



Health & Human Services Committee

**Wednesday, February 12, 2020
10:00 AM – 1:00 PM
Morris Hall (17 HOB)**

Action Packet

**Jose Oliva
Speaker**

**Ray Rodrigues
Chair**

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

Summary:

Health & Human Services Committee

Wednesday February 12, 2020 10:00 am

| | | | |
|--------------|---|----------|---------|
| HB 163 | Favorable | Yeas: 17 | Nays: 0 |
| HB 309 | Favorable With Committee Substitute Amendment 163495 Adopted Without Objection | Yeas: 17 | Nays: 0 |
| CS/HB 319 | Favorable | Yeas: 17 | Nays: 0 |
| HB 559 | Favorable With Committee Substitute Amendment 232129 Adopted Without Objection | Yeas: 16 | Nays: 0 |
| CS/HB 573 | Favorable | Yeas: 17 | Nays: 0 |
| CS/HB 577 | Favorable | Yeas: 17 | Nays: 0 |
| CS/CS/HB 647 | Favorable With Committee Substitute Amendment 607087 Adopted Without Objection Amendment 825665 Adopted Without Objection | Yeas: 18 | Nays: 0 |
| CS/CS/HB 649 | Temporarily Postponed | | |
| CS/HB 705 | Favorable | Yeas: 17 | Nays: 0 |
| CS/HB 711 | Favorable | Yeas: 17 | Nays: 0 |
| CS/CS/HB 713 | Favorable With Committee Substitute Amendment 709131 Adopted Without Objection Amendment 131037 Adopted Without Objection Amendment 949821 Adopted Without Objection Amendment 292325 Adopted Without Objection | Yeas: 16 | Nays: 0 |
| CS/HB 767 | Favorable With Committee Substitute Amendment 038675 Adopted Without Objection Amendment 599303 Adopted Without Objection | Yeas: 18 | Nays: 0 |
| CS/HB 825 | Favorable | Yeas: 17 | Nays: 0 |
| HB 833 | Favorable | Yeas: 18 | Nays: 0 |

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

Summary: (continued)

Health & Human Services Committee

Wednesday February 12, 2020 10:00 am

| | | | |
|------------|---|----------|---------|
| HB 955 | Favorable | Yeas: 16 | Nays: 1 |
| CS/HB 1083 | Favorable | Yeas: 18 | Nays: 0 |
| HB 1147 | Favorable | Yeas: 12 | Nays: 3 |
| CS/HB 1179 | Favorable | Yeas: 18 | Nays: 0 |
| HB 1183 | Favorable | Yeas: 18 | Nays: 0 |
| HB 1205 | Favorable With Committee Substitute Amendment 756641 Adopted Without Objection | Yeas: 17 | Nays: 0 |
| CS/HB 1255 | Favorable With Committee Substitute Amendment 857787 Adopted Without Objection | Yeas: 16 | Nays: 2 |
| CS/HB 1289 | Favorable | Yeas: 17 | Nays: 0 |
| HB 6031 | Favorable | Yeas: 17 | Nays: 0 |
| CS/HB 6059 | Favorable | Yeas: 11 | Nays: 5 |
| HB 7039 | Favorable With Committee Substitute Amendment 550715 Adopted Without Objection | Yeas: 17 | Nays: 0 |

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

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: | 18 | 0 | 0 |

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 163 : Homelessness

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:

Graham, Tonnette (Lobbyist) - Waive In Support
 Florida Association of Counties
 100 S Monroe St
 Tallahassee FL 32301-1530
 Phone: (850) 922-4300

Jackson, Tanya (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
 Florida Coalition for the Homeless
 150 S. Monroe Street Suite 303
 Tallahassee FL
 Phone: (850) 445-0107

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 309 : Prohibited Acts by Health Care Practitioners

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 | | | |

HB 309 Amendments

Amendment 163495

Adopted Without Objection

Appearances:

Amendment 163495

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

Amendment 163495

Abboud, Alexandra (Lobbyist) - Waive In Support
 Florida Dental Association
 118 E Jefferson St
 Tallahassee FL 32301
 Phone: (850) 224-1089

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

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 | <u> </u> | |

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee
 3 Representative Massullo offered the following:
 4

Amendment (with title amendment)

6 Remove everything after the enacting clause and insert:
 7 Section 1. Section 456.0465, Florida Statutes, is created
 8 to read:

9 456.0465 Health care practitioners; prohibited actions.-

10 (1)(a) A health care practitioner licensed by the
 11 department may not use the name or title "family physician,"
 12 emergency physician," "surgeon," "dentist," "medical doctor,"
 13 "doctor of osteopathy," "doctor of dental medicine," "doctor of
 14 dental surgery," "M.D.," "D.M.D.," "D.D.S.," "anesthesiologist,"
 15 "cardiologist," "dermatologist," "endocrinologist,"
 16 "endodontist," "gastroenterologist," "general practitioner,"

Amendment No. 1

17 "gynecologist," "hematologist," "hospitalist," "internist,"
18 "interventional pain medicine physician," "laryngologist,"
19 "nephrologist," "neurologist," "obstetrician," "oncologist,"
20 "ophthalmologist," "oral and maxillofacial surgeon,"
21 "orthodontist," "orthopedic surgeon," "orthopedist,"
22 "osteopath," "otologist," "otolaryngologist,"
23 "otorhinolaryngologist," "pathologist," "pediatrician,"
24 "physiatrist," "pedodontist," "periodontist," "podiatrist,"
25 "primary care physician," "proctologist," "prosthodontist,"
26 "psychiatrist," "radiologist," "rheumatologist," "rhinologist,"
27 or "urologist," or any other words, letters, abbreviations, or
28 insignia indicating or implying that he or she is licensed or
29 authorized by chapter 458, chapter 459, chapter 461, or chapter
30 466 to practice as such, unless he or she is licensed and
31 authorized by one of those chapters, or is registered with the
32 appropriate board as an allopathic, osteopathic, or podiatric
33 physician or dentist pursuant to s. 456.47(4), to practice as
34 such.

35 (b) If the department finds that any licensed health care
36 practitioner has violated paragraph (a), the department shall
37 issue a notice to the practitioner to cease and desist the use
38 of such name, title, words, letters, abbreviations, or insignia.
39 The department shall send the cease and desist notice to the
40 practitioner by certified mail and email to the practitioner's
41 physical address and email address of record with the department

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42 and to any other mailing address or email address through which
43 the department believes the person may be reached.

44 (c) If the practitioner does not cease and desist his or
45 her actions in violation of paragraph (a) immediately upon
46 receipt of the notice to cease and desist, the department shall
47 enter an order imposing one or more of the following penalties
48 until the practitioner complies with the notice to cease and
49 desist:

50 1. A citation and a daily fine.

51 2. A reprimand or a letter of concern.

52 3. Suspension of license.

53 (d) Notwithstanding paragraphs (a)-(c):

54 1. A doctor of chiropractic medicine licensed under
55 chapter 460, or a chiropractic physician registered with the
56 board of chiropractic medicine pursuant to s. 456.47(4), to
57 practice as such, may use the name or title "doctor of
58 chiropractic medicine" or "chiropractic physician."

59 2. A licensed chiropractic physician who has achieved
60 diplomate or fellow status from the American Board of
61 Chiropractic Specialties, American Chiropractic Board of Sports
62 Physicians, American College of Chiropractic Orthopedists,
63 American Chiropractic Neurology Board, International
64 Chiropractors Association, or International Chiropractic
65 Pediatric Association, or in a specific specialty or
66 subspecialty, may use, as appropriate for his or her diplomate

Amendment No. 1

67 or fellow status, "chiropractic radiologist," "chiropractic
68 internist," "chiropractic neurologist," "chiropractic
69 orthopedist," or "chiropractic pediatrician," in addition to
70 other names or titles associated with such diplomate or fellow
71 status.

72 3. A licensed dentist who has achieved diplomate status or
73 board certification from the American Board of Dental Public
74 Health, the American Board of Endodontics, the American Board of
75 Oral and Maxillofacial Pathology, the American Board of Oral and
76 Maxillofacial Radiology, the American Board of Oral and
77 Maxillofacial Surgery, the American Board of Orthodontics, the
78 American Board of Pediatric Dentistry, the American Board of
79 Periodontology, the American Board of Prosthodontics, the
80 American Board of Oral Implantology/Implant Dentistry, the
81 American Board of Oral Medicine, the American Board of Orofacial
82 Pain, the American Dental Board of Anesthesiology, or the
83 American Board of General Dentistry, in a specific specialty or
84 subspecialty, may use, as appropriate for his or her diplomate
85 status or board certification, the name or term "dental
86 anesthesiologist," "doctor of oral medicine," "dental oral and
87 maxillofacial radiologist," "dental orthodontic and dentofacial
88 orthopedist," or "dental oral and maxillofacial pathologist," in
89 addition to other names or titles associated with such diplomate
90 status or board certification.

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91 (2) The department may adopt rules to implement this
92 section.

93 Section 2. This act shall take effect upon becoming a law.
94

95 -----

96 **T I T L E A M E N D M E N T**

97 Remove everything before the enacting clause and insert:

98 An act relating to prohibited acts by health care practitioners;
99 creating s. 456.0465, F.S.; specifying names and titles that
100 licensed health care practitioners are prohibited from using
101 under certain circumstances; requiring the Department of Health
102 to a notice to cease and desist for specified violations;
103 providing exceptions; providing for service of the notice;
104 providing penalties; authorizing the department to adopt rules;
105 providing an effective date.

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 309 : Prohibited Acts by Health Care Practitioners (continued)

Appearances: (continued)

Diaz, Debra - Opponent

Self

CRNA

15 Cumberland Ave.

Ormond Beach FL 32174

Phone: (305) 303-2357

Lynch, Susan (General Public) - Waive In Opposition

Private Citizen

Nurse Practitioner

1385 Voltaire St.

Deltona FL 32725

Phone: (386) 717-6180

French, Jennifer (General Public) - Waive In Opposition

Self

RN

7111 N. Howard Ave.

Tampa FL 33604

Phone: (336) 848-9042

Strammer, Jordan (General Public) - Waive In Opposition

Self

Student Nurse Anesthetist

11719 Holly Creek Dr.

Riverview FL

Phone: (941) 468-7794

Dufkowsky, Deena (General Public) - Waive In Opposition

Self

CRNA

17416 Brown Rd.

Odessa FL 33556

Phone: (813) 447-1024

McKee, Laura (General Public) - Waive In Opposition

Self

CRNA

1912 Peppermill Dr.

Clearwater FL 33763

Phone: (317) 413-6308

Walker, Katherina - Waive In Opposition

Self

CRNA

204 W. Hyde Park Place

Tampa FL 33606

Phone: (512) 797-1884

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COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 309 : Prohibited Acts by Health Care Practitioners (continued)

Appearances: (continued)

Reis, Kirsten (General Public) - Waive In Opposition

Self

CRNA

6611 N. Elizabeth St.

Tampa FL 33604

Phone: (630) 965-9016

Nuland, Chris (Lobbyist) - Waive In Support

Florida Chapter, American College of Physicians

4427 Herschel St.

Jacksonville Florida 32210

Phone: (904) 233-3051

Sell, Brence (General Public) - Proponent

Florida Society of Anesthesiologists

4770 Buckhead Ct

Tallahassee FL 32309

Phone: (850) 668-0653

Winn, Stephen (Lobbyist) - Waive In Support

Florida Osteopathic Medical Association

2544 Blairstone Pines Dr.

Tallahassee FL 32312

Phone: (850) 878-7364

Maidonado, Karla (General Public) - Waive In Opposition

Self

CRNA

3181 Sterling St.

Tarpon Springs FL 34688

Phone: (586) 481-0983

Plaskett, Allen A. (General Public) - Waive In Opposition

Self

CRNA

12917 24th Ct. E.

Parrish FL

Phone: (301) 928-7261

Fine, Susan (General Public) - Waive In Opposition

Self

CRNA

951 Fostoria Dr.

Melbourne FL 32940

Phone: (216) 262-6279

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 309 : Prohibited Acts by Health Care Practitioners (continued)

Appearances: (continued)

Harris-Isom, Gloria (General Public) - Waive In Opposition

Self

CRNA

697 Griffin Lane

Melbourne FL 32940

Phone: (216) 244-4414

Scott, Jeff (Lobbyist) - Waive In Support

Florida Medical Association

1430 E. Piedmont Dr., E.

Tallahassee FL 32308

Phone: (850) 224-6496

Hebert, Jack (Lobbyist) - Waive In Support

Florida Chiropractic Association, Inc

2655 Ulmerton Road, #276 Ste 100

Clearwater FL 33762

Phone: (727) 560-3323

Carroll, Jeff - Proponent

Florida Academy of Anesthesiologist

FAAA President

2322 Myra St.

Jacksonville FL 32204

Phone: (614) 271-5814

Ramba, David (Lobbyist) - Waive In Support

Florida Optometric Association

120 S Monroe St

Tallahassee FL 32301

Phone: (850) 727-7087

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 319 : Florida Healthy Marriage Handbook

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:

Olsen, Pam - Proponent
 Florida Faith-based Community-based Advisory Council
 PO Box 14017
 Tallahassee FL 32317
 Phone: (850) 906-9170

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 559 : Institutional Formularies Established by Nursing Home Facilities

Favorable With Committee Substitute

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|-----|----------------------|---------|-----------------|-----------------|
| 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: 16 | | Total Nays: 0 | | | |

HB 559 Amendments

Amendment 232129

Adopted Without Objection

Appearances:

Cruz, Carlos (Lobbyist) - Waive In Support
 Polaris Pharmacy Services
 307 W Park Ave. Suite 101
 Tallahassee FL 32301
 Phone: (904) 214-5724

Bauer, Cliff (Lobbyist) - Waive In Support
 Miami Jewis Home
 5200 NW 2nd Ave
 Miami FL 33127
 Phone: (954) 465-7431

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

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 | <u> </u> | |

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee
 3 Representative Byrd offered the following:

Amendment (with title amendment)

6 Remove lines 81-94 and insert:

7 (5) (a) A prescriber using the institutional formulary must
 8 authorize its use for each patient. A nursing home facility must
 9 obtain the prescriber's approval for any subsequent change to a
 10 nursing home facility's institutional formulary. A prescriber
 11 may opt out of the nursing home facility's institutional
 12 formulary with respect to a medicinal drug or class of medicinal
 13 drugs for any resident. A nursing home facility may not take
 14 adverse action against a prescriber for declining to use the
 15 facility's institutional formulary.

Amendment No. 1

16 (b) A nursing home facility must notify the prescriber
17 prior to each therapeutic substitution using a method of
18 communication designated by the prescriber. A nursing home
19 facility must document the therapeutic substitution in the
20 resident's medical records.

21 (c) A prescriber may prevent a therapeutic substitution
22 for a specific prescription by indicating "NO THERAPEUTIC
23 SUBSTITUTION" on the prescription. If the prescription is
24 provided orally, the prescriber must make an overt action to opt
25 out of therapeutic substitution.

26 (6) The nursing home facility must obtain informed consent
27 from a resident or a resident's legal representative or designee
28 to the use of the institutional formulary for the resident. The
29 nursing home facility must clearly inform the resident or the
30 resident's legal representative or designee of the right to
31 refuse to participate to the institutional formulary and may not
32 take any adverse action against the resident refusing to agree
33 to the use of the institutional formulary.

34 Section 2. Subsection (9) is added to section 465.025,
35 Florida Statutes, to read:

36 465.025 Substitution of drugs.-

37 (9) A pharmacist may therapeutically substitute medicinal
38 drugs in accordance with an institutional formulary established
39 under s. 400.143 for the resident of a nursing home facility if
40 the prescriber has agreed to the use of such institutional

Amendment No. 1

41 formulary for the patient. The pharmacist may not
42 therapeutically substitute a medicinal drug pursuant to the
43 facility's institutional formulary if the prescriber indicates
44 on the prescription "NO THERAPEUTIC SUBSTITUTION" or overtly
45 indicates that therapeutic substitution is prohibited as
46 authorized under s. 400.143(5)(c).

47
48 -----
49 **T I T L E A M E N D M E N T**

50 Remove lines 16-25 and insert:

51 requiring a prescriber to authorize the use of the institutional
52 formulary for each specific patient; requiring the prescriber to
53 opt into any changes made to the institutional formulary;
54 authorizing a prescriber to opt out of using the institutional
55 formulary or to prevent a therapeutic substitution under certain
56 circumstances; requiring the nursing home facility to notify the
57 prescriber of therapeutic substitutions by a certain method;
58 prohibiting a nursing home facility from taking adverse action
59 against a prescriber for refusing to agree to the use of the
60 institutional formulary; requiring a nursing facility to obtain
61 informed consent from a resident for the use of the
62 institutional formula; requiring a resident be notified of the
63 right to refuse the institutional formulary; prohibiting a
64 nursing home facility from taking adverse action against a

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 559 (2020)

Amendment No. 1

65 resident for refusing to participate in the institutional
66 formulary; amending s. 465.025, F.S.;

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 573 : Peer Support for First Responders

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:

Bernoska, Wayne (Lobbyist) - Waive In Support
 Florida Professional Firefighters
 343 W Madison St
 Tallahassee FL 32301-1625
 Phone: (321) 231-9116

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 577 : Coordinated Specialty Care Programs

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:

Cannabis and Mental Illness

James, Jodi (General Public) - Opponent

Florida Cannabis Action Network
 1375 Cypress Ave
 Melbourne FLORIDA (FL) 32935
 Phone: 3212533673

Roberts, Adam (Lobbyist) - Waive In Support

NAMI Palm Beach County
 2634 Capital Circle N.E., Bldg. J Ste 306
 Tallahassee FL 32308
 Phone: (850) 591-9293

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 647 : Recreational Vehicle Parks

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: 18 | | Total Nays: 0 | | | |

CS/CS/HB 647 Amendments

Amendment 607087

Adopted Without Objection

Amendment 825665

Adopted Without Objection

Appearances:

Dunbar, Marc (Lobbyist) - Waive In Support
 Florida Association of RV Parks and Campgrounds, Inc.
 215 South Monroe Street Suite 815
 Tallahassee FL 32301
 Phone: (850) 999-4100

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/CS/HB 647 (2020)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

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

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee
3 Representative Drake offered the following:
4

Amendment (with title amendment)

6 Between lines 31 and 32, insert:

7 Section 1. Present subsection (7) of section 514.0115,
8 Florida Statutes, is redesignated as subsection (8), and a new
9 subsection (7) is added to that section, to read:

10 514.0115 Exemptions from supervision or regulation;
11 variances.-

12 (7) Until such time as the department adopts rules for the
13 supervision and regulation of surf pools, a surf pool that is
14 larger than 4 acres is exempt from supervision under this
15 chapter, provided that it is permitted by a local government
16 pursuant to a special use permit process in which the local

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Published On: 2/11/2020 9:18:38 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/CS/HB 647 (2020)

Amendment No. 1

17 government asserts regulatory authority over the construction of
18 the surf pool and, in consultation with the department,
19 establishes through the local government's special use
20 permitting process the conditions for the surf pool's operation,
21 water quality, and necessary lifesaving equipment. This
22 subsection does not affect the department's or a county health
23 department's right of entry pursuant to s. 514.04 or its
24 authority to seek an injunction pursuant to s. 514.06 to
25 restrain the operation of a surf pool permitted and operated
26 under this subsection if it presents significant risks to public
27 health. For the purposes of this subsection, the term "surf
28 pool" means a pool designed to generate waves dedicated to the
29 activity of surfing on a surfboard or an analogous surfing
30 device commonly used in the ocean and intended for sport, as
31 opposed to general play intent for wave pools, other large-scale
32 public swimming pools, or other public bathing places.

33 Section 2. Subsection (7) of section 553.77, Florida
34 Statutes, is amended to read:

35 553.77 Specific powers of the commission.-

36 (7) Building officials shall recognize and enforce
37 variance orders issued by the Department of Health pursuant to
38 s. 514.0115(8) ~~s. 514.0115(7)~~, including any conditions attached
39 to the granting of the variance.

40

41 -----

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Published On: 2/11/2020 9:18:38 PM

Amendment No. 1

T I T L E A M E N D M E N T

Remove line 2 and insert:

An act relating to the Department of Health's regulation of recreational activities; amending s. 514.0115, F.S.; providing that certain surf pools are exempt from supervision for certain provisions under certain circumstances; providing construction; defining the term "surf pool"; amending s. 553.77, F.S.; conforming a cross-reference;

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/CS/HB 647 (2020)

Amendment No. 2

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 | <u> </u> | |

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee
3 Representative Drake offered the following:

4

5 **Amendment**

6 Remove line 103 and insert:

7 Personal Property Landlord and Tenant Act under s. 715.10 or
8 under s. 705.185, as applicable.

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 649 : Patient Brokering

Temporarily Postponed

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 705 : Emergency Sheltering of Persons with Pets

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:

Graham, Tonnette (Lobbyist) - Waive In Support
 Florida Association of Counties
 100 S Monroe St
 Tallahassee FL 32301-1530
 Phone: (850) 922-4300

Hobgood, Jennifer (Lobbyist) - Waive In Support
 American Society for the Prevention of Cruelty to Animals (ASPCA)
 P. O. Box 5741
 Tallahassee FL 32301
 Phone: (850) 445-5245

MacFall, Katherine (Lobbyist) - Waive In Support
 Humane Society of the United States, The
 1624 Metropolitan Center
 Tallahassee FL 32308
 Phone: (850) 508-1001

Doolin, Christian (Lobbyist) - Waive In Support
 Small County Coalition
 1118-B Thomasville Rd
 Tallahassee FL 32303-6287
 Phone: (850) 508-5492

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 705 : Emergency Sheltering of Persons with Pets (continued)

Appearances: (continued)

Barker, Dorene (Lobbyist) - Waive In Support

AARP

215 S Monroe St Suite #603

Tallahassee FL 32301

Phone: (850) 228-6387

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 711 : Hospital, Hospital System, or Provider Organization Transactions

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 | | | |

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 713 : Department of Health

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: 16 | | Total Nays: 0 | | | |

CS/CS/HB 713 Amendments

Amendment 709131

Adopted Without Objection

Amendment 131037

Adopted Without Objection

Amendment 949821

Adopted Without Objection

Amendment 292325

Adopted Without Objection

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/CS/HB 713 (2020)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

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

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee
3 Representative Rodriguez, A. M. offered the following:
4

5 **Amendment (with title amendment)**

6 Between lines 136 and 137, insert:

7 Section 1. Paragraphs (a) and (b) of subsection (2) of
8 section 39.303, Florida Statutes, are amended to read:

9 39.303 Child Protection Teams and sexual abuse treatment
10 programs; services; eligible cases.—

11 (2) (a) The Statewide Medical Director for Child Protection
12 must be a physician licensed under chapter 458 or chapter 459
13 who is a board-certified pediatrician with a subspecialty
14 certification in child abuse from the American Board of
15 Pediatrics. The Statewide Medical Director for Child Protection

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Published On: 2/11/2020 9:19:58 PM

Amendment No. 1

16 shall report directly to the Deputy Secretary for Children's
17 Medical Services.

18 (b) Each Child Protection Team medical director must be a
19 physician licensed under chapter 458 or chapter 459 who is a
20 board-certified physician in pediatrics or family medicine and,
21 within 2 years after the date of employment as a Child
22 Protection Team medical director, obtains a subspecialty
23 certification in child abuse from the American Board of
24 Pediatrics or within 2 years meet the minimum requirements
25 established by a third-party credentialing entity recognizing a
26 demonstrated specialized competence in child abuse pediatrics
27 pursuant to paragraph (d). Each Child Protection Team medical
28 director employed on July 1, 2015, must, by July 1, 2019, either
29 obtain a subspecialty certification in child abuse from the
30 American Board of Pediatrics or meet the minimum requirements
31 established by a third-party credentialing entity recognizing a
32 demonstrated specialized competence in child abuse pediatrics
33 pursuant to paragraph (d). Child Protection Team medical
34 directors shall be responsible for oversight of the teams in the
35 circuits. The Statewide Child Protection Team Medical Director
36 shall report directly to the Statewide Medical Director for
37 Child Protection.

38 -----
39
40

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/CS/HB 713 (2020)

Amendment No. 1

T I T L E A M E N D M E N T

41
42
43
44
45

Between lines 2 and 3, insert:
s. 39.303, F.S.; specifying direct reporting requirements for
certain positions within the Children's Medical Services
program; amending

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/CS/HB 713 (2020)

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

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

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee
3 Representative Rodriguez, A. M. offered the following:
4

5 **Amendment (with title amendment)**

6 Between lines 274 and 275, insert:

7 Section 3. Paragraph (c) of subsection (4) of section
8 381.915, Florida Statutes, is amended to read:

9 381.915 Florida Consortium of National Cancer Institute
10 Centers Program.—

11 (4) Tier designations and corresponding weights within the
12 Florida Consortium of National Cancer Institute Centers Program
13 are as follows:

14 (c) Tier 3: Florida-based cancer centers seeking
15 designation as either a NCI-designated cancer center or NCI-

Amendment No. 2

16 designated comprehensive cancer center, which shall be weighted
17 at 1.0.

18 1. A cancer center shall meet the following minimum
19 criteria to be considered eligible for Tier 3 designation in any
20 given fiscal year:

21 a. Conducting cancer-related basic scientific research and
22 cancer-related population scientific research;

23 b. Offering and providing the full range of diagnostic and
24 treatment services on site, as determined by the Commission on
25 Cancer of the American College of Surgeons;

26 c. Hosting or conducting cancer-related interventional
27 clinical trials that are registered with the NCI's Clinical
28 Trials Reporting Program;

29 d. Offering degree-granting programs or affiliating with
30 universities through degree-granting programs accredited or
31 approved by a nationally recognized agency and offered through
32 the center or through the center in conjunction with another
33 institution accredited by the Commission on Colleges of the
34 Southern Association of Colleges and Schools;

35 e. Providing training to clinical trainees, medical
36 trainees accredited by the Accreditation Council for Graduate
37 Medical Education or the American Osteopathic Association, and
38 postdoctoral fellows recently awarded a doctorate degree; and

39 f. Having more than \$5 million in annual direct costs
40 associated with their total NCI peer-reviewed grant funding.

Amendment No. 2

41 2. The General Appropriations Act or accompanying
42 legislation may limit the number of cancer centers which shall
43 receive Tier 3 designations or provide additional criteria for
44 such designation.

45 3. A cancer center's participation in Tier 3 may not
46 extend beyond June 30, 2024 ~~shall be limited to 6 years.~~

47 4. A cancer center that qualifies as a designated Tier 3
48 center under the criteria provided in subparagraph 1. by July 1,
49 2014, is authorized to pursue NCI designation as a cancer center
50 or a comprehensive cancer center until June 30, 2024 ~~for 6 years~~
51 ~~after qualification.~~

52
53
54

T I T L E A M E N D M E N T

56 Remove line 13 and insert:
57 certain rules; amending s. 381.915, F.S.; revising term limits
58 for Tier 3 cancer center designations within the Florida
59 Consortium of National Cancer Institute Centers Program;
60 amending s. 401.35, F.S.; revising

Amendment No. 3

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 | <u> </u> | |

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee
 3 Representative Rodriguez, A. M. offered the following:

Amendment (with title amendment)

6 Between lines 293 and 294, insert:

7 Section 4. Subsection (21) is added to section 404.031,
 8 Florida Statutes, to read:

9 404.031 Definitions.—As used in this chapter, unless the
 10 context clearly indicates otherwise, the term:

11 (21) "Useful beam" means that portion of the radiation
 12 emitted from a radiation machine through the aperture of the
 13 machine's beam-limiting device which is designed to focus the
 14 radiation on the intended target in order to accomplish the
 15 machine's purpose when the machine's exposure controls are in a
 16 mode to cause the system to produce radiation.

Amendment No. 3

17 Section 5. Subsection (7) is added to section 404.22,
18 Florida Statutes, to read:

19 404.22 Radiation machines and components; inspection.—

20 (7) Radiation machines that are used to intentionally
21 expose a human being to the useful beam:

22 (a) Must be maintained and operated according to
23 manufacturer standards or nationally-recognized consensus
24 standards accepted by the department;

25 (b) Must be operated at the lowest exposure that will
26 achieve the intended purpose of the exposure; and

27 (c) May not be modified in a manner that causes the
28 original parts to operate in a way that differs from the
29 original manufacturer's design specification or the parameters
30 approved for the machine and its components by the United States
31 Federal Drug Administration.

32 (8) A human being may be exposed to the useful beam of a
33 radiation machine only under the following conditions:

34 (a) For the purpose of medical or health care, if a
35 licensed health care practitioner operating within the scope of
36 his or her practice determines that the exposure provides a
37 medical or health benefit greater than the health risks posed by
38 the exposure and the health care practitioner uses the results
39 of the exposure in the medical or health care of the exposed
40 individual; or

Amendment No. 3

41 (b) For the purpose of providing security for facilities
42 or other venues, the exposure is determined to provide a life
43 safety benefit to the individual exposed which is greater than
44 the health risk posed by the exposure. Such determination must
45 be made by an individual trained in evaluating and calculating
46 comparative mortality and morbidity risks according to standards
47 set by the department. To be valid, the calculation and method
48 of making the determination must be submitted to and accepted by
49 the department. Limits to annual total exposure for security
50 purposes must be adopted by department rule based on nationally
51 recognized limits or relevant consensus standards.

52
53 -----
54 **T I T L E A M E N D M E N T**

55 Between lines 23 and 24, insert:
56 amending s. 404.031, F.S.; defining the term "useful beam;"
57 amending s. 404.202, F.S.; providing requirements for the
58 maintenance, operation, and modification of certain radiation
59 machines; providing conditions for the authorized exposure of
60 human beings to the radiation admitted from a radiation machine;

Amendment No. 4

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 | <u> </u> | |

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

3 Representative Burton offered the following:
4

5 **Amendment (with title amendment)**

6 Between lines 341 and 342, insert:

7 Section 1. Paragraph (e) of subsection (2) and paragraph
8 (e) of subsection (3) of section 456.0635, Florida Statutes, are
9 amended to read:

10 456.0635 Health care fraud; disqualification for license,
11 certificate, or registration.—

12 (2) Each board within the jurisdiction of the department,
13 or the department if there is no board, shall refuse to admit a
14 candidate to any examination and refuse to issue a license,
15 certificate, or registration to any applicant if the candidate

Amendment No. 4

16 or applicant or any principal, officer, agent, managing
17 employee, or affiliated person of the candidate or applicant:

18 (e) Is currently listed on the United States Department of
19 Health and Human Services Office of Inspector General's List of
20 Excluded Individuals and Entities, except when such applicant is
21 listed solely based on a default or delinquency on a student
22 loan.

23
24 This subsection does not apply to an applicant for initial
25 licensure, certification, or registration who was arrested or
26 charged with a felony specified in paragraph (a) or paragraph
27 (b) before July 1, 2009.

28 (3) The department shall refuse to renew a license,
29 certificate, or registration of any applicant if the applicant
30 or any principal, officer, agent, managing employee, or
31 affiliated person of the applicant:

32 (e) Is currently listed on the United States Department of
33 Health and Human Services Office of Inspector General's List of
34 Excluded Individuals and Entities, except when such applicant is
35 listed solely based on a default or delinquency on a student
36 loan.

37
38 This subsection does not apply to an applicant for renewal of
39 licensure, certification, or registration who was arrested or

Amendment No. 4

40 | charged with a felony specified in paragraph (a) or paragraph
41 | (b) before July 1, 2009.

42 |

43 |

44 | -----

45 |

T I T L E A M E N D M E N T

46 |

Remove line 28 and insert:

47 |

after 60 days; amending 456.0635, F.S.; providing an exception

48 |

to the requirement that certain entities prohibit a candidate

49 |

from being examined for or issued, or having a renewed license,

50 |

certificate, or registration to practice a health care

51 |

profession if he or she is listed on a specified federal list of

52 |

excluded individuals and entities; amending s. 456.072, F.S.;

53 |

conforming

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 713 : Department of Health (continued)

Appearances:

Mixon, Corinne (Lobbyist) - Waive In Support
Florida Mental Health Counselors Association
511 N. Adams St.
Tallahassee FL 32301
Phone: (850) 766-5795

Colburn, Chief Ray - Waive In Support
Florida Fire Chief's Association
Executive Director
5289 Palm Dr.
Melbourne Beach FL 32951
Phone: (407) 468-6622

Winn, Stephen (Lobbyist) - Waive In Support
Florida Osteopathic Medical Association
Executive Director
2544 Blirstone Pines Dr.
Tallahassee FL 32301
Phone: (850) 878-7364

Abboud, Alexandra (Lobbyist) - Waive In Support
Florida Dental Association
118 E Jefferson St
Tallahassee FL 32301
Phone: (850) 224-1089

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 767 : Assisted Living Facilities

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: 18 | | Total Nays: 0 | | | |

CS/HB 767 Amendments

Amendment 038675

Adopted Without Objection

Amendment 599303

Adopted Without Objection

Appearances:

Bostick, Melanie (Lobbyist) - Waive In Support
 Florida Assisted Living Association
 PO Box 390 Suite 300
 Tallahassee FL 32302-0390
 Phone: (850) 891-1726

Amendment 038675
 Hand, Jason (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
 Florida Senior Living Association
 2292 Wednesday St Suite 1
 Tallahassee FL
 Phone: (850) 570-8825

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

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 | <u> </u> | |

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee
 3 Representative Grant, M. offered the following:

Amendment (with title amendment)

Remove lines 407-424 and insert:

Section 1. Paragraph (a) of subsection (1) and subsection
 (4) of section 429.255, Florida Statutes, are amended to read:

429.255 Use of personnel; emergency care.-

(1)(a) Persons under contract to the facility, facility
 staff, or volunteers, who are licensed according to part I of
 chapter 464, or those persons exempt under s. 464.022(1), and
 others as defined by rule, may administer medications to
 residents, take residents' vital signs, change bandages for
minor cuts and abrasions, manage individual weekly pill
 organizers for residents who self-administer medication, give

Amendment No. 1

17 prepackaged enemas ordered by a physician, observe residents,
18 document observations on the appropriate resident's record,
19 report observations to the resident's physician, and contract or
20 allow residents or a resident's representative, designee,
21 surrogate, guardian, or attorney in fact to contract with a
22 third party, provided residents meet the criteria for
23 appropriate placement as defined in s. 429.26. Nursing
24 assistants certified pursuant to part II of chapter 464 may take
25 residents' vital signs as directed by a licensed nurse or
26 physician.

27 (4) Facility staff may withhold or withdraw
28 cardiopulmonary resuscitation or the use of an automated
29 external defibrillator if presented with an order not to
30 resuscitate executed pursuant to s. 401.45. The agency shall
31 adopt rules providing for the implementation of such orders.
32 Facility staff and facilities may not be subject to criminal
33 prosecution or civil liability, nor be considered to have
34 engaged in negligent or unprofessional conduct, for withholding
35 or withdrawing cardiopulmonary resuscitation or use of an
36 automated external defibrillator pursuant to such an order and
37 rules adopted by the agency. The absence of an order not to
38 resuscitate executed pursuant to s. 401.45 does not preclude a
39 physician from withholding or withdrawing cardiopulmonary
40 resuscitation or use of an automated external defibrillator as
41 otherwise permitted by law.

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Published On: 2/11/2020 9:27:33 PM

Amendment No. 1

42

43

44

T I T L E A M E N D M E N T

45

Between lines 22 and 23, insert:

46

authorizing facilities to make certain bandage changes;

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 767 (2020)

Amendment No. 2

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 Grant, M. offered the following:

4
5 **Amendment**
6 Remove line 503 and insert:
7 unscheduled needs of the resident, including, if applicable,
8 staffing for nursing care.

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 767 : Assisted Living Facilities (continued)

Appearances: (continued)

Amendment 599303

Hand, Jason (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support

Florida Senior Living Association

2292 Wednesday St Suite 1

Tallahassee FL

Phone: (850) 570-8825

Hand, Jason (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support

Florida Senior Living Association

2292 Wednesday St Suite 1

Tallahassee FL

Phone: (850) 570-8825

Henderson, Cynthia (Lobbyist) - Waive In Support

Atria Senior Living Group c/o MultiState Associates

108 E Jefferson St Ste A

Tallahassee FL 32301

Phone: (850) 210-5385

Anderson, Susan (Lobbyist) - Waive In Support

LeadingAge Florida

1812 Riggins Road Ste 1

Tallahassee FL 32308

Phone: (850) 702-0306

Barker, Dorene (Lobbyist) - Waive In Support

AARP

215 S Monroe St Suite #603

Tallahassee FL 32301

Phone: (850) 228-6387

Amendment 038675

Bostick, Melanie (Lobbyist) - Waive In Support

Florida Assisted Living Association

Po Box 390 Suite 300

Tallahassee FL 32302-0390

Phone: (850) 841-1726

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 825 : Administration of Vaccines

Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|-----|----------------------|---------|-----------------|-----------------|
| 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:

Farmer, Jake (Lobbyist) - Waive In Support
 Florida Retail Federation
 227 S Adams St
 Tallahassee FL 32301
 Phone: (850) 222-4082

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 833 : Program of All-Inclusive Care for the Elderly

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: 18 | | Total Nays: 0 | | | |

Appearances:

Bauer, Cliff (Lobbyist) - Waive In Support
 Florida Pace Centers
 President
 5200 NE 2nd Ave
 Miami FL 33137
 Phone: (954) 465-7431

Barker, Dorene (Lobbyist) - Waive In Support
 AARP
 215 S Monroe St Suite #603
 Tallahassee FL 32301
 Phone: (850) 228-6387

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/12/2020 10:00AM

Location: Morris Hall (17 HOB)
HB 955 : Physician Referrals

Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|-----|----------------------|---------|-----------------|-----------------|
| 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: 16 | | Total Nays: 1 | | | |

Appearances:

Abboud, Alexandra (Lobbyist) - Waive In Opposition
 Florida Dental Association
 118 E Jefferson St
 Tallahassee FL 32301
 Phone: (850) 224-1089

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 1083 : Student Mental Health Procedures

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: 18 | | Total Nays: 0 | | | |

Appearances:

Wiggins, Kristina (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
 Florida Public Defender Association, Inc
 103 N Gadsden St Suite 115
 Tallahassee FL
 Phone: (850) 488-6850

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 1147 : Patient Access to Records

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: 12 | | Total Nays: 3 | | | |

Appearances:

Henderson, Cynthia (Lobbyist) - Waive In Opposition
 CIOX Health, LLC on behalf of MultiState Associates, Inc.
 108 E Jefferson St Ste A
 Tallahassee FL 32301
 Phone: (850) 210-5385

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 1179 : Nondiscrimination in Organ Transplants

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: 18 | | Total Nays: 0 | | | |

Appearances:

Hall, Kirk (Lobbyist) - Waive In Support
 Arc of Florida, Inc., The
 2898 Mahan, Suite 1
 Tallahassee FL 32308
 Phone: (850) 921-0460

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

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 1183 : Home Medical Equipment Providers

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: 18 | | Total Nays: 0 | | | |

Appearances:

Hebert, Jack (Lobbyist) - Waive In Support
 Florida Chiropractic Association, Inc
 2655 Ulmerton Road, #276 Ste 100
 Clearwater FL 33762
 Phone: (727) 560-3323

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 1205 : Price Transparency in Health Care Services

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 | | | |

HB 1205 Amendments

Amendment 756641

Adopted Without Objection

Appearances:

Fernandez, Ivonne (Lobbyist) - Waive In Support
 AARP
 Associate State Director
 215 S Monroe St. Suite 603
 Tallahassee FL 32308
 Phone: (850) 228-6387

Nuland, Christopher (Lobbyist) - Waive In Support
 Florida Gastroenterologic Society
 4427 Herschel St.
 Jacksonville FL 32210
 Phone: (904) 233-3051

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

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

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

3 Representative Rodriguez, A. offered the following:
4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:
7 Section 1. Section 627.4303, Florida Statutes, is created to
8 read:

9 627.4303 Price transparency in health care services.—

10 (1) As used in this section, the term "health insurer"
11 means a health insurer issuing major medical coverage through an
12 individual or group policy.

13 (2) In its contract with a health care provider, a health
14 insurer may not limit the health care provider's ability to
15 disclose whether a patient's cost-sharing obligation exceeds the
16 cash price for a covered service in the absence of health

Amendment No. 1

17 insurance coverage or the availability of a more affordable
18 service.

19 (3) A health insurer may not require an insured to make a
20 payment for a covered service in an amount that exceeds the cash
21 price of the service in the absence of health insurance
22 coverage.

23 Section 2. Paragraph (g) is added to subsection (5) of
24 section 627.6699, Florida Statutes, to read:

25 627.6699 Employee Health Care Access Act.—

26 (5) AVAILABILITY OF COVERAGE.—

27 (g) A health benefit plan covering small employers must
28 comply with s. 627.4303.

29 Section 3. Section 641.514, Florida Statutes, is created
30 to read:

31 641.514 Price transparency in health care services.—

32 (1) This section applies to a health maintenance
33 organization issuing major medical coverage through an
34 individual or a group contract.

35 (2) In its contract with a health care provider, a health
36 maintenance organization may not limit the health care
37 provider's ability to disclose whether a patient's cost-sharing
38 obligation exceeds the cash price for a covered service in the
39 absence of coverage through the health maintenance organization
40 or the availability of a more affordable service.

Amendment No. 1

41 (3) A health maintenance organization may not require a
42 subscriber to make a payment for a covered service in an amount
43 that exceeds the cash price of the service in the absence of
44 coverage through the health maintenance organization.

45 Section 4. This act shall take effect July 1, 2020.

46

47

T I T L E A M E N D M E N T

48
49 Remove everything before the enacting clause and insert:
50 An act relating to price transparency in health care services;
51 creating s. 627.4303, F.S.; defining the term "health insurer";
52 prohibiting limitations on price transparency with patients in
53 contracts between health insurers and health care providers;
54 prohibiting a health insurer from requiring an insured to make a
55 payment for a covered service that exceeds a certain amount;
56 amending s. 627.6699, F.S.; requiring health benefit plans
57 covering small employers to comply with such restrictions;
58 creating s. 641.514, F.S.; prohibiting limitations on price
59 transparency with patients in contracts between health
60 maintenance organizations and health care providers; prohibiting
61 a health maintenance organization from requiring a subscriber to
62 make a payment for a covered service that exceeds a certain
63 amount; providing an effective date.

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 1255 : Informed Consent for Midwifery Services

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: 16 | | Total Nays: 2 | | | |

CS/HB 1255 Amendments

Amendment 857787

Adopted Without Objection

Appearances:

Amendment 857787

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

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

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1255 (2020)

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 | <u> </u> | |

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

3 Representative Mercado offered the following:
4

5 **Amendment (with title amendment)**

6 Between lines 23 and 24, insert:

7 (4) The licensure status of the midwife and any
8 disciplinary action taken against the midwife's license within
9 the preceding 5 years.

10 (5) The number of patients for which the midwife
11 transferred care to a hospital or a physician within the
12 preceding 5 years.

13 (6) The number of adverse incident reported to the
14 department pursuant to s. 456.0459, within the preceding 5 years
15 that resulted in disciplinary action against the midwife's
16 license.

857787 - h1255-line23.docx

Published On: 2/11/2020 9:25:53 PM

Amendment No. 1

17
18
19
20
21
22
23
24

T I T L E A M E N D M E N T

Remove line 5 and insert:

client of options for obtaining medical care, the availability
of information on the midwife's license, the number of transfers
of care and adverse incident reports by the midwife within a
certain timeframe, the

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 1289 : Informed Consent for Pelvic Examinations

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 | | | |

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 6031 : Florida Kidcare 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:

Mitchell, Chase (Lobbyist) - Waive In Support
 Department of Financial Services
 PL 11, The Capitol
 Tallahassee FL 32399-6502
 Phone: (850) 413-2890

Kniepmann, Kenneth (Lobbyist) - Waive In Support
 Florida Conference of Catholic Bishops
 201 West Park Avenue
 Tallahassee FL 32301
 Phone: (850) 222-3803

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

CS/HB 6059 : Specialty Hospitals

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: 11 | | Total Nays: 5 | | | |

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/12/2020 10:00AM

Location: Morris Hall (17 HOB)

HB 7039 : Repeal of Advisory Bodies and Programs

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 | | | |

HB 7039 Amendments

Amendment 550715

Adopted Without Objection

Committee meeting was reported out: Wednesday, February 12, 2020 1:17PM

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 | <u> </u> | |

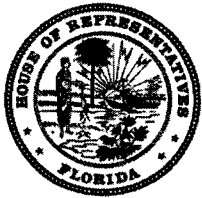
1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee
3 Representative Rodriguez, A. offered the following:

Amendment (with title amendment)

4
5
6 Between lines 556 and 557, insert:
7 Section 16. Subsections (10) and (11) and paragraphs (b)
8 and (c) of subsection (14) of section 395.1055, Florida
9 Statutes, are repealed.

10
11 -----
12 **T I T L E A M E N D M E N T**

13 Remove line 30 and insert:
14 Technical Advisory and Appeals Board; amending s. 395.1055,
15 F.S., deleting the Pediatric Cardiac Technical Advisory Panel;
16 repealing s.



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>163</u> | |
| Amendment Barcode Number: _____ | |

Name: Tonnette [tone-Net] Graham

Representing: FL Association of Counties

Title: Assoc. Director of Public Policy

Address: 100 S. Monroe Street

City: Tallah State/Zip: FL, 32301

Phone Number: 850.922.4300 Meeting Date: 2/12/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Homelessness

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

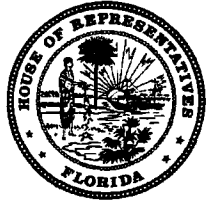
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

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

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



46732036



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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 163 : Homelessness Amendment Barcode Number: N/A |
|--|

Name: **Jackson, Tanya**

Representing: **Florida Coalition for the Homeless**

Title:

Address: **150 S. Monroe Street, Suite 303**

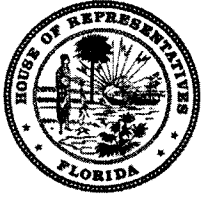
City: **Tallahassee** State/Zip: **FL**

Phone Number: **(850) 445-0107** Meeting Date: **February 12, 2020 10:00 AM**

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

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

| | | | | | |
|---|---|-------------|-------------------------|------------------|-----|
| <input checked="" type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input type="checkbox"/> Appearing in response to an inquiry for information made by member, committee or staff <input type="checkbox"/> Appearing at the written request of the chair <input type="checkbox"/> Judge or elected officer appearing in official capacity <input checked="" type="checkbox"/> Lobbyist Appearance Form Submitted | <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td>Waive In Support</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td>N/A</td> </tr> </table> | <u>Bill</u> | Waive In Support | <u>Amendment</u> | N/A |
| <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 | <input type="checkbox"/> | Amendment | <input checked="" type="checkbox"/> |
| Bill/PCS/PCB Number: | 309 | | |
| Amendment Number: | 163495 | | |

Name: Ron Watson

Representing: Florida Chiropractic Physician Assoc

Title: Lobbyist

Address: 3738 Menden Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 2/12/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: prohibited acts by HC 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.)

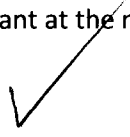
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



WFS

| | | | |
|----------------------|--------------------------|-----------|-------------------------------------|
| Bill | <input type="checkbox"/> | Amendment | <input checked="" type="checkbox"/> |
| Bill/PCS/PCB Number: | <u>309</u> | | |
| Amendment Number: | <u>163495</u> | | |

Name: Alexandra Abboud

Representing: Florida Dental Association

Title: Governmental Affairs Liaison

Address: 118 E Jefferson St

City: Tallahassee State/Zip: FL, 32301

Phone Number: 850-224-1089 Meeting Date: 2/12/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Prohibited Acts by Health Care 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



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: | HB 309 | | |
| Amendment Number: | _____ | | |



Name: Debra Diaz

Representing: myself

Title: CRWA

Address: 15 Cumberland Ave

City: Ormond Beach State/Zip: FL 32174

Phone Number: 305-303-2357 Meeting Date: 2/12/20

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.

WFO

| | | | |
|---------------------------------|-------------------------------------|-----------|--------------------------|
| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>309</u> | | | |
| Amendment Barcode Number: _____ | | | |

Name: Jusan Lynch

Representing: Private Citizen

Title: Nurse Practitioner

Address: 1385 Voltaire St

City: Daytona State/Zip: FL 32225

Phone Number: 386-717-6180 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent 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>HB 309</u> | | | |
| Amendment Barcode Number: _____ | | | |

wfo

Name: Jennifer French

Representing: self

Title: RN

Address: 7111 N Howard Ave

City: Tampa State/Zip: FL 33604

Phone Number: 336-848-9042 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

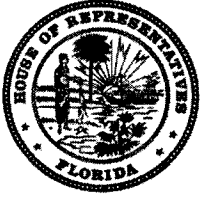
State Employee: YES NO

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

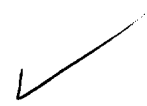
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent 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/o

| | | | |
|---------------------------------|-------------------------------------|-----------|--------------------------|
| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>309</u> | | | |
| Amendment Barcode Number: _____ | | | |

Name: Jordan Strammer

Representing: Self

Title: Student Nurse Anesthetist

Address: 11719 Holly Creek Drive

City: Riverview State/Zip: FL

Phone Number: 941 468 7794 Meeting Date: 2/12/2020

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

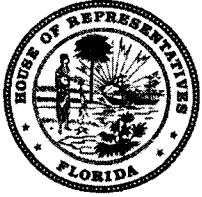
State Employee: YES NO

- 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.

Bill Amendment

Bill/PCS/PCB Number: HB309

Amendment Number: _____

W/O

Name: Deena Dufkowsky^(sp)

Representing: Certified Registered Nurse Anesthetist (self)

Title: CRNA

Address: 17416 Brown Rd

City: Odessa State/Zip: FL 33556

Phone Number: (813)447-1024 Meeting Date: 2/12/2020

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.

| | | | |
|----------------------|-------------------------------------|-----------|--------------------------|
| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | <u>309</u> | | |
| Amendment Number: | _____ | | |

WFO

Name: Laura McKee

Representing: self

Title: Certified Registered Nurse Anesthetist

Address: 1912 Peppermill Dr

City: Clearwater State/Zip: FL 33763

Phone Number: 317-413-6308 Meeting Date: 2/12/2020

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.

WFO

Bill Amendment

Bill/PCS/PCB Number: SB 309
HR

Amendment Barcode Number: _____

Name: KATHERINA WALKER

Representing: CRNAs

Title: RN

Address: 204 W Hyde PARTICIPANCE #209

City: TAMPA State/Zip: FL 33606

Phone Number: 512 797 1884 Meeting Date: 2-12-20

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/o

Bill Amendment

Bill/PCS/PCB Number: 309

Amendment Number: _____

Name: Kirsten Reis

Representing: Self

Title: ~~CRNA~~ certified Registered Nurse Anesthetist

Address: 6611 N. Elizabeth St

City: Tampa State/Zip: FL 33604

Phone Number: 630-905-9056 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

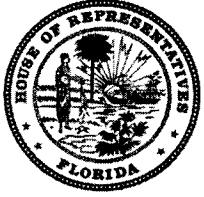
State Employee: YES NO

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

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

Bill: Proponent Opponent 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>309</u> | |
| Amendment Number: _____ | |

Name: Chris Puland

Representing: Florida Chapter, American College of Physicians

Title: _____

Address: 4427 Herschel St

City: Jacksonville, State/Zip: FL 32210

Phone Number: 904-233-3051 Meeting Date: 2/12/20

Committee/Subcommittee: Health and 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



20907721



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 309 : Prohibited Acts by Health Care Practitioners Amendment Barcode Number: N/A |
|--|

Name: **Sell, Brence**

Representing: **Florida Society of Anesthesiologists**

Title: **Anesthesiologist**

Address: **4770 Buckhead Ct**

City: **Tallahassee** State/Zip: **FL 32309**

Phone Number: **8506680653** Meeting Date: **February 12, 2020 10:00 AM**

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> |
| 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.

570

| | | | |
|----------------------|-------------------------------------|-----------|--------------------------|
| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | 309 | | |
| Amendment Number: | _____ | | |

Name: Steve Winn

Representing: FL Osteopathic Medical Assoc.

Title: Executive Dir.

Address: 2544 Blairstone Pines Dr.

City: Tallahassee State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 2/13/20

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.

wfo

| | |
|--|------------------------------------|
| Bill <input checked="" type="checkbox"/> | Amendment <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>309</u> | |
| Amendment Barcode Number: _____ | |

Name: Karla Maldonado

Representing: self

Title: Certified Registered Nurse Anesthetist

Address: 3181 Sterling St.

City: Tarpon Springs State/Zip: FL 34688

Phone Number: (561) 481-082 Meeting Date: 7/12/2020

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

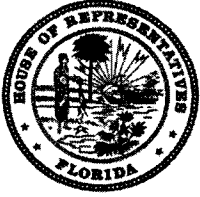
State Employee: YES NO

- 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.



wfo

| | | | |
|---------------------------------|-------------------------------------|-----------|--------------------------|
| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>309</u> | | | |
| Amendment Barcode Number: _____ | | | |

Name: Allen A. Plaskett

Representing: ~~FANTA~~ CR

Title: Nurse Anesthetist

Address: 12917 24th Ct. E

City: Parrish State/Zip: FL

Phone Number: 301 928 7261 Meeting Date: 2/12/20

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.

WFO

| | |
|---------------------------------|------------------------------------|
| Bill <input type="checkbox"/> | Amendment <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>309</u> | |
| Amendment Barcode Number: _____ | |

Name: Susan Fine

Representing: self

Title: Certified Registered Nurse Anesthetist

Address: 951 Fostoria Drive

City: Melbourne State/Zip: Fl. 32940

Phone Number: 216 262 6279 Meeting Date: 2-12-2020

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

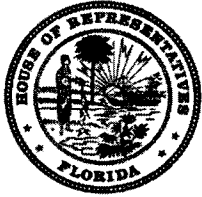
State Employee: YES NO

- 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/o

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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>309</u> | | | |
| Amendment Barcode Number: _____ | | | |

Name: GLORIA HAROLD-ISOM

Representing: Self

Title: Certified Registered Nurse Anesthetist

Address: 697 Griffin Lane

City: Melbourne State/Zip: FL 32940

Phone Number: 216 244-4114 Meeting Date: 2/12/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

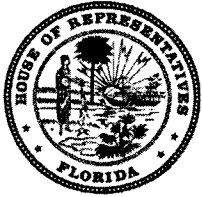
State Employee: YES NO

- 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

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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | HB 309 | | |
| Amendment Number: | _____ | | |

Name: Jeff Scott

Representing: Florida Medical Association

Title: _____

Address: 1430 Piedmont Dr, E.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 224-6196 Meeting Date: 2/12/20

Committee/Subcommittee: HLK

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

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| Bill <input checked="" type="checkbox"/> | Amendment <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>HB 309</u> | |
| Amendment Barcode Number: _____ | |

Name: JACK HEBERT

Representing: FLORIDA CHIROPRACTIC ASSOCIATION

Title: GOV'T AFFAIRS DIRECTOR

Address: 2655 ULMERTON RD, #276

City: CLEARWATER State/Zip: FL 33762

Phone Number: 727.560.3323 Meeting Date: 2-12-2020

Committee/Subcommittee: HAS

Presentation/Workshop Topic: PROHIBITED ACTS

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.

| | |
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| Bill <input checked="" type="checkbox"/> | Amendment <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>HB 309</u> | |
| Amendment Barcode Number: _____ | |

Name: Jeff Carroll

Representing: Florida Academy of Anesthesiologist Assistants

Title: FAAA President

Address: 2322 Myra St.

City: Jacksonville State/Zip: Florida 32204

Phone Number: 614 271 5814 Meeting Date: 2/12/20

Committee/Subcommittee: Health and Human Services Committee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

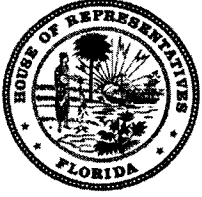
State Employee: YES NO

- 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.)

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: ~~103495~~ 103495

Amendment Number: HB 309

Name: DAVID RAMBA

Representing: FL OPTOMETRIC ASSOC

Title: _____

Address: 120 S. Monroe

City: TULLA State/Zip: FL 32301

Phone Number: _____ Meeting Date: _____

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.

Bill Amendment

Bill/PCS/PCB Number: 319

Amendment Number: _____

Name: Pam Olsen

Representing: FL Faith-based Community based Advisory Council

Title: Legislative Lead

Address: PO Box 14017

City: TLH State/Zip: 32317

Phone Number: 850-906-9170 Meeting Date: 2-12-20

Committee/Subcommittee: _____

Presentation/Workshop Topic: Healthy Marriage Bill

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent 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.

Not present

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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | | 319 | |
| Amendment Number: | | | |

Name: Barbra DeVane

Representing: FL NOW

Title: MS

Address: 625 E. Brevard St

City: Tallahassee State/Zip: FL 32308

Phone Number: 251-4280 Meeting Date: 2-12-20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Healthy Marriage Guide

Registered Lobbyist: YES NO

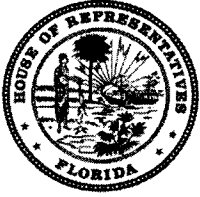
State Employee: YES NO

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

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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | <u>559</u> | | |
| Amendment Number: | _____ | | |

W/S

Name: Carlos Cruz
 Representing: Polaris Pharmacy Services
 Title: Govt Consultant
 Address: 307 W Park Ave
 City: Tallahassee State/Zip: FL 32003
 Phone Number: 904-214-5724 Meeting Date: 2-12-2020
 Committee/Subcommittee: Health & Human Services Committee
 Presentation/Workshop Topic: Institutional Formulary

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.

| | | | |
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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | 559 | | |
| Amendment Number: | _____ | | |

WFS

Name: CLIFF BAUER

Representing: MIAMI Jewish Home

Title: V. President

Address: 5200 NE 2nd Ave

City: MIAMI State/Zip: 33137

Phone Number: 954-465-7431 Meeting Date: 2-12-20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

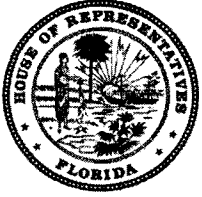
State Employee: YES NO

- 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 Amendment

Bill/PCS/PCB Number: 573

Amendment Number: _____

Name: Wayne BERNIE BERNOSKA

Representing: FLORIDA PROFESSIONAL FIREFIGHTERS

Title: PRESIDENT

Address: 343 W. MADISON ST.

City: TALLAHASSEE State/Zip: FL. 32301

Phone Number: 321-231-9116 Meeting Date: 2-12-20

Committee/Subcommittee: HEALTH + HUMAN SERVICES COMMITTEE

Presentation/Workshop Topic: Peer Support For 1st Responders

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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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 577 : Coordinated Specialty Care Programs Amendment Barcode Number: N/A |
|--|

Name: **James, Jodi**

Representing: **Florida Cannabis Action Network**

Title: **Legislative Chair**

Address: **1375 Cypress Ave**

City: **Melbourne** State/Zip: **FLORIDA (FL) 32935**

Phone Number: **3212533673** Meeting Date: **February 12, 2020 10:00 AM**

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

Presentation/Workshop Topic: **Cannabis and Mental Illness**

- 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> |
| Opponent |
| <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: 577
 Amendment Number: _____

Name: Adam Roberts

Representing: NAMI PBC + MHA PBC

Title: Director of Communications

Address: 2634 Capital Cir. NE, Bldg. J.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-591-9293 Meeting Date: 2-12-2020

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

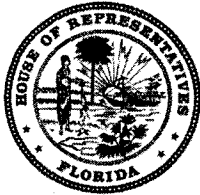
State Employee: YES NO

- 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

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: 647
Amendment Number: []

W/S

Name: Marc Dunbar

Representing: FL Association of RV Parks & Campgrounds

Title: []

Address: 215 S Monroe St. Ste 815

City: Tallahassee State/Zip: FL 32301

Phone Number: 999-4100 Meeting Date: 2/12/20

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: Recreational Vehicle Parks

Registered Lobbyist: YES [checked] NO []

State Employee: YES [] NO [checked]

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

(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 [checked] 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

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| Bill <input checked="" type="checkbox"/> | Amendment <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>705</u> | |
| Amendment Barcode Number: _____ | |

Name: Tonnette [tone-Net] Graham

Representing: FL Association of Counties

Title: Assoc. Director of Public Policy

Address: 100 S. Monroe St

City: Tallah State/Zip: FL, 32301

Phone Number: 850.922.4300 Meeting Date: 2/12/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Emerg. Pet Sheltering

Registered Lobbyist: YES NO

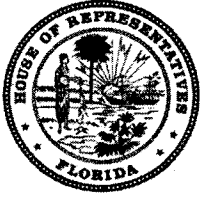
State Employee: YES NO

- 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: 705

Amendment Number: _____

Name: JENNIFER HOBGOOD

Representing: ASPCA (American Society for the Prevention of Cruelty to Animals)

Title: SENIOR DIRECTOR, LEGISLATION

Address: PO BOX 5741

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850 445 5245 Meeting Date: 2/12/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

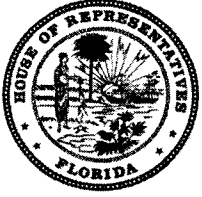
State Employee: YES NO

- 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 Amendment

Bill/PCS/PCB Number: 705

Amendment Number: _____

Name: Kate MacFall

Representing: Humane Society of the United States

Title: State Director

Address: 1624 Macuphite Circle

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 508-1001 Meeting Date: 2/12/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

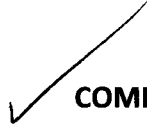
State Employee: YES NO

- 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

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: 705
 Amendment Barcode Number: _____

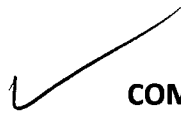
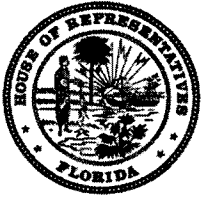
Name: Chris Doolin
 Representing: SMALL COUNTY COALITION
 Title: CONSULTANT
 Address: 1118-B THOMASVILLE Rd.
 City: TALLAHASSEE State/Zip: FL. 32303
 Phone Number: 850-508-5492 Meeting Date: 2-12-20
 Committee/Subcommittee: Health + Human Services
 Presentation/Workshop Topic: _____

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

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

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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>705</u> | | | |
| Amendment Barcode Number: _____ | | | |

W/S

Name: Dorene Barker

Representing: AARP FL

Title: Associate State Director

Address: 215 S. Monroe St, Suite 603

City: Tallahassee State/Zip: FL 32308

Phone Number: 250-228-6387 Meeting Date: 2/12/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Emergency Sheltering of Persons + Pets

Registered Lobbyist: YES NO

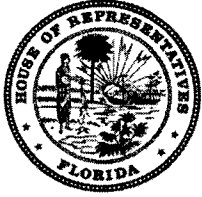
State Employee: YES NO

- 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.

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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | 713 | | |
| Amendment Number: | _____ | | |

WFS

Name: Corinne Mixon

Representing: Florida Mental Health Counselors Association

Title: Lobbyist

Address: 511 N. Adams St.

City: Tallahassee FL State/Zip: 32301

Phone Number: 766 5795 Meeting Date: 2/12/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: DOH

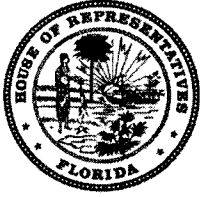
Registered Lobbyist: YES NO
 State Employee: YES NO

- 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



W/S

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: | HB 713 | | |
| Amendment Number: | _____ | | |

Name: Chief Ray Colburn

Representing: FLORIDA Fire Chiefs' Association

Title: Executive Director

Address: 5289 PALM Dr.

City: MELBOURNE BEACH State/Zip: FL 32951

Phone Number: 407-468-6622 Meeting Date: 02-12-2020

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

W/S

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

| | | | |
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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | 713 | | |
| Amendment Number: | _____ | | |

Name: Steve Winn

Representing: FL Osteopathic Medical Assoc.

Title: Executive Dir.

Address: 2544 Blairstone Pines Dr

City: Tallahassee State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 2/13/20

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.

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|----------------------|-------------------------------------|-----------|--------------------------|
| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | 713 | | |
| Amendment Number: | _____ | | |

Name: Alexandra Abboud

Representing: Florida Dental Association

Title: Governmental Affairs Liaison

Address: 118 E Jefferson street

City: Tallahassee State/Zip: FL / 32301

Phone Number: 850-224-1089 Meeting Date: 2/12/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Department of Health

Registered Lobbyist: YES NO

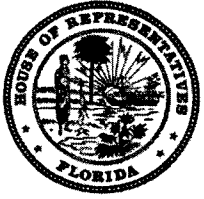
State Employee: YES NO

- 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.

WLS

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| Bill | <input type="checkbox"/> | Amendment | <input checked="" type="checkbox"/> |
| Bill/PCS/PCB Number: | <u>767</u> | | |
| Amendment Barcode Number: | <u>038675</u> | | |

Name: Melanie Bostick

Representing: Florida Assisted Living Association

Title: _____

Address: P.O. Box 390

City: Tallahassee State/Zip: FL 32302

Phone Number: (850) 891-1726 Meeting Date: 2/12/2020

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Assisted Living Facilities

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.

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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | 767 | | |
| Amendment Number: | _____ | | |

Name: Melanie Bostick

Representing: Florida Assisted Living Association

Title: _____

Address: P.O. Box 390

City: Tallahassee State/Zip: FL 32302

Phone Number: (850) 841-1726 Meeting Date: 2/12/2020

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: Assisted Living Facilities

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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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WLS

| |
|---|
| <input checked="" type="checkbox"/> Bill <input checked="" type="checkbox"/> Amendment Bill Number: CS/HB 767 : Assisted Living Facilities Amendment Barcode Number: 038675 |
|---|

Name: **Hand, Jason**

Representing: **Florida Senior Living Association**

Title:

Address: **2292 Wednesday St, Suite 1**

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

Phone Number: **(850) 570-8825** Meeting Date: **February 12, 2020 10:00 AM**

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

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

| | | | | | |
|---|---|-------------|------------------|------------------|-------------------------|
| <input checked="" type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input type="checkbox"/> Appearing in response to an inquiry for information made by member, committee or staff <input type="checkbox"/> Appearing at the written request of the chair <input type="checkbox"/> Judge or elected officer appearing in official capacity <input checked="" type="checkbox"/> Lobbyist Appearance Form Submitted | <table border="1"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td>Proponent</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td>Waive In Support</td> </tr> </table> | <u>Bill</u> | Proponent | <u>Amendment</u> | Waive In Support |
| <u>Bill</u> | | | | | |
| Proponent | | | | | |
| <u>Amendment</u> | | | | | |
| Waive In Support | | | | | |



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WLS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

| |
|---|
| <input checked="" type="checkbox"/> Bill <input checked="" type="checkbox"/> Amendment Bill Number: CS/HB 767 : Assisted Living Facilities Amendment Barcode Number: 599303 |
|---|

Name: **Hand, Jason**

Representing: **Florida Senior Living Association**

Title:

Address: **2292 Wednesday St, Suite 1**

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

Phone Number: **(850) 570-8825** Meeting Date: **February 12, 2020 10:00 AM**

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

| |
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| <u>Bill</u> |
| Proponent |
| <u>Amendment</u> |
| Waive In Support |



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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 767 : Assisted Living Facilities Amendment Barcode Number: N/A |
|---|

Name: **Hand, Jason**

Representing: **Florida Senior Living Association**

Title:

Address: **2292 Wednesday St, Suite 1**

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

Phone Number: **(850) 570-8825** Meeting Date: **February 12, 2020 10:00 AM**

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> |
| 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.

W/S

| | | | |
|----------------------|-------------------------------------|-----------|--------------------------|
| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | 767 | | |
| Amendment Number: | _____ | | |

Name: Cynthia Henderson

Representing: Atua Sr Living

Title: _____

Address: ~~2111~~ 108 E Jefferson St

City: Tall State/Zip: FL 32301

Phone Number: 850 559 0855 Meeting Date: 12 Feb 2020

Committee/Subcommittee: HH 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.

WJS

| | | | |
|----------------------|-------------------------------------|-----------|--------------------------|
| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | | 767 | |
| Amendment Number: | | | |

Name: Susan Anderson

Representing: Leading Age Florida

Title: Dir. of Assisted Living Public Policy

Address: 1812 Riggins Rd.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-702-0306 Meeting Date: 2-12-20

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 Amendment

Bill/PCS/PCB Number: HB 767

Amendment Barcode Number: _____

Name: Dorene Barker

Representing: AARP FL

Title: Associate State Director

Address: 215 South Monroe St, Suite 603

City: Jacksonville State/Zip: FL 32301

Phone Number: 850-228-6387 Meeting Date: _____

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: Assisted Living Facilities

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.

5/10/20

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| Bill <input checked="" type="checkbox"/> | Amendment <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>825</u> | |
| Amendment Barcode Number: _____ | |

Name: Jake Farmer

Representing: Florida Retail Federation

Title: Director of Government Affairs

Address: 227 S Adams

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 222 4082 Meeting Date: _____

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Administration of Vaccines

Registered Lobbyist: YES NO

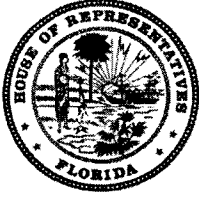
State Employee: YES NO

- 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.

WCS

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| Bill <input checked="" type="checkbox"/> | Amendment <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>833</u> | |
| Amendment Number: _____ | |

Name: CLIFF BAUER

Representing: FLORIDA PACE CENTERS

Title: President

Address: 5200 NE 2nd Ave

City: Miami State/Zip: 33137

Phone Number: 954-465-7431 Meeting Date: 2/12/20

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.

WKS

Bill Amendment

Bill/PCS/PCB Number: HB 833

Amendment Barcode Number: _____

Name: Dorene Barker

Representing: AARP FL

Title: Associate State Director

Address: 215 South Monroe, Suite 603

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-228-6387 Meeting Date: _____

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Program of All-Inclusive Care to Elderly

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.

WFO

Bill Amendment
 Bill/PCS/PCB Number: 955
 Amendment Number: _____

Name: Alexandra Abboud

Representing: Florida Dental Association

Title: Governmental Affairs Liaison

Address: 118 E Jefferson St

City: Tallahassee State/Zip: FL 132301

Phone Number: 850-224-1089 Meeting Date: 2/12/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Physician Referrals

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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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

| |
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| <input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 1083 : Student Mental Health Procedures Amendment Barcode Number: N/A |
|--|

Name: **Wiggins, Kristina**

Representing: **Florida Public Defender Association, Inc**

Title:

Address: **103 N Gadsden St, Suite 115**

City: **Tallahassee**

State/Zip: **FL**

Phone Number: **(850) 488-6850**

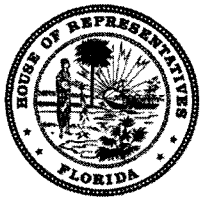
Meeting Date: **February 12, 2020 10:00 AM**

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

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| <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.

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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>1147</u> | | | |
| Amendment Barcode Number: _____ | | | |

Name: Cynthia Henderson

Representing: CIOX, Inc.

Title: _____

Address: 108 E. Jefferson

City: Tall State/Zip: FL 32301

Phone Number: 850/559 0855 Meeting Date: 12 Feb 2020

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

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| Bill <input checked="" type="checkbox"/> | Amendment <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>1179</u> | |
| Amendment Barcode Number: _____ | |

Name: Kirk Hall

Representing: The ARC of Florida

Title: CEO

Address: 2898 Mahan, Suite 1

City: Tallahassee State/Zip: FL 32308

Phone Number: (850) 921-0460 Meeting Date: _____

Committee/Subcommittee: Education

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

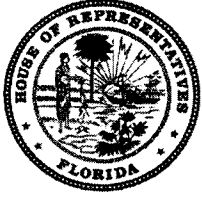
State Employee: YES NO

- 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.

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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | | 1179 | |
| Amendment Number: | | _____ | |

Name: Ron Watson

Representing: Florida Renal Assoc

Title: Lobbyist

Address: 3738 Menden Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 2/12/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: organ transplant discrimination

Registered Lobbyist: YES NO

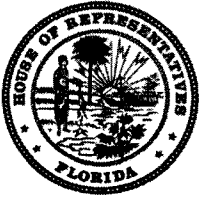
State Employee: YES NO

- 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

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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>HB 1183</u> | | | |
| Amendment Barcode Number: _____ | | | |

Name: JACK HEBERT

Representing: FLORIDA CHIROPRACTIC ASSN.

Title: GOVT. AFFAIRS DIR.

Address: 2655 ULMERTON RD - #276

City: CLEARWATER State/Zip: FL 33762

Phone Number: 727 560 3323 Meeting Date: 2-12-2020

Committee/Subcommittee: HHS

Presentation/Workshop Topic: TENS UNIT PRESCRIBING

Registered Lobbyist: YES NO

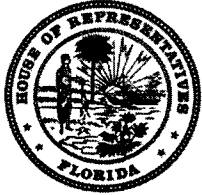
State Employee: YES NO

- 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.

WJS

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| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>HB 1205</u> | | | |
| Amendment Barcode Number: _____ | | | |

Name: Ivonne Fernandez

Representing: AARP FL

Title: Associate State Director

Address: 215 South Monroe St, Suite 603

City: Jallahassee State/Zip: FL 32308

Phone Number: 850-228-6387 Meeting Date: 2/12/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Price Transparency in Health Care Services

Registered Lobbyist: YES NO

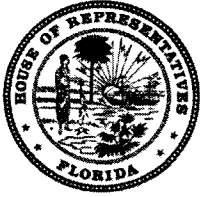
State Employee: YES NO

- 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.

STW

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|----------------------|-------------------------------------|-----------|--------------------------|
| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: | 1205 | | |
| Amendment Number: | _____ | | |

Name: Chris Noland

Representing: Florida Gastroenterologic Society

Title: _____

Address: 4427 Herrchel St

City: Jacksonville State/Zip: FL 32210

Phone Number: 904-233-3051 Meeting Date: 2/12/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

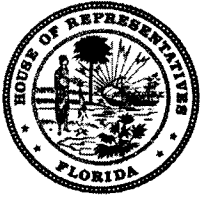
State Employee: YES NO

- 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

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: | 1255 | | |
| Amendment Number: | 857787 | | |

Name: Ron Watson

Representing: Midwife Assoc of Florida

Title: Lobbyist

Address: 3738 Murden Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 2/12/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: childbirth

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 Amendment
Bill/PCS/PCB Number: 1255
Amendment Number: _____

Name: Ron Watson

Representing: Midwife Assoc of Florida

Title: Lobbyist

Address: 3738 Mardon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 2/12/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Childbirth

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.

WJS

| | | | |
|----------------------------------|-------------------------------------|-----------|--------------------------|
| Bill | <input checked="" type="checkbox"/> | Amendment | <input type="checkbox"/> |
| Bill/PCS/PCB Number: <u>6031</u> | | | |
| Amendment Barcode Number: _____ | | | |

Name: Chase Mitchell

Representing: CFO Jimmy Patronis

Title: Senior Management Analyst

Address: PL 11, The Capitol

City: Tallahassee State/Zip: FL / 32399

Phone Number: (850) 413-2890 Meeting Date: 2/12

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

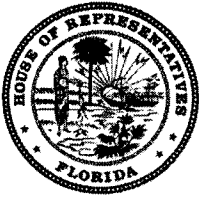
State Employee: YES NO

- 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.)

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.

WFS

Bill Amendment

Bill/PCS/PCB Number: 6031

Amendment Number: _____

Name: Ken Kniepmann (keh-neeep-man)

Representing: Florida Conference Catholic Bishops

Title: Associate

Address: 201 W Park

City: Tallahassee State/Zip: _____

Phone Number: _____ Meeting Date: _____

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