



Health Quality Subcommittee

Monday, January 29, 2018
3:00 PM - 6:00 PM
Mashburn Hall (306 HOB)

Action Packet

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

Summary:

Health Quality Subcommittee

Monday January 29, 2018 03:00 pm

HB 291	Favorable With Committee Substitute	Yeas: 13	Nays: 0
	Amendment 355695 Adopted Without Objection		
HB 425	Favorable With Committee Substitute	Yeas: 14	Nays: 0
	Amendment 822687 Adopted Without Objection		
HB 657	Favorable With Committee Substitute	Yeas: 12	Nays: 0
	Amendment 223369 Adopted Without Objection		
HB 683	Favorable With Committee Substitute	Yeas: 9	Nays: 6
	Amendment 825687 Adopted	Yeas: 8	Nays: 7
HB 1165	Favorable With Committee Substitute	Yeas: 15	Nays: 0
	Amendment 974201 Adopted Without Objection		
HB 1185	Favorable	Yeas: 12	Nays: 0
HB 1337	Favorable With Committee Substitute	Yeas: 14	Nays: 0
	Amendment 260489 Adopted Without Objection		

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

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: Monday, January 29, 2018 7:28PM



HOUSE OF REPRESENTATIVES
COMMITTEE/SUBCOMMITTEE
ATTENDANCE ROLL CALL

The Committee/Subcommittee on Health Quality

met at 3:00 o'clock on 1/29/18 with the following attendance:

<u>Member</u>	<u>Present</u>	<u>Absent*</u>	<u>Excused</u>
Grant, Chair	/		
Asencio	/		
Burton	/		
Byrd	/		
Donalds	/		
Jones	/		
Mariano	/		
Massullo	/		
Mercado	/		
Newton	/		
Perez	/		
Pigman	/		
Plasencia	/		
Silvers	/		
Stevenson	/		

Grant, J.
Chair

*A member must be excused by Chair or Speaker. A member answering roll call is presumed "present" thereafter.

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 291 : Prescription Drug Donation Program

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: 13		Total Nays: 0			

HB 291 Amendments

Amendment 355695

Adopted Without Objection

Appearances:

Henderson, Jasmyne (Lobbyist) - Proponent

Florida Health Care Association

Attorney

1028 E Park Ave

Tallahassee FL 32308

Phone: (850) 216-1002

Baker, Steve (General Public) - Waive In Support

Polaris Pharmacy Services

Cheif Operating Officer

2900 NW 60th Street

Ft Lauderdale FL 33309

Phone: (850) 589-9747 xt 9023

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 1/29/18
 Place: 306 HOB
 Time: 3:00 - 6:00

Bill Number: 291
 Date Received: _____
 Date Reported: _____

Subject: Prescription Drug Donation Program

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	355695 Amendment 1							
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

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 425 : Physician Fee Sharing

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: 14		Total Nays: 0			

HB 425 Amendments

Amendment 822687

Adopted Without Objection

Appearances:

Christian, David (Lobbyist) - Waive In Support
Adventist Health/Florida Hospital
Director Government Relations
900 Hope Way
Altamonte Springs FL 32714
Phone: (407) 357-2493

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 1/29/18
 Place: 306 HOB
 Time: 3:00-6:00

Bill Number: 425
 Date Received: _____
 Date Reported: _____
 Subject: Physician Fee Sharing

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS	822687 Amendment 1							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
/		Asencio	Adopted No objection							
/		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
14	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 657 : Licensure of Internationally Trained Physicians

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: 12		Total Nays: 0			

HB 657 Amendments

Amendment 223369

Adopted Without Objection

Appearances:

Cuevas, Rene (General Public) - Proponent

Solidaridad Sin Fronteras (SSF)

5600 NE 4th Avenue Apt 803

Miami Florida 33137

Phone: (786) 294-7592

Orostegui, Iutzi (General Public) - Proponent

Solidaridad Sin Fronteras (SSF)

2327 Center Stone Lane

Riviera Beach Florida 33404

Phone: (561) 229-9026

Alfonso, Julio (General Public) - Waive In Support

Solidaridad Sin Fronteras (SSF)

6261 SW 157th Place

Miami Florida 33193

Phone: (786) 387-8484

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 657 : Licensure of Internationally Trained Physicians (continued)

Appearances: (continued)

Hernandez, Aracelys (General Public) - Waive In Support

Solidaridad Sin Fronteras (SSF)

1000 NW 1st Avenue Apt 1110

Miami Florida 33136

Phone: (786) 468 3317

Torrejon, Arianna (General Public) - Waive In Support

Solidaridad Sin Fronteras (SSF)

6261 SW 157th Place

Miami Florida 33193

Phone: (786) 387-0019

Martinez, Carlos (General Public) - Proponent

Solidaridad Sin Fronteras (SSF)

4550 NW 9th Street Apt 718

Miami Florida 33126

Phone: (786) 803-0132

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 1/29/18
 Place: 306 HOB
 Time: 3:00 - 6:00

Bill Number: 657
 Date Received: _____
 Date Reported: _____

Subject: Licensure of Internationally Trained Physicians

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS	L23364 Amendment 1							
Yea	Nay		Yea	Nays	Yea	Nays	Yea	Nays	Yea	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
12										



COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 683 : Dentistry

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: 9		Total Nays: 6			

HB 683 Amendments

Amendment 825687

Adopted

	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: 8		Total Nays: 7			

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 683 : Dentistry (continued)

Appearances:

Eason, Andrew (Lobbyist) - Waive In Opposition

Florida Dental Association

Executive Director

545 John Knox Rd

Tallahassee FL 32303

Phone: (850) 350-7109

Amendment 825687

Eason, Andrew (Lobbyist) - Waive In Opposition

Florida Dental Association

Executive Director

545 John Knox Rd

Tallahassee FL 32303

Phone: (850) 350-7109

Keeney, RDH, Janet (General Public) - Waive In Opposition

Self

Registered Dental Hygienist

630 Ball St

New Smyrna Beach FL 32168

Phone: (321) 277-6030

Amendment 825687

Keeney, RDH, Janet (General Public) - Opponent

Self

Registered Dental Hygienist

630 Ball St

New Smyrna Beach FL 32168

Phone: (321) 277-6030

D'Aiuto, DDS, Charles (General Public) - Waive In Opposition

Self

Dentist

503 North Causeway

New Smyrna Beach FL 32169

Phone: (321) 695-1775

Amendment 825687

D'Aiuto, DDS, Charles (General Public) - Opponent

Self

Dentist

503 North Causeway

New Smyrna Beach FL 32169

Phone: (321) 695-1775

Paramore, Dr. Jolene (General Public) - Waive In Opposition

Florida Dental Association

Dentist

2240 West 24th Street

Panama City FL 32405

Phone: (850) 769-8277

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 683 : Dentistry (continued)

Appearances: (continued)

Amendment 825687

Paramore, Dr. Jolene (General Public) - Opponent

Florida Dental Association

Dentist

2240 West 24th Street

Panama City FL 32405

Phone: (850) 769-8277

Garraway, DMD, Chinara (General Public) - Waive In Opposition

Self

General Dentist

1898 Raa Ave

Tallahassee FL 32303

Phone: (352) 219-2237

Amendment 825687

Garraway, DMD, Chinara (General Public) - Opponent

Self

General Dentist

1898 Raa Ave

Tallahassee FL 32303

Phone: (352) 219-2237

Hughes, Bertram (General Public) - Waive In Opposition

Self

Dentist

316 SW 16th Ave

Gainesville FL 32601

Phone: (352) 665-3587

Amendment 825687

Hughes, Bertram (General Public) - Opponent

Self

Dentist

316 SW 16th Ave

Gainesville FL 32601

Phone: (352) 665-3587

Ebert, Dr Suzanne (General Public) - Waive In Opposition

Self

Dentist

172 Garden Wood Dr

Ponte Verda FL 32081

Phone: (904) 545-5209

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 683 : Dentistry (continued)

Appearances: (continued)

Amendment 825687

Ebert, Dr Suzanne (General Public) - Opponent

Self

Dentist

172 Garden Wood Dr

Ponte Verda FL 32081

Phone: (904) 545-5209

Amendment 825687

Hart, Joe Ann (Lobbyist) - Opponent

Florida Dental Association

Chief Legislative Officer

118 E. Jefferson St.

Tallahassee FL 32301

Phone: (850) 224-1089

Hart, Joe Ann (Lobbyist) - Waive In Opposition

Florida Dental Association

Chief Legislative Officer

118 E. Jefferson St.

Tallahassee FL 32301

Phone: (850) 224-1089

Byrne, DMD, Susan (General Public) - Waive In Opposition

Self

Dentist

10135 Wadesboro Road

Tallahassee FL 32307

Phone: (850) 766-3048

Amendment 825687

Byrne, DMD, Susan (General Public) - Waive In Opposition

Self

Dentist

10135 Wadesboro Road

Tallahassee FL 32307

Phone: (850) 766-3048

Hunt, Brittney (Lobbyist) - Waive In Support

Florida Chamber of Commerce

136 S Bronough St

Tallahassee FL

Phone: (850) 521-1200

Smith, Becky (General Public) - Waive In Support

Florida Dental Hygienists' Association

14453 SW 137 PL

Miami Florida 33186

Phone: (305) 815-5599

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 683 : Dentistry (continued)

Appearances: (continued)

Zinser, Nancy (State Employee) - Proponent

Palm Beach State College

1 Aiden Court

Palm Beach Gardens Florida 33418

Phone: (561) 254-8728

Catalanotto, Frank (State Employee) - Proponent

Myself

10302 SW 23rd Avenue

Gainesville FL 32607

Phone: (352) 256-5909

Robinson, MD, Temple (General Public) - Proponent

Bond Community Health Center, Inc.

Chief Executive Officer

1720 S Gadsden St

Tallahassee FL 32301

Phone: (850) 591-5946

Nuzzo, Sal (General Public) - Proponent

The James Madison Institute

Vice President of Policy

100 N Duval St

Tallahassee FL 32301

Phone: (850) 322-9941

Lipson, Christopher (Lobbyist) - Proponent

The Pew Charitable Trusts

901 E St NW

Washington, DC 20004

Phone: (202) 540-6378

De La Rosa, Rebecca (Lobbyist) - Waive In Support

Palm Beach County

Legislative Affairs Director

301 N Olive Ave, 1101.3

West Palm Beach FL 33401

Phone: (850) 284-2235

Dransfield, DMD, Alan Dr. (General Public) - Waive In Opposition

Self

Dentist

3064 Hawks Landing Dr

Tallahassee FL 32389

Phone: (850) 510-4936

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 683 : Dentistry (continued)

Appearances: (continued)

Amendment 825687

Dransfield, DMD, Alan Dr. (General Public) - Waive In Opposition

Self

Dentist

3064 Hawks Landing Dr

Tallahassee FL 32389

Phone: (850) 510-4936

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 1/29/18
 Place: 300 HOB
 Time: 3:00-6:00

Bill Number 683
 Date Received: _____
 Date Reported: _____
 Subject: Dentistry

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS	825687 Amendment 1							
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
9	6		8	7						

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 1165 : Allocation of Trauma Centers

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 1165 Amendments

Amendment 974201

Adopted Without Objection

Appearances:

Ecenia, Steve (Lobbyist) - Proponent
HCA Healthcare
Attorney
P.O. Box 551
Tallahassee FL 32302
Phone: (850) 681-6788

Delegal, Mark (Lobbyist) - Opponent
Safety Net Hospital Alliance of Florida
General Counsel
315 South Calhoun St
Tallahassee FL 32301
Phone: (850) 425-5685

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 1165 : Allocation of Trauma Centers (continued)

Appearances: (continued)

Amendment 974201

Shoupe, Clinton (Lobbyist) - Opponent

BayCare

State Government Relations Manager

2985 Drew St

Clearwater FL 33759

Phone: (727) 519-1885

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 1/29/18
 Place: 306 HOB
 Time: 3:00 - 6:00

Bill Number: 1165
 Date Received: _____
 Date Reported: _____
 Subject: Allocation of Trauma Centers

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS	974201 Amendment 1							
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
15	0									

✓

Adopted w/o
objection

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 1185 : Use of Stem Cells in a Clinic Setting

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: 12		Total Nays: 0			

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 1/29/18
 Place: 306 HOB
 Time: 3:00 - 6:00

Bill Number: 1185
 Date Received: _____
 Date Reported: _____

Subject: Use of Stem Cell in a Clinic Setting

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
/		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
12	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 1337 : Nursing

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: 14		Total Nays: 0			

HB 1337 Amendments

Amendment 260489

Adopted Without Objection

Appearances:

Reilly, Andrea (Lobbyist) - Waive In Support
National Council of State Boards of Nursing
Consultant
311 E Park Ave
Tallahassee FL 32301
Phone: (850) 224-5081

Carvajal, Allison (Lobbyist) - Waive In Support
Florida Nurse Practitioner Network
Consultant
120 S Monroe St
Tallahassee FL 32301
Phone: (850) 727-7087

DeCastro, Martha (Lobbyist) - Waive In Support
Florida Hospital Association
Vice President for Nursing & Clinical Care Policy
306 E College Ave
Tallahassee FL 32301
Phone: (850) 222-9800

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 1337 : Nursing (continued)

Appearances: (continued)

Spencer, Chris (Lobbyist) - Waive In Support

Florida Nurses Association

Government Consultant

401 E Jackson St 2700

Tampa FL 33602

Phone: (813) 273-5000

Lyon, Chris (Lobbyist) - Waive In Support

FL Association of Nurse Anesthetists

Attorney

315 S. Calhoun St

Tallahassee FL 32301

Phone: (850) 222-5702

Floyd, Chris (Lobbyist) - Waive In Support

FL Association of Nurse Practitioners

Consultant

101 E College Ave, Ste 302

Tallahassee FL 32301

Phone: (813) 624-5117

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

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

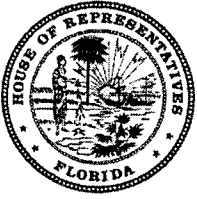
Committee/Subcommittee: Health Quality
 Meeting Date: 11/29/17
 Place: 306 HOB
 Time: 3:00 - 6:00

Bill Number: 1337
 Date Received: _____
 Date Reported: _____
 Subject: Nursing

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS	260489 Amendment 1								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	
/		Asencio	Adopted w/ 05' section								
/		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	
14	0										



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: 291
Amendment Number: []

Name: Jarmyne Henderson

Representing: Florida Health Care Association

Title: Attorney

Address: 1028 East Park Avenue

City: Tallahassee State/Zip: Florida 32308

Phone Number: (950) 216-1002 Meeting Date: 11/29/18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic:

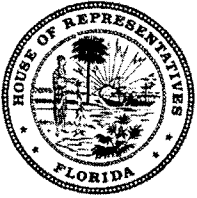
Registered Lobbyist: YES [checked] NO []
State Employee: YES [] NO []

- 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 [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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	<u>291</u>		
Amendment Number:	_____		

Name: Steve Baker

Representing: Pdacs Pharmaco Services

Title: Chief Operating Officer

Address: 2900 NW 60th St.

City: Fort Lauderdale State/Zip: FL, 33309

Phone Number: 800-589-9747 ext. 9023 Meeting Date: 1/29/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

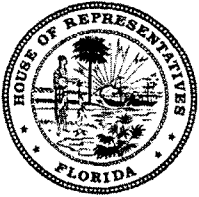
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number: <u>425</u>			
Amendment Number: <u>822687</u>			

Name: David Christian

Representing: Adventist Health / Florida Hospital

Title: Director - Gov't Relations

Address: 900 Hope Way

City: Altamonte Springs State/Zip: FL 32714

Phone Number: 407/357-2493 Meeting Date: 1/28/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Fee Splitting

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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

did not speak



76258169



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 657 : Licensure of Internationally Trained Physicians Amendment: N/A
--

Name: **Cuevas, Rene**

Representing: **Solidaridad Sin Fronteras (SSF)**

Title:

Address: **5600 NE 4th Avenue, Apt 803**

City: **Miami** State/Zip: **Florida 33137**

Phone Number: **7862947592** Meeting Date: **January 29, 2018 3:00 PM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **N/A**

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

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



73113580



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 657 : Licensure of Internationally Trained Physicians Amendment: N/A
--

Name: Alfonso, Julio

Representing: Solidaridad Sin Fronteras (SSF)

Title:

Address: 6261 SW 157th Place

City: Miami State/Zip: Florida 33193

Phone Number: 7863878484 Meeting Date: January 29, 2018 3:00 PM

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: N/A

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

<u>Bill</u> Waive In Support
<u>Amendment</u> N/A

Waive in support



18144639



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 657 : Licensure of Internationally Trained Physicians Amendment: N/A
--

Name: **Orostegui, Iutzi**

Representing: **Solidaridad Sin Fronteras (SSF)**

Title:

Address: **2327 Center Stone Lane**

City: **Riviera Beach** State/Zip: **Florida 33404**

Phone Number: **5612299026** Meeting Date: **January 29, 2018 3:00 PM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **N/A**

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

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



13887927



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 657 : Licensure of Internationally Trained Physicians Amendment: N/A
--

Name: **Hernandez, Aracelys**

Representing: **Solidaridad Sin Fronteras (SSF)**

Title:

Address: **1000 NW 1st Avenue, Apt 1110**

City: **Miami** State/Zip: **Florida 33136**

Phone Number: **7864683317** Meeting Date: **January 29, 2018 3:00 PM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **N/A**

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

<u>Bill</u>
Waive In Support
<u>Amendment</u>
N/A

Waive in support



98191816



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 657 : Licensure of Internationally Trained Physicians Amendment: N/A
--

Name: **Torrejon, Arianna**

Representing: **Solidaridad Sin Fronteras (SSF)**

Title:

Address: **6261 SW 157th Place**

City: **Miami** State/Zip: **Florida 33193**

Phone Number: **7863870019** Meeting Date: **January 29, 2018 3:00 PM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **N/A**

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

<u>Bill</u>
Waive In Support
<u>Amendment</u>
N/A

Waive in support



38639610



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 657 : Licensure of Internationally Trained Physicians Amendment: N/A
--

Name: **Martinez, Carlos**

Representing: **Solidaridad Sin Fronteras (SSF)**

Title:

Address: **4550 NW 9th Street, Apt 718**

City: **Miami** State/Zip: **Florida 33126**

Phone Number: **7868030132** Meeting Date: **January 29, 2018 3:00 PM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **N/A**

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

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



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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>683</u>	
Amendment Number: <u>825687</u>	

Name: Andrew Eason

Representing: Florida Dental Association

Title: Executive Director

Address: 545 John Knox Rd

City: Tallahassee State/Zip: FL 32303

Phone Number: 850 350 7109 Meeting Date: 1/29/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dentistry

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 opp



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		683	
Amendment Number:		_____	

Name: Andrew Eason

Representing: Florida Dental Association

Title: Executive Director

Address: 545 John Knox Rd.

City: Tallahassee State/Zip: FL 32303

Phone Number: 850 350 7109 Meeting Date: 11/25/12

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dentistry

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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

Waive in 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>683</u>	
Amendment Number: _____	

Name: Janet Keeney RDH

Representing: Self

Title: Registered Dental Hygienist

Address: 630 Ball St

City: New Smyrna Beach State/Zip: FL 32168

Phone Number: 321-277-6030 Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dentistry

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

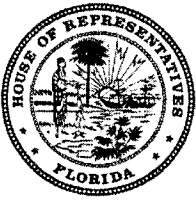
Lobbyist Appearance form submitted online

(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 opposition



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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number:	<u>683</u>
Amendment Number:	<u>825687</u>

Name: Janet Keeney RDH

Representing: SELF

Title: Registered Dental Hygienist

Address: 630 Ball St

City: New Smyrna Beach State/Zip: FL 32168

Phone Number: 321-277-6030 Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dentistry

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>683</u>	
Amendment Number: _____	

Name: CHARLES WILLIAM D'Asuto DDS

Representing: SELF

Title: Dentist

Address: 503 North Causeway

City: New Smyrna Beach State/Zip: FL 32169

Phone Number: 321-695-1775 Meeting Date: 1/29/18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Dentistry

Registered Lobbyist: YES NO

State Employee: YES NO

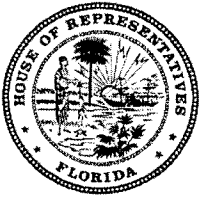
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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 opposition



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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>683</u>	
Amendment Number: <u>825687</u>	

Name: Charles William D'Auteuas

Representing: Self

Title: Dentist

Address: 503 North Causeway

City: New Smyrna Beach State/Zip: 32169

Phone Number: 321-695-1775 Meeting Date: 1/29/18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Dentistry

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 opp



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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>683</u>	
Amendment Number: <u>825687</u>	

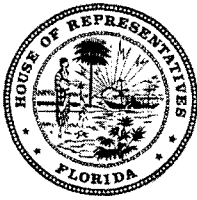
Name: Jolene Paramore, DMD
 Representing: Florida Dental Association
 Title: Dentist
 Address: 2240 W 24 ST
 City: Panama City State/Zip: FL 32405
 Phone Number: 8507698277 Meeting Date: 1/29/18
 Committee/Subcommittee: Health Quality Subcommittee
 Presentation/Workshop Topic: Dentistry

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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>683</u>	
Amendment Number: _____	

Name: Jolene Paramore, DMD

Representing: Florida Dental Association

Title: Dentist

Address: 2240 W 24th St

City: Panama City State/Zip: FL 32405

Phone Number: 850-769-8277 Meeting Date: 1/29/18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Dentistry

Registered Lobbyist: YES NO

State Employee: YES NO

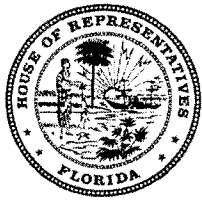
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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 opp



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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>683</u>	
Amendment Number: <u>825657</u>	

Name: CHINARA GARRAWAY DMD

Representing: SELF

Title: GENERAL DENTIST

Address: 1898 RAA AVE

City: TALLAHASSEE State/Zip: FL 32303

Phone Number: (352) 219-2237 Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dentistry

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/PCB Number: 683
Amendment Number:
Bill [X] Amendment []

Name: CHINARA GARRAWAY DMD

Representing: SELF

Title: GENERAL DENTIST

Address: 1898 RAA AVE

City: TALLA HASSEE State/Zip: FL 32303

Phone Number: (352) 219-2237 Meeting Date:

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dentistry

Registered Lobbyist: YES [] NO [X]

State Employee: YES [] NO [X]

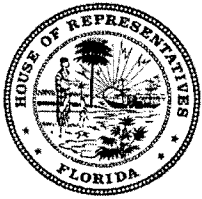
- I wish to speak [X]
Appearing in response to an inquiry for information made by member, committee, or staff []
Appearing in response to subpoena []
Appearing at the written request of the chair []
Judge or elected officer appearing in official capacity []
Lobbyist Appearance form submitted online []

(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 []

waiver in opt



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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>683</u>	
Amendment Number: <u>825687</u>	

Name: DR. Bertram Hughes

Representing: ~~Florida~~ Self

Title: Dentist

Address: 316 SW 16th Ave

City: Gainesville State/Zip: FL 32601

Phone Number: 352 665 3587 Meeting Date: _____
378 3323

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Dentistry

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>HB 683</u>	
Amendment Number: <u>HB 683</u>	

Name: Dr. Bertram Hughes

Representing: SELF

Title: Dentist

Address: 316 SW 16th Ave

City: Gainesville State/Zip: FL 32601

Phone Number: ~~352 665 3587~~ 352 665 3587 Meeting Date: _____

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Dentistry

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 opp



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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>683</u>	
Amendment Number: <u>825687</u>	

Name: Dr. SUZANNE Ebert

Representing: Self

Title: Dentist

Address: 172 Garden Wood Dr

City: Ponte Vedra State/Zip: FL 32081

Phone Number: 904-545-5209 Meeting Date: _____

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Dentistry

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>683</u>	
Amendment Number: _____	

Name: Dr. Suzanne Ebert

Representing: Self

Title: Dentist

Address: 172 Garden Wood Dr

City: Ponte Vedra State/Zip: FL 32081

Phone Number: 904-545-5209 Meeting Date: 1-29-18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Dentistry

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 opp



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	683		
Amendment Number:	825687		

Name: Joe Anne Hart

Representing: Florida Dental Association

Title: Chief Legislative Officer

Address: 118 E. Jefferson Street

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 224-1089 Meeting Date: 1/29/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dentistry

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 683</u>	
Amendment Number: _____	

Name: Joe Anne Hart

Representing: Florida Dental Association

Title: Chief Legislative Officer

Address: 118 E. Jefferson Street

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-1089 Meeting Date: 1/29/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dentistry

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 opp



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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>683</u>	
Amendment Number: <u>825687</u>	

Name: Susan M Byrne D.M.D.

Representing: Self

Title: Dentist

Address: 10135 wadesboro Road

City: Tallahassee State/Zip: FL 32307

Phone Number: 850-766-3048 Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dentistry

Registered Lobbyist: YES NO

State Employee: YES NO

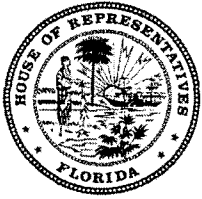
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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 opp



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>683</u>	
Amendment Number: _____	

Name: Susan M Byrne D.M.D.

Representing: Self

Title: Dentist

Address: 10135 Wadesboro Road

City: Tallahassee State/Zip: FL 32317

Phone Number: 850-877-0513 Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dentistry

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

wait in op



95431961



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: 0683 : Dentistry Amendment: N/A
--

Name: **Brittney Hunt**

Representing: **Florida Chamber of Commerce**

Title:

Address: **136 S Bronough St**

City: **Tallahassee**

State/Zip: **FL**

Phone Number: **(850) 521-1200**

Meeting Date: **January 29, 2018 3:00 PM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **N/A**

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

<u>Bill</u>
Waive In Support
<u>Amendment</u>
N/A

Waive in support



94311116



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: 0683 : Dentistry Amendment: N/A
--

Name: **Becky Smith**

Representing: **Florida Dental Hygienists' Association**

Title:

Address: **14453 SW 137 PL**

City: **Miami** State/Zip: **Florida 33186**

Phone Number: **3058155599** Meeting Date: **January 29, 2018 3:00 PM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **Dental therapists**

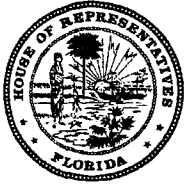
- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance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

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

Waive in support



64417950



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 683 : Dentistry Amendment: N/A
--

Name: **Zinser, Nancy**

Representing: **Palm Beach State College**

Title: **Associate Dean Health Sciences**

Address: **1 Aiden Court**

City: **Palm Beach Gardens** State/Zip: **Florida 33418**

Phone Number: **561-254-8728** Meeting Date: **January 29, 2018 3:00 PM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **N/A**

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

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



26528353



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: 0683 : Dentistry Amendment: N/A
--

Name: **Frank Catalanotto**

Representing: **Myself**

Title:

Address: **10302 SW 23rd Avenue**

City: **Gainesville**

State/Zip:

FL 32607

Phone Number: **352-256-5909**

Meeting Date:

January 29, 2018 3:00 PM

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **Why I support dental therapy**

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



98171630



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 683 Amendment: N/A

Name: **Robinson, MD, Temple**

Representing: **Bond Community Health Center, Inc.**

Title: **Chief Executive Officer**

Address: **1720 South Gadsden Street**

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

Phone Number: **850-591-5946** Meeting Date: **January 29, 2018 3:00 PM**

Committee/Subcommittee: **Health Quality Subcommittee**

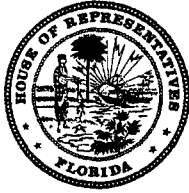
Presentation/Workshop Topic: **Other Business : HB 683**

- 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



15590668



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 683 Amendment: N/A
--

Name: **nuzzo, sal**

Representing: **the james madison institute**

Title: **vice president of policy**

Address: **100 north duval street**

City: **tallahassee** State/Zip: **fl 32301**

Phone Number: **8503229941** Meeting Date: **January 29, 2018 3:00 PM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **Other Business**

- 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



LOBBYIST HOUSE APPEARANCE RECORD

To manually submit this form, please print or type and email as an attachment to: LobbyistDisclosure@myfloridahouse.gov

Please use this form only if:

1. You are unable to log in to the Lobbyist Disclosure & Information page.
2. You do not see a principal listed that you are registered to represent.
3. You are having other technical problems with the online version of the Lobbyist House Appearance Record form.

If you need assistance with this form or have any other questions regarding the House lobbyist disclosure rules and guidelines, please contact the House Public Integrity & Ethics Committee at 850-717-4881 or LobbyistDisclosure@myfloridahouse.gov

Lobbyist Name:	Christopher Lipson
Lobbying Firm(s):	N/A
Principal(s):	The Pew Charitable Trusts
Issue Category:	
Issue Discussion Description:	The need for dental therapy in Florida.
Legislative Session:	2018
Bill Number (if Applicable): <input checked="" type="checkbox"/> Did you request the introduction of the bill?	HB 683
Companion Bill:	SB 1488
Amendment (Name/#): <input type="checkbox"/> Did you request the introduction of the amendment(s)?	

Note: Committee amendments to filed bills and proposed bills are listed as a topic. For example: PCB APP16-01.

PropONENT



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 683</u>	
Amendment Number: _____	

Name: Rebecca DeLaRosa

Representing: Palm Beach County

Title: Legislative Affairs Director

Address: 304 N Olive Ave., 1101.3

City: West Palm Beach State/Zip: FL 33401

Phone Number: 888.284.7235 Meeting Date: 1/29/18

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

Waiving in support

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only

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>683</u>	
Amendment Number: _____	

Name: DR ALAN BRANFIELD DMD

Representing: SELF

Title: DENTIST

Address: 3064 HAWKES LANDING DR

City: TALLAHASSEE State/Zip: FL 32309

Phone Number: 850 510 4936 Meeting Date: 1/29/2016

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dentistry

Registered Lobbyist: YES NO

State Employee: YES NO

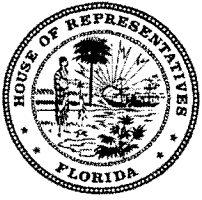
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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

write in opp



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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>683</u>	
Amendment Number: 825687 <u>825687</u>	

Name: Dr. Alan Dransfield, DMD

Representing: SELF

Title: DENTIST

Address: 7064 HAWKS LAWN DR

City: TALLAHASSEE State/Zip: FL 32309

Phone Number: 850 510 4936 Meeting Date: 1/29/2018

Committee/Subcommittee: House Health Quality

Presentation/Workshop Topic: Dentistry

Registered Lobbyist: YES NO

State Employee: YES NO

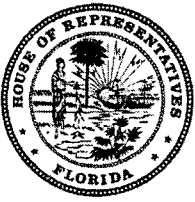
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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 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:		300 1165	
Amendment Number:		_____	

Name: Steve Ecenia

Representing: HCA

Title: Attorney

Address: P.O. Box 551

City: Tallahassee State/Zip: Fl 32302

Phone Number: 850-681-6788 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



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: HB1165
 Amendment Number: _____

Name: Mark Delegal
 Representing: SatchelNet Hospital Alliance of FL
 Title: General Counsel
 Address: 315 South Calhoun St., Suite 600
 City: Tallahassee State/Zip: FL 32301
 Phone Number: 850-425-5685 Meeting Date: 1-29-2018
 Committee/Subcommittee: Health Quality Subcommittee
 Presentation/Workshop Topic: TRAUMA

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1165</u>	
Amendment Number: <u>DE 174201</u>	

Name: Clint Shouppe

Representing: BayCare

Title: State Govt Relations Manager

Address: 2985 Drew Street

City: Clearwater State/Zip: FL 33759

Phone Number: 727-519-1885 Meeting Date: 1/29/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: 1165

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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1337</u>			
Amendment Number: _____			

Name: Andrea Reilly

Representing: National Council of State Boards of Nursing

Title: Consultant

Address: 311 E Park Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-5081 Meeting Date: 1-29-18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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

0:1 WUC 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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		1337	
Amendment Number:		_____	

Name: Allison Carvajal (CAR-VA-HALL)

Representing: Florida Nurse Practitioner Network

Title: Consultant

Address: 120 S. Monroe St.

City: TALL. State/Zip: FL, 32301

Phone Number: 727-7087 Meeting Date: 1-29-18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Nurse Practitioners

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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

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/PCS/PCB Number: HB 1337
Amendment Number:
Bill [checked] Amendment []

Name: MARTHA DeCASTRO

Representing: FLORIDA Hospital Association

Title: VICE President for Nursing & Clinical Care Policy

Address: 304 E. College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 222 9800 Meeting Date: 1-29-18

Committee/Subcommittee: House Health Equity Subcommittee

Presentation/Workshop Topic: Nursing

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 []

(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 Amendment
Bill/PCS/PCB Number: 1337
Amendment Number: _____

Name: Chris Spencer
Representing: Florida Nurses Association
Title: Government Consultant
Address: 401 E. Jackson Street
City: Tampa State/Zip: FL
Phone Number: 813 273 5000 Meeting Date: 1/29/18
Committee/Subcommittee: Health Quality Subcommittee
Presentation/Workshop Topic: SB 1337

Registered Lobbyist: YES [X] NO []
State Employee: YES [] NO [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 [] Waive in Support [X] Waive in Opposition [] Info only []
Amendment: Proponent [] Opponent [] Waive in Support [] Waive in Opposition [] 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>1337</u>			
Amendment Number: _____			

Name: Chris Lyon

Representing: FL Assn. of Nurse Anesthetists

Title: Attorney

Address: 315 S. Calhoun St

City: Tall State/Zip: 32301

Phone Number: 850 222 5702 Meeting Date: 1/29/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only

VOICE 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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1377</u>			
Amendment Number: _____			

Name: Chris Floyd

Representing: FL Assoc of Nurse Practitioners

Title: Consultant

Address: 101 E. College Ave. Ste. 302

City: Tallahassee State/Zip: FL

Phone Number: 813-624-5117 Meeting Date: _____

Committee/Subcommittee: HQ

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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

Waive in support