon Way

Tallahassee FL 32309

Phone: (850) 567-1202

Reporting Of Adverse Incidents In Planned Out-Of-Hospital Births

Mixon, Corinne (Lobbyist) - Waive In Support

Florida Academy of Physician Assistants

Government Consultant

119 S. Monroe St #202

Tallahassee FL 32301

Phone: (850) 681-6877

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 673 : Reporting Of Adverse Incidents In Planned Out-Of-Hospital Births (continued)

Appearances: (continued)

Reporting Of Adverse Incidents In Planned Out-Of-Hospital Births

Friall MD, Andrea K. (General Public) - Waive In Support

American College of OB-GYNs

1304 Live Oak Plantation Rd

Tallahassee FL 32312

Phone: (850) 906-0371

Reporting Of Adverse Incidents In Planned Out-Of-Hospital Births

Young, Amy (Lobbyist) - Waive In Support

American College of OB-GYNs

Managing Partner, Ballard Partners

3609 Washington Rd.

West Palm Beach FL 33401

Phone: (561) 310-8137

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality

Bill Number: 673

Meeting Date: 1/10/18

Date Received: _____

Place: 306 HOB

Date Reported: _____

Time: 4:00 PM - 5:30 PM

Subject: Reporting of Adverse Incidents
In Planned Out-of-Hospital Birth

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Asencio								
✓		Burton								
✓		Byrd								
/		Donalds								
/		Jones								
/		Mariano								
/		Massullo								
/		Mercado								
/		Newton								
/		Perez								
/		Pigman								
/		Plasencia								
/		Silvers								
/		Stevenson								
/		Grant, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 855 : Genetic Information Used for Insurance

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Robert Asencio	X				
Colleen Burton	X				
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton	X				
Daniel Perez			X		
Cary Pigman	X				
Rene Plasencia			X		
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
	Total Yeas: 13	Total Nays: 0			

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 11/10/18
 Place: 306 HOB
 Time: 4:00 - 5:30

Bill Number: 855
 Date Received: _____
 Date Reported: _____

Subject: Genetic Information Used for Insurance

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
/		Asencio								
/		Burton								
/		Byrd								
/		Donalds								
/		Jones								
/		Mariano								
/		Massullo								
/		Mercado								
/		Newton								
		Perez								
/		Pigman								
		Plasencia								
/		Silvers								
/		Stevenson								
/		Grant, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 973 : Performance of Physician Assistants and Advanced Registered Nurse Practitioners

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton	X				
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton	X				
Daniel Perez	X				
Cary Pigman	X				
Rene Plasencia	X				
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
Total Yeas: 15		Total Nays: 0			

Appearances:

Performance of Physician Assistants and Advanced Registered Nurse Practitioners

Thomas, Mary (Lobbyist) - Waive In Opposition
 Florida Medical Association
 Assistant General Counsel
 1430 Piedmont Dr E
 Tallahassee FL 32308
 Phone: (850) 224-6496

Performance of Physician Assistants and Advanced Registered Nurse Practitioners

Nuland, Chris (Lobbyist) - Waive In Opposition
 Florida Chapter, American College of Physicians
 1000 Riverside Ave #240
 Jacksonville FL 32204
 Phone: (904) 233-3051

Performance of Physician Assistants and Advanced Registered Nurse Practitioners

Barker, Dorene (Lobbyist) - Waive In Support
 AARP Florida
 Associate State Director
 200 W College Ave
 Tallahassee FL 32301
 Phone: (850) 228-6387

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

**HB 973 : Performance of Physician Assistants and Advanced Registered Nurse Practitioners
(continued)**

Appearances: (continued)

Performance of Physician Assistants and Advanced Registered Nurse Practitioners

Whitaker, Stan (General Public) - Waive In Support

FL Association of Nurse Practitioners

Chairman

6294 NW Torreya Pk Rd

Bristol FL 32321

Phone: (850) 545-8301

Performance of Physician Assistants and Advanced Registered Nurse Practitioners

Floyd, Chris L (Lobbyist) - Waive In Support

Florida Association of Nurse Practitioners

101 E. College Ave Ste. 292

Tallahassee FL 32301

Phone: (813) 624-5117

Performance of Physician Assistants and Advanced Registered Nurse Practitioners

Carvajal, Allison (Lobbyist) - Waive In Support

Florida Nurse Practitioner Network

Consultant

120 S Monroe St

Tallahassee FL 32301

Phone: (850) 727-7087

Performance of Physician Assistants and Advanced Registered Nurse Practitioners

Mixon, Corinne (Lobbyist) - Waive In Support

Florida Academy of Physician Assistants

Government Consultant

119 S. Monroe St. #202

Tallahassee FL 32301

Phone: (850) 681-6788

Performance of Physician Assistants and Advanced Registered Nurse Practitioners

Kung, Ying Mai (State Employee) - Waive In Support

Self

Dr, DNP, ARNP

3712 Longchamp Cir

Tallahassee FL 32309

Phone: (850) 510-7500

Performance of Physician Assistants and Advanced Registered Nurse Practitioners

Killinger, Lori (Lobbyist) - Waive In Support

Florida Association of Nurse Anesthetists

Attorney / Lobbyist

315 S Calhoun St

Tallahassee FL 32301

Phone: (850) 222-5702

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 11/01/18
 Place: 306 HOB
 Time: 4:00 PM - 5:30 PM

Bill Number: 973
 Date Received: _____
 Date Reported: _____

Subject: Performance of Physician Assistants and Advanced Registered Nurse Practitioners

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								
Yeas	Nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
/		Asencio								
/		Burton								
/		Byrd								
/		Donalds								
/		Jones								
/		Mariano								
/		Massullo								
/		Mercado								
/		Newton								
/		Perez								
✓		Pigman								
✓		Plasencia								
✓		Silvers								
✓		Stevenson								
/		Grant, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

Location: Mashburn Hall (306 HOB)

HB 6049 : Medical Marijuana Growers

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton	X				
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton	X				
Daniel Perez	X				
Cary Pigman	X				
Rene Plasencia	X				
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
Total Yeas: 15		Total Nays: 0			

Appearances:

Medical Marijuana Growers

Gunn, Howard Jr (General Public) - Opponent

FL - Black Farmers Association

President

2801 SW 15th St.

Ocala FL 34474

Phone: (352) 572-1063

Medical Marijuana Growers

Hightower, John (General Public) - Waive In Support

Self

PO BOX 4165

Tallahassee FL 32302

Phone: (850) 519-0363

Wilson, Latresa (General Public) - Opponent

Black Farmers & Agriculture Association

Doctor

3330 NW 2nd Ave

Ocala FL 34478

Phone: (352) 425-5676

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality Bill Number: 6049
 Meeting Date: 1/10/18 Date Received: _____
 Place: 306 HOB Date Reported: _____
 Time: 4:00PM-5:30PM Subject: Medical Marijuana Growers

Committee/Subcommittee Action:

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



Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Asencio								
/		Burton								
/		Byrd								
/		Donalds								
/		Jones								
/		Mariano								
/		Massullo								
/		Mercado								
/		Newton								
/		Perez								
/		Pigman								
/		Plasencia								
/		Silvers								
/		Stevenson								
✓		Grant, Chair /st								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/10/2018 4:00PM

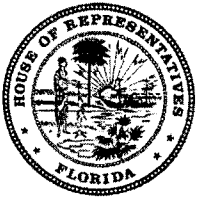
Location: Mashburn Hall (306 HOB)

Actionable Items

Committee passed multiple motions to extend the meeting.

Passed

Committee meeting was reported out: Thursday, January 11, 2018 10:19AM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

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

Name: Mitch Katz

Representing: City of Delray Beach

Title: Commissioner

Address: 100 N.W. 18 Ave

City: Delray Beach State/Zip: FL 33446

Phone Number: 954 873 5370 Meeting Date: _____

Committee/Subcommittee: House Health

Presentation/Workshop Topic: HB 21

Registered Lobbyist: YES NO

State Employee: YES NO

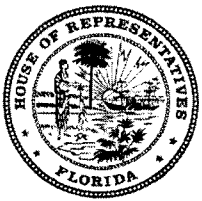
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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

Waive in support



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WAVE IN SUPPORT

Bill Amendment
Bill/PCS/PCB Number: HB 21
Amendment Number:

Name: BILL BUNKLEY

Representing: FLORIDA ETHICS AND RELIGIOUS LIBERTY COMMISSION

Title: PRESIDENT

Address: PO BOX 391644

City: TAMPA State/Zip: FL 33694

Phone Number: 813.264.2977 Meeting Date:

Committee/Subcommittee: H HEALTH QUALITY SUB

Presentation/Workshop Topic: CONTROLLED SUBSTANCES

Registered Lobbyist: YES [checked] NO []

State Employee: YES [] NO [checked]

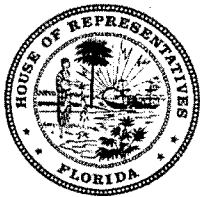
WAVE IN SUPPORT

- 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 []

Waive in Support



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 21
Amendment Number: []

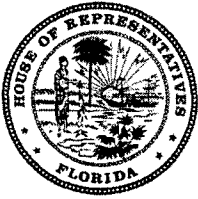
Name: Mayor Cary Glickstein
Representing: City of Delray Beach
Title: Mayor
Address: 101 NW 1st Ave
City: Delray Beach State/Zip: FL 33483
Phone Number: 561-243-7010 Meeting Date:
Committee/Subcommittee: Controlled Substances
Presentation/Workshop Topic:

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 [checked]
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 []



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 21</u>	
Amendment Number: _____	

Name: BRANDON LUSHKIN MD

Representing: Self, Palm Beach County Medical Society, Florida Medical Assoc

Title: _____

Address: 2828 S. Seacrest Blvd

City: Baynton Beach FL State/Zip: 33435

Phone Number: 561 734-5080 Meeting Date: 1/9/18

Committee/Subcommittee: Health

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB21</u>	
Amendment Number: _____	

Name: Mark Bishop

Representing: Florida Physical Therapy Association

Title: Associate Prof

Address: 101 S. Newell Drive #1154

City: Gainesville State/Zip: FL 32609

Phone Number: 352 273 6112 Meeting Date: 1/10/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Opioids / Controlled substances.

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent 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>21</u>	
Amendment Number: _____	

Name: Chris Mland

Representing: Florida Neurological Society / Fl. Society of Thoracic & Cardiovascular

Title: _____ Surgeons

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051 Meeting Date: 1/16/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment []
Bill/PCS/PCB Number: 21
Amendment Number: []

Name: Brewster Bevis

Representing: Associated Industries of Florida

Title: Senior VP

Address: 516 W Adams St

City: TLT State/Zip: FL 32301

Phone Number: 224-7173 Meeting Date: 1/10

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Controlled Substances

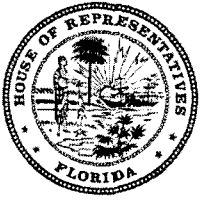
Registered Lobbyist: YES [checked] NO []

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 [checked]

(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 [] Waiver in support
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.

Bill/PCB Number: HB 21
Amendment Number:
[X] Bill [] Amendment

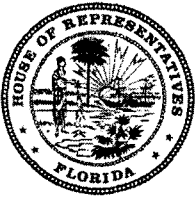
Name: Joe Anne Hart
Representing: Florida Dental Association
Title: Chief Legislative Officer
Address: 118 East Jefferson Street
City: Tallahassee State/Zip: FL 32301
Phone Number: (850) 224-1089 Meeting Date: 1/10/18
Committee/Subcommittee: Health Quality
Presentation/Workshop Topic: Controlled Substances

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

- [X] 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 [X]
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>21</u>	
Amendment Number: _____	

Name: Melissa Ramba

Representing: Florida Retail Federation

Title: VP Gov't Affairs

Address: 227 S. Adams St.

City: Tallahassee State/Zip: FL

Phone Number: 850-222-4082 Meeting Date: 1/10/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill/PCS/PCB Number: HB21

Amendment Number: _____

Name: Bryan Campbell

Representing: Duval, Nassau and Clay County Medical Societies

Title: CEO

Address: 1301 Riverplace Blvd Suite #1638

City: Jacksonville State/Zip: FL 32207

Phone Number: 904-353-7536 Meeting Date: _____

Committee/Subcommittee: Health Quality

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



77286981



COMMITTEE

Please fill out

Name: **Michael Jackson**

Representing: **Florida Pharma**

Title:

Address: **610 N Adams S**

City: **Tallahassee**

Phone Number: **(850) 222-2400**

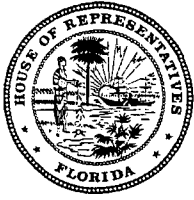
Committee/Subcommittee:

Presentation/Workshop Topic

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to s
- Appearing in response to a
- Appearing at the written r
- Judge or elected officer ap
- Lobbyist Appearance For



77286981



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: N/A Amendment: N/A

Name: **Michael Jackson**

Representing: **Florida Pharmacy Association**

Title:

Address: **610 N Adams St, 610 N Adams St**

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

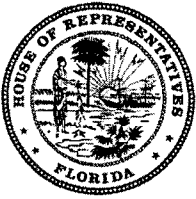
Phone Number: **(850) 222-2400** Meeting Date: **January 10, 2018 4:00 PM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **HB21**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment []
Bill/PCS/PCB Number: 21
Amendment Number: []

Name: JANET MABRY

Representing: AMERICAN MESSAGE THERAPY ASSOC

Title: []

Address: 2866 Bay Heather Circle

City: GULF BREEZE FL State/Zip: 32563

Phone Number: 850-501-2502 Meeting Date: 1/10/18

Committee/Subcommittee: Health Quality Subcommittee -

Presentation/Workshop Topic: []

Registered Lobbyist: YES [checked] NO []

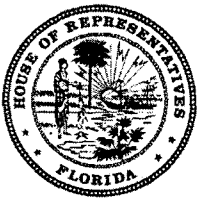
State Employee: YES [] NO []

- 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 [] 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>21</u>	
Amendment Number: _____	

Name: Jill Gran

Representing: Florida Behavioral Health Association

Title: Sr Policy Advisor

Address: 28118 Mahan Dr

City: Tallahassee State/Zip: FL/32308

Phone Number: 878-2196 Meeting Date: 1/10/18

Committee/Subcommittee: Health Quality Sub

Presentation/Workshop Topic: Opoids

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only Waives in support

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>21</u>	
Amendment Number: _____	

Name: Andrew Fay

Representing: Department of Legal Affairs

Title: Special Counsel

Address: PL 01

City: Tallahassee State/Zip: _____

Phone Number: 850-245-0155 Meeting Date: _____

Committee/Subcommittee: Health Quality 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

Waive in support



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

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

Name: Dr. Alan Miller

Representing: Nassau County Medical Society

Title: Physician + DuVal County Opioid Task Force

Address: 1865 Line St Ste 101

City: Fernandina Beach State/Zip: FL 32034

Phone Number: 904 321 2422 Meeting Date: 1/10/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Opioid Bill

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent 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>573</u>	
Amendment Number: _____	

Name: Allison S. Carvajal

Representing: Florida Nurse Practitioner Network

Title: Consultant

Address: 120 S. Monroe St.

City: Tallahassee FL State/Zip: 32312

Phone Number: 727-7087 Meeting Date: 1-10-18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: HB 573

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only Waive in support

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.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 573
Amendment Number: []

Name: Chris Floyd

Representing: FLAMP

Title: []

Address: 101 E College Ave Ste 301

City: Tallahassee State/Zip: FL 32301

Phone Number: 813-624-5117 Meeting Date: 1/10/2018

Committee/Subcommittee: []

Presentation/Workshop Topic: []

Registered Lobbyist: YES [checked] NO []

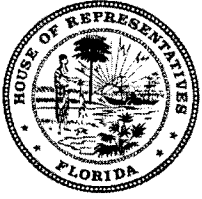
State Employee: YES [] NO []

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

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

Bill: Proponent [checked] Opponent [] Info only [] Waive in support

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.

Bill [checked] Amendment []
Bill/PCS/PCB Number: H/573
Amendment Number: []

Name: Lori Killinger

Representing: FL ASSN OF NURSE ANESTHETISTS

Title: Attorney/Lobbyist

Address: 315 S. Calhoun St.

City: Tallahassee State/Zip: FL/32308

Phone Number: 8502205702 Meeting Date: 1/10/18

Committee/Subcommittee: []

Presentation/Workshop Topic: []

Registered Lobbyist: YES [checked] NO []

State Employee: YES [] NO []

- 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 []



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>573</u>	
Amendment Number: _____	

Name: Ying Ma King

Representing: Self

Title: Dr, DNP, ARNP

Address: 3712 Longchamp Cir

City: Tallahassee State/Zip: FL

Phone Number: 850-510-7500 Meeting Date: 1/10/2018

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Baker Act

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.

Bill/Amendment selection box with checkboxes and handwritten number 573.

Name: Stan Whittaker

Representing: FLNP

Title: Chairman

Address: 6294 NW Torrey A PK Rd

City: Bristol State/Zip: FL 32321

Phone Number: 350-545-8301 Meeting Date:

Committee/Subcommittee:

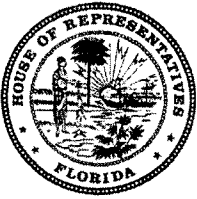
Presentation/Workshop Topic:

Registered Lobbyist: YES NO State Employee: YES NO

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

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

Bill: Proponent Opponent 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>673</u>	
Amendment Number: _____	

Name: Mary Thomas

Representing: Florida Medical Association

Title: Assistant General Counsel

Address: 1430 Piedmont Dr E

City: TLH State/Zip: FL 132308

Phone Number: 850 227 6496 Meeting Date: 1/10/18

Committee/Subcommittee: Health quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

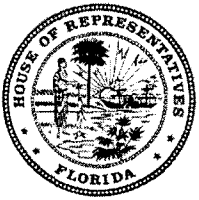
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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

Waive in support



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>673</u>	
Amendment Number: _____	

Name: Ron Watson

Representing: Midwife Association of Florida

Title: Lobbyist

Address: 3738 Mordon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567 1702 Meeting Date: 1/10/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: Adverse Incident Reporting out of hospital births

Registered Lobbyist: YES NO

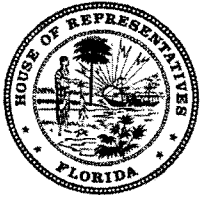
State Employee: YES NO

- 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 waive in support

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>673</u>	
Amendment Number: _____	

Name: Corinne Mixon

Representing: Florida Academy of physician assistance

Title: Government Consultant

Address: 119 S Monroe Street #202

City: Tallahassee State/Zip: FL, 32301

Phone Number: 850-481-6877 Meeting Date: 1/10/18

Committee/Subcommittee: Health Quality 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 *waive in support*

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.

Bill Amendment
 Bill/PCS/PCB Number: HB 673
 Amendment Number: _____

Name: Andrea K. Fricall, MD

Representing: America College of OB/GYN (ACOG)

Title: _____

Address: 1304 Live Oak Plantation Road

City: Tallahassee State/Zip: FL 32312

Phone Number: 850-906-0371 Meeting Date: 1/10/2018

Committee/Subcommittee: _____

Presentation/Workshop Topic: midwifery, adverse incident reporting

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 Waive in support

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.

Bill Amendment

Bill/PCS/PCB Number: HB 613

Amendment Number: _____

Name: Jimmy Young

Representing: American College of OB-GYN's

Title: Managing Partner, Ballad Partners

Address: 3609 Washington Road

City: West Palm Beach State/Zip: FL

Phone Number: 561-310-8137 Meeting Date: 1-10-17

Committee/Subcommittee: H H Quality

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
- Waive 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 Waive in support

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.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 973
Amendment Number: []

Name: Mary Thomas

Representing: Florida Medical Association

Title: Assistant General Counsel

Address: 1430 Piedmont Dr E

City: TLH State/Zip: FL 32308

Phone Number: 850 224 6496 Meeting Date: 1/10/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic:

Registered Lobbyist: YES [checked] NO []

State Employee: YES [] NO [checked]

- 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 [checked]

(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 [checked] Info only []
Amendment: Proponent [] Opponent [] Info only []

Waive my opposition



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>973</u>	
Amendment Number: _____	

Name: Chris Noland

Representing: Florida Chapter, American College of Physicians

Title: _____

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32204

Phone Number: 904 233-3051 Meeting Date: 1/16/18

Committee/Subcommittee: Health Quality

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 Waive in Opposition

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 973</u>	
Amendment Number: _____	

Name: Dorene Barker

Representing: AARP Florida

Title: Associate State Director

Address: 200 W. College Ave

City: Jallahossee State/Zip: Florida 32301

Phone Number: 850-228-6387 Meeting Date: Jan 10, 2018

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Performance of Physician Asst + APRN's

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

Waive in support



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>973</u>	
Amendment Number: _____	

Name: Stan Whittaker

Representing: FLANP

Title: Chairman

Address: 6294 NW Torrey A PK Rd

City: Bristol State/Zip: FL/32324

Phone Number: 850-545-8381 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

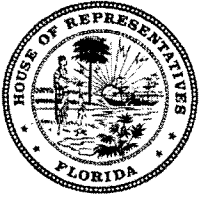
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only

Waive in support



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: 973
Amendment Number: []

Name: Chris L. Floyd

Representing: FLAMP

Title: []

Address: 101 E College Ave ste 502

City: Tallahassee State/Zip: FL 32301

Phone Number: 813-624-5117 Meeting Date: 11/16/2018

Committee/Subcommittee: []

Presentation/Workshop Topic: []

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

- I wish to speak Waive in support [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 [] Waive in support
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>973</u>	
Amendment Number: _____	

Name: Allison CARVAJAL

Representing: Florida Nurse Practitioner Network

Title: Consultant

Address: 120 S MONROE ST.

City: TALLAHASSEE, FL State/Zip: 32301

Phone Number: 850-727-2087 Meeting Date: 1-10-18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: HB ~~1021~~ 973

Registered Lobbyist: YES NO

State Employee: YES NO

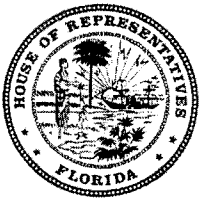
- I wish to speak **WAIVE IN Support**
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only

Waive in Support



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>973</u>	
Amendment Number: _____	

Name: Corinne Nixon

Representing: Florida Academy of physician assistance

Title: Government Consultant

Address: 119 S Monroe Street #202

City: Tallahassee State/Zip: FL, 32301

Phone Number: 850-651-6788 Meeting Date: 4/10/18

Committee/Subcommittee: Health quality subcommittee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

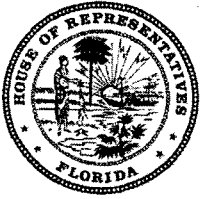
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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

Waive in support



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>973</u>	
Amendment Number: _____	

Name: Ying Mei Kung

Representing: Self

Title: Dr., ARNP

Address: 3712 Longchamp Cir

City: Tallahassee State/Zip: FL 32309

Phone Number: 850-510-7500 Meeting Date: 1/10/2017

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Signature Authority

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

Waiver in support



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>973</u>	
Amendment Number: _____	

Name: Lori Killinger

Representing: FL Assoc of Nurse Anesthetists

Title: attorney/lobbyist

Address: 315 S. Calhoun St.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 222 5702 Meeting Date: 11/10/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

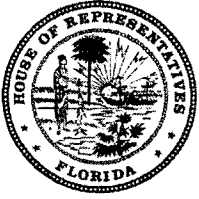
State Employee: YES NO

- 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 *waive in support*

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.

Bill [] Amendment [x]
Bill/PCS/PCB Number: 6049
Amendment Number: []

Name: HOWARD GUNN JR

Representing: FL - BLACK FARMER ASSOC.

Title: PRES.

Address: 2801 S.W. 15th ST

City: Ocala, FL State/Zip: FL

Phone Number: 352-572-1063 Meeting Date: []

Committee/Subcommittee: []

Presentation/Workshop Topic: []

Registered Lobbyist: YES [] NO [x]

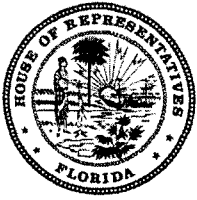
State Employee: YES [] NO [x]

- I wish to speak [x]
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 [x] 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 type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>6049</u>	
Amendment Number: _____	

Name: John Hightower

Representing: Self

Title: _____

Address: PO Box 4105

City: Temi State/Zip: FL

Phone Number: 8505190303 Meeting Date: 1/10/18

Committee/Subcommittee: House Health Quality Sub

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

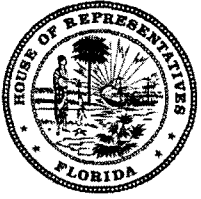
State Employee: YES NO

- 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 Wrote in support

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>6049</u>	
Amendment Number: _____	

Name: Latesha Wilson

Representing: Black Farmers & Agriculturalists Assn

Title: Doctor

Address: 3330 NW 2nd Ave

City: Ocala State/Zip: FL 34475

Phone Number: 352-425-5070 Meeting Date: 1/10/18

Committee/Subcommittee: Health Policy

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