



Health & Human Services Committee

Thursday, January 16, 2020
12:30 PM – 2:00 PM
Morris Hall (17 HOB)

Action Packet

Jose Oliva
Speaker

Ray Rodrigues
Chair

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/16/2020 12:30PM

Location: Morris Hall (17 HOB)

Summary:

Health & Human Services Committee

Thursday January 16, 2020 12:30 pm

| | | | |
|-----------|--|----------|---------|
| CS/HB 61 | Favorable With Committee Substitute | Yeas: 17 | Nays: 0 |
| | Amendment 539093 Adopted Without Objection | | |
| CS/HB 177 | Favorable | Yeas: 17 | Nays: 0 |
| CS/HB 197 | Favorable | Yeas: 17 | Nays: 0 |
| HB 1189 | Favorable | Yeas: 17 | Nays: 0 |

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/16/2020 12:30PM

Location: Morris Hall (17 HOB)

Attendance:

| | <i>Present</i> | <i>Absent</i> | <i>Excused</i> |
|-----------------------|----------------|---------------|----------------|
| Ray Rodrigues (Chair) | X | | |
| Kamia Brown | X | | |
| Colleen Burton | X | | |
| John Cortes | X | | |
| Nick DiCeglie | X | | |
| Nicholas Duran | X | | |
| Joy Goff-Marcil | X | | |
| Michael Grant | X | | |
| Shevrin Jones | X | | |
| Thomas Leek | | | X |
| MaryLynn Magar | X | | |
| Cary Pigman | X | | |
| Scott Plakon | X | | |
| Mel Ponder | X | | |
| Spencer Roach | X | | |
| Emily Slosberg | X | | |
| Cyndi Stevenson | X | | |
| Clay Yarborough | X | | |
| Totals: | 17 | 0 | 1 |

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/16/2020 12:30PM

Location: Morris Hall (17 HOB)

CS/HB 61 : Adoption Benefits

Favorable With Committee Substitute

| | <i>Yea</i> | <i>Nay</i> | <i>No Vote</i> | <i>Absentee Yea</i> | <i>Absentee Nay</i> |
|-----------------------|------------|----------------------|----------------|-------------------------|-------------------------|
| Kamia Brown | X | | | | |
| Colleen Burton | X | | | | |
| John Cortes | X | | | | |
| Nick DiCeglie | X | | | | |
| Nicholas Duran | X | | | | |
| Joy Goff-Marcil | X | | | | |
| Michael Grant | X | | | | |
| Shevrin Jones | X | | | | |
| Thomas Leek | | | X | | |
| MaryLynn Magar | X | | | | |
| Cary Pigman | X | | | | |
| Scott Plakon | X | | | | |
| Mel Ponder | X | | | | |
| Spencer Roach | X | | | | |
| Emily Slosberg | X | | | | |
| Cyndi Stevenson | X | | | | |
| Clay Yarborough | X | | | | |
| Ray Rodrigues (Chair) | X | | | | |
| Total Yeas: 17 | | Total Nays: 0 | | | |

CS/HB 61 Amendments

Amendment 539093

Adopted Without Objection

Appearances:

Pound, Greg (General Public) - Opponent

Florida Families
 9166 Sunrise Dr
 Largo FL 33773

Abramowitz, Alan (Lobbyist) (State Employee) - Waive In Support

Guardian Ad Litem Program
 Executive Director
 600 S Calhoun
 Tallahassee FL
 Phone: (850) 241-3232

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

| | | |
|-----------------------|---------------|-------|
| ADOPTED | <u> </u> | (Y/N) |
| ADOPTED AS AMENDED | <u> </u> | (Y/N) |
| ADOPTED W/O OBJECTION | <u> Y </u> | (Y/N) |
| FAILED TO ADOPT | <u> </u> | (Y/N) |
| WITHDRAWN | <u> </u> | (Y/N) |
| OTHER | | |

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Roth offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Section 409.1664, Florida Statutes, is amended
 8 to read:

9 409.1664 Adoption benefits for qualifying adoptive
 10 employees of state agencies, veterans, and servicemembers.-

11 (1) As used in this section, the term:

12 (a) "Child within the child welfare system" has the same
 13 meaning as provided in s. 409.166.

14 (b) "Qualifying adoptive employee" means a full-time or
 15 part-time employee of a state agency, a charter school
 16 established under s. 1002.33, or the Florida Virtual School

Amendment No. 1

17 established under s. 1002.37, who is not an independent
18 contractor paid from regular salary appropriations, or otherwise
19 meets his or her employer's definition of a regular rather than
20 temporary employee, and who adopts a child within the child
21 welfare system pursuant to chapter 63 on or after July 1, 2015.
22 The term includes instructional personnel, as defined in s.
23 1012.01, who are employed by the Florida School for the Deaf and
24 the Blind, and includes other-personal-services employees who
25 have been continuously employed full time or part time by a
26 state agency for at least 1 year.

27 (c) "Servicemember" has the same meaning as in s.
28 250.01(19).

29 (d) "State agency" means a branch, department, or agency
30 of state government for which the Chief Financial Officer
31 processes payroll requisitions, a state university or Florida
32 College System institution as defined in s. 1000.21, a school
33 district unit as defined in s. 1001.30, or a water management
34 district as defined in s. 373.019.

35 (e) "Veteran" has the same meaning as in s. 1.01(14).

36 (2) A qualifying adoptive employee, veteran, or
37 servicemember who adopts a child within the child welfare system
38 who has special needs described in s. 409.166(2)(a)2. is
39 eligible to receive a lump-sum monetary benefit in the amount of
40 \$10,000 per such child, subject to applicable taxes. A
41 qualifying adoptive employee, veteran, or servicemember who

539093 - h0061-strike.docx

Published On: 1/15/2020 6:05:19 PM

Amendment No. 1

42 adopts a child within the child welfare system who does not have
43 special needs described in s. 409.166(2)(a)2. is eligible to
44 receive a lump-sum monetary benefit in the amount of \$5,000 per
45 such child, subject to applicable taxes. A qualifying adoptive
46 employee of a charter school or the Florida Virtual School may
47 retroactively apply for the monetary benefit provided in this
48 subsection if such employee was employed by a charter school or
49 the Florida Virtual School when he or she adopted a child within
50 the child welfare system pursuant to chapter 63 on or after July
51 1, 2015. A veteran or servicemember may apply for the monetary
52 benefit provided in this subsection if he or she is domiciled in
53 this state and adopts a child within the child welfare system
54 pursuant to chapter 63 on or after July 1, 2020.

55 (a) Benefits paid to a qualifying adoptive employee who is
56 a part-time employee must be prorated based on the qualifying
57 adoptive employee's full-time equivalency at the time of
58 applying for the benefits.

59 (b) Monetary benefits awarded under this subsection are
60 limited to one award per adopted child within the child welfare
61 system.

62 (c) The payment of a lump-sum monetary benefit for
63 adopting a child within the child welfare system under this
64 section is subject to a specific appropriation to the department
65 for such purpose.

Amendment No. 1

66 (3) A qualifying adoptive employee must apply to his or
67 her agency head, or to his or her school director in the case of
68 a qualifying adoptive employee of a charter school or the
69 Florida Virtual School, to obtain the monetary benefit provided
70 in subsection (2). A veteran or servicemember must apply to the
71 department to obtain the benefit. Applications must be on forms
72 approved by the department and must include a certified copy of
73 the final order of adoption naming the applicant as the adoptive
74 parent. Monetary benefits shall be approved on a first-come,
75 first-served basis based upon the date that each fully completed
76 application is received by the department.

77 (4) This section does not preclude a qualifying adoptive
78 employee, veteran, or servicemember from receiving adoption
79 assistance for which he or she may qualify under s. 409.166 or
80 any other statute that provides financial incentives for the
81 adoption of children.

82 (5) Parental leave for a qualifying adoptive employee must
83 be provided in accordance with the personnel policies and
84 procedures of his or her employer.

85 (6) The department may adopt rules to administer this
86 section. The rules may provide for an application process such
87 as, but not limited to, an open enrollment period during which
88 qualifying adoptive employees, veterans, or servicemembers may
89 apply for monetary benefits under this section.

Amendment No. 1

90 (7) The Chief Financial Officer shall disburse a monetary
91 benefit to a qualifying adoptive employee upon the department's
92 submission of a payroll requisition. The Chief Financial Officer
93 shall transfer funds from the department to a state university,
94 a Florida College System institution, a school district unit, a
95 charter school, the Florida Virtual School, or a water
96 management district, as appropriate, to enable payment to the
97 qualifying adoptive employee through the payroll systems as long
98 as funds are available for such purpose.

99 (8) To receive an approved monetary benefit under this
100 section, a veteran or servicemember must be registered as a
101 vendor with the state.

102 (9) Each state agency shall develop a uniform procedure
103 for informing employees about this benefit and for assisting the
104 department in making eligibility determinations and processing
105 applications. Any procedure adopted by a state agency is valid
106 and enforceable if the procedure does not conflict with the
107 express terms of this section.

108 Section 2. This act shall take effect July 1, 2020.

110 -----
111 **T I T L E A M E N D M E N T**

112 Remove everything before the enacting clause and insert:

113 A bill to be entitled

Amendment No. 1

114 An act relating to adoption benefits; amending s.
115 409.1664, F.S.; revising the definition of the term
116 "qualifying adoptive employee" and providing for
117 retroactive application; defining the terms
118 "servicemember" and "veteran"; providing that adoptive
119 servicemembers and veterans are eligible to receive
120 certain monetary benefits; specifying eligibility
121 criteria; requiring servicemembers and veterans
122 seeking a benefit to apply to the Department of
123 Children and Families; revising construction;
124 providing for applicability of certain department
125 rules to servicemembers and veterans; requiring
126 servicemembers and veterans seeking a benefit to be
127 registered as a vendor with the state; providing an
128 effective date.

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/16/2020 12:30PM

Location: Morris Hall (17 HOB)

CS/HB 61 : Adoption Benefits (continued)

Appearances: (continued)

Bishop III, Barney (Lobbyist) - Waive In Support

Florida Smart Justice Alliance

CEO

2215 Thomasville Rd Ste 201

Tallahassee F 32308-0737

Phone: (850) 510-9922

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/16/2020 12:30PM

Location: Morris Hall (17 HOB)

CS/HB 177 : Prescription Drug Donation Repository Program

Favorable

| | <i>Yea</i> | <i>Nay</i> | <i>No Vote</i> | <i>Absentee Yea</i> | <i>Absentee Nay</i> |
|-----------------------|------------|----------------------|----------------|-------------------------|-------------------------|
| Kamia Brown | X | | | | |
| Colleen Burton | X | | | | |
| John Cortes | X | | | | |
| Nick DiCeglie | X | | | | |
| Nicholas Duran | X | | | | |
| Joy Goff-Marcil | X | | | | |
| Michael Grant | X | | | | |
| Shevrin Jones | X | | | | |
| Thomas Leek | | | X | | |
| MaryLynn Magar | X | | | | |
| Cary Pigman | X | | | | |
| Scott Plakon | X | | | | |
| Mel Ponder | X | | | | |
| Spencer Roach | X | | | | |
| Emily Slosberg | X | | | | |
| Cyndi Stevenson | X | | | | |
| Clay Yarborough | X | | | | |
| Ray Rodrigues (Chair) | X | | | | |
| Total Yeas: 17 | | Total Nays: 0 | | | |

Appearances:

Steward, Dawn (Lobbyist) - Waive In Support
 2130 Blossom Ln
 Winter Park FL 32789
 Phone: (407) 645-0273

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/16/2020 12:30PM

Location: Morris Hall (17 HOB)

CS/HB 197 : Servicemembers Civil Relief Act

Favorable

| | <i>Yea</i> | <i>Nay</i> | <i>No Vote</i> | <i>Absentee Yea</i> | <i>Absentee Nay</i> |
|-----------------------|------------|----------------------|----------------|-------------------------|-------------------------|
| Kamia Brown | X | | | | |
| Colleen Burton | X | | | | |
| John Cortes | X | | | | |
| Nick DiCeglie | X | | | | |
| Nicholas Duran | X | | | | |
| Joy Goff-Marcil | X | | | | |
| Michael Grant | X | | | | |
| Shevrin Jones | X | | | | |
| Thomas Leek | | | X | | |
| MaryLynn Magar | X | | | | |
| Cary Pigman | X | | | | |
| Scott Plakon | X | | | | |
| Mel Ponder | X | | | | |
| Spencer Roach | X | | | | |
| Emily Slosberg | X | | | | |
| Cyndi Stevenson | X | | | | |
| Clay Yarborough | X | | | | |
| Ray Rodrigues (Chair) | X | | | | |
| Total Yeas: 17 | | Total Nays: 0 | | | |

Appearances:

Brower, Candice (Lobbyist) (State Employee) - Waive In Support
 Offices of Criminal Conflict & Civil Regional Counsel
 Regional Counsel 1st DCA Region
 227 N. Bronough St Ste 1125
 Tallahassee FL 32301
 Phone: 352-681-0293

Abramowitz, Alan (Lobbyist) (State Employee) - Waive In Support
 Guardian Ad Litem Program
 Executive Director
 600 S Calhoun
 Tallahassee FL 32399
 Phone: (850) 241-3232

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/16/2020 12:30PM

Location: Morris Hall (17 HOB)

HB 1189 : Genetic Information for Insurance Purposes

Favorable

| | <i>Yea</i> | <i>Nay</i> | <i>No Vote</i> | <i>Absentee Yea</i> | <i>Absentee Nay</i> |
|-----------------------|------------|----------------------|----------------|-------------------------|-------------------------|
| Kamia Brown | X | | | | |
| Colleen Burton | X | | | | |
| John Cortes | X | | | | |
| Nick DiCeglie | X | | | | |
| Nicholas Duran | X | | | | |
| Joy Goff-Marcil | X | | | | |
| Michael Grant | X | | | | |
| Shevrin Jones | X | | | | |
| Thomas Leek | | | X | | |
| MaryLynn Magar | X | | | | |
| Cary Pigman | X | | | | |
| Scott Plakon | X | | | | |
| Mel Ponder | X | | | | |
| Spencer Roach | X | | | | |
| Emily Slosberg | X | | | | |
| Cyndi Stevenson | X | | | | |
| Clay Yarborough | X | | | | |
| Ray Rodrigues (Chair) | X | | | | |
| Total Yeas: 17 | | Total Nays: 0 | | | |

Appearances:

Joos, Thomas (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
 Moffitt Cancer Center
 108 E Jefferson St 4052 Bald Cypress Way Bin A00
 Tallahassee FL
 Phone: (321) 439-0766

Ryan, Joy (Lobbyist) - Waive In Opposition
 Florida Insurance Council
 300 S. Duval Street #410
 Tallahassee FL 32303
 Phone: (850) 425-4000

Leonard, Curtis (Lobbyist) - Opponent
 American Council of Life Insurers
 Regional V.P., Government Affairs
 150 S Monroe St Ste 206
 Tallahassee FL 32301
 Phone: (850) 386-6668

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/16/2020 12:30PM

Location: Morris Hall (17 HOB)

HB 1189 : Genetic Information for Insurance Purposes (continued)

Appearances: (continued)

Nuzzo, Sal (General Public) - Waive In Opposition

The James Madison Institute

VP Policy

100 N Duval

Tallahassee FL 32301

Phone: (850) 322-9941

Holroyd, Robert (Lobbyist) - Waive In Support

Florida Association of Genetic Counselors

110 Southeast 6th Street Fifteenth Floor

Fort Lauderdale FL 33301

Phone: (954) 803-0231

Stewart, Amanda (General Public) - Waive In Support

Johns Hopkins All Children's Hospital

21748 State Road 54 Suite 101

Lutz FL 33549

Phone: (813) 345-4104

Fernandez, Ivonne (Lobbyist) - Waive In Support

AARP

Associate State Director

625 S Monroe Street #603

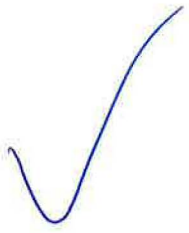
Tallahassee FL

Phone: 954-850-7262



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>61</u> | | | |
| Amendment Barcode Number: _____ | | | |

Name: Greyound

Representing: Florida Families

Title: _____

Address: 9166 Sunrise

City: Largo

State/Zip: Fl. 33773

Phone Number: _____

Meeting Date: 1/16/20

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 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.

W/S

Bill Amendment

Bill/PCS/PCB Number: HS 61

Amendment Barcode Number: _____

Name: ALAN ABRAMOWITZ

Representing: GAL Program

Title: Executive Director

Address: 600 S. CALHOUN

City: TALLAHASSEE State/Zip: FL 32399

Phone Number: 850.241.3232 Meeting Date: 1/16/20

Committee/Subcommittee: HH5

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



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W/S



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: CS/HB 177 : Prescription Drug Donation Repository Program Amendment Barcode Number: N/A |
|--|

Name: Barney Bishop III, ~~Barney~~

Representing: **Florida Smart Justice Alliance**

Title: **CEO**

Address: **2215 Thomasville Road**

City: **Tallahassee** State/Zip: **FL 32308**

Phone Number: **8505109922** Meeting Date: **January 16, 2020 12:30 PM**

Committee/Subcommittee: **Health & Human Services Committee**

Presentation/Workshop Topic: **Social Services**

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill Amendment

Bill/PCS/PCB Number: 177

Amendment Barcode Number: _____

Name: DAWN STEWARD

Representing: SELF

Title: _____

Address: 2130 Blossom Lane

City: Winter Park State/Zip: FL 32789

Phone Number: 407-645-0273 Meeting Date: 1-16-2020

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 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.

5/2

Bill Amendment

Bill/PCS/PCB Number: 197

Amendment Barcode Number: _____

Name: ALAN ABRAMOWITZ Abramowitz

Representing: GAL Program

Title: Executive Director

Address: 600 S. Calhoun

City: Tallahassee State/Zip: FL 32344

Phone Number: 850.241.3232 Meeting Date: 1/14/20

Committee/Subcommittee: HHS

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

w/s

| | | | |
|---------------------------------|-------------------------------------|-----------|--------------------------|
| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>197</u> | | | |
| Amendment Barcode Number: _____ | | | |

Name: Candice K. Brewer

Representing: Offices of Criminal Conflict + Civil Regional Counsel

Title: Regional Counsel 1st DCA Region

Address: 227 N. Bronough St. Ste 1125

City: Tallahassee State/Zip: 32301

Phone Number: 352-681-0293 Meeting Date: 1/16/2020

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 Waive in Support Waive in Opposition Info only

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



83488606

W/S



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 1189 : Genetic Information for Insurance Purposes Amendment Barcode Number: N/A |
|---|

Name: **Joos, Thomas**

Representing: **Moffitt Cancer Center**

Title:

Address: **108 E Jefferson St, 4052 Bald Cypress Way Bin A00**

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

Phone Number: **(321) 439-0766** Meeting Date: **January 16, 2020 12:30 PM**

Committee/Subcommittee: **Health & Human Services Committee**

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

2/0

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

Bill Amendment
 Bill/PCS/PCB Number: HB1189
 Amendment Barcode Number: _____

Name: Joy Ryan

Representing: Florida Insurance Council

Title: _____

Address: 300 S. Duval St, #410

City: Tallahassee

State/Zip: FL 32303

Phone Number: 850-425-4000

Meeting Date: 1-16-2020

Committee/Subcommittee: IHS

Presentation/Workshop Topic: Genetic Testims

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.

| | |
|--|------------------------------------|
| Bill <input checked="" type="checkbox"/> | Amendment <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>H. 1189</u> | |
| Amendment Barcode Number: _____ | |

w/p

Name: CURTIS LEONARD

Representing: AMERICAN COUNCIL OF LIFE INSURERS

Title: REGIONAL V.P., GOVERNMENT AFFAIRS

Address: 150 S. MONROE ST. STA 206

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850 3866668 Meeting Date: 1/16/2019

Committee/Subcommittee: H. H. S.

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



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>1189</u> | |
| Amendment Barcode Number: _____ | |

WFO

Name: SAL NUZZO

Representing: THE JAMES MADISON INST.

Title: VP POLICY

Address: 100 N DUVAL

City: TALL State/Zip: 32301

Phone Number: 850-322-9941 Meeting Date: 1/16/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: GENETIC INFORMATION

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.)

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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WFS

Bill Amendment

Bill/PCS/PCB Number: 1189

Amendment Barcode Number: _____

Name: Robert Holroyd

Representing: Florida Association of Genetic Counselors

Title: _____

Address: 110 SE 6th St., Fifteenth Floor

City: Ft. Lauderdale State/Zip: FL, 33301

Phone Number: 954-803-0231 Meeting Date: 1/16/20

Committee/Subcommittee: Health & Human Services

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

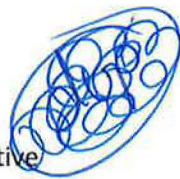
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



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WLS

Bill Amendment

Bill/PCS/PCB Number: HB 1189

Amendment Barcode Number: _____

Name: Amenda Stewart

Representing: Johns Hopkins All children's Hospital

Title: Lobbyist

Address: 21748 State Road 54, Suite 101

City: Lutz State/Zip: FL 33549

Phone Number: (813) 345-4104 Meeting Date: January 16, 2020

Committee/Subcommittee: Health & Human Services Committee

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.)

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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W/S

| | |
|--|------------------------------------|
| Bill <input checked="" type="checkbox"/> | Amendment <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>HB 1189</u> | |
| Amendment Barcode Number: _____ | |

Name: Amanda Stewart

Representing: Nicklaus Children's Health System

Title: Lobbyist

Address: 21748 State Road 54, Suite 101

City: Lutz State/Zip: FL 33549

Phone Number: (813) 345-4104 Meeting Date: January 16, 2020

Committee/Subcommittee: Health + Human Services Committee

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.)

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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W/S

| | |
|--|------------------------------------|
| Bill <input checked="" type="checkbox"/> | Amendment <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>1189</u> | |
| Amendment Barcode Number: _____ | |

Name: Ivonne Fernandez

Representing: AARP

Title: Associate State Director

Address: 625 S. Monroe Street 603

City: Tallahassee State/Zip: _____

Phone Number: 954-850-7262 Meeting Date: Jan 16/20

Committee/Subcommittee: Health & Human Services Ctte

Presentation/Workshop Topic: Genetic Information & Insurance Purpose

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in support

- 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.)

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