



Health & Human Services Committee

**Tuesday, February 18, 2020
3:00 PM – 6:00 PM
Morris Hall (17 HOB)**

Action Packet

**Jose Oliva
Speaker**

**Ray Rodrigues
Chair**

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

Summary:

Health & Human Services Committee

Tuesday February 18, 2020 03:00 pm

CS/HB 59	Favorable With Committee Substitute	Yeas: 16	Nays: 0
	Amendment 945897 Adopted Without Objection		
HB 89	Favorable With Committee Substitute	Yeas: 14	Nays: 0
	Amendment 880969 Adopted Without Objection		
CS/HB 253	Favorable With Committee Substitute	Yeas: 17	Nays: 0
	Amendment 082615 Adopted Without Objection		
HB 389	Temporarily Postponed		
HB 467	Favorable With Committee Substitute	Yeas: 17	Nays: 0
	Amendment 923073 Adopted Without Objection		
CS/CS/HB 649	Favorable With Committee Substitute	Yeas: 16	Nays: 0
	Amendment 523207 Adopted Without Objection		
CS/HB 763	Favorable With Committee Substitute	Yeas: 17	Nays: 0
	Amendment 645741 Adopted Without Objection		
	Amendment 809329 Adopted Without Objection		
CS/HB 835	Favorable	Yeas: 16	Nays: 0
CS/HB 919	Favorable	Yeas: 16	Nays: 1
CS/HB 941	Favorable	Yeas: 17	Nays: 0
CS/HB 1071	Favorable	Yeas: 17	Nays: 0
CS/HB 1081	Favorable With Committee Substitute	Yeas: 16	Nays: 0
	Amendment 882131 Adopted Without Objection		
	Amendment 728499 Adopted Without Objection		
CS/HB 1105	Favorable With Committee Substitute	Yeas: 16	Nays: 0
	Amendment 939449 Adopted Without Objection		
CS/HB 1187	Favorable	Yeas: 15	Nays: 0

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

Summary: (continued)

Health & Human Services Committee

Tuesday February 18, 2020 03:00 pm

HB 1217	Favorable	Yeas: 15	Nays: 0
HB 1273	Favorable	Yeas: 17	Nays: 0
HB 1279	Favorable	Yeas: 17	Nays: 0
CS/HB 1287	Favorable	Yeas: 15	Nays: 0
CS/HB 1323	Favorable	Yeas: 15	Nays: 0
HB 7025	Favorable	Yeas: 16	Nays: 0
HB 7045	Favorable With Committee Substitute	Yeas: 16	Nays: 0
	Amendment 917373	Adopted as Amended	
	Amendment 882603	Adopted Without Objection	
	Amendment 342715	Adopted Without Objection	
CS/HB 7053	Temporarily Postponed		

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

Attendance:

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

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 59 : Automated Pharmacy Systems

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/HB 59 Amendments

Amendment 945897

Adopted Without Objection

Appearances:

Amendment 945897

Pinsky, Richard (Lobbyist) - Waive In Support
 MedAvail Technologies, Inc
 106 E College Ave
 Tallahassee FL 32301
 Phone: (850) 224-9634

Henderson, Cynthia (Lobbyist) - Opponent
 Epic Pharmacies, Inc c/o MultiState Associates, Inc
 108 E Jefferson St Ste A
 Tallahassee FL 32301
 Phone: (850) 210-5385

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 59 (2020)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	—	(Y/N)
ADOPTED AS AMENDED	—	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	—	(Y/N)
WITHDRAWN	—	(Y/N)
OTHER	_____	

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

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:
7 Section 1. Section 465.0235, Florida Statutes, is amended
8 to read:

9 465.0235 Automated pharmacy systems used by long-term care
10 facilities, hospices, or state correctional institutions, or for
11 outpatient dispensing.—

12 (1) A pharmacy may provide pharmacy services to a long-
13 term care facility or hospice licensed under chapter 400 or
14 chapter 429 or a state correctional institution operated under
15 chapter 944 through the use of an automated pharmacy system that
16 need not be located at the same location as the pharmacy.

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Published On: 2/17/2020 7:56:59 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 59 (2020)

Amendment No. 1

17 (2) A community pharmacy, as defined in s. 465.003 and
18 licensed in this state, may provide pharmacy services for
19 outpatient dispensing through the use of an automated pharmacy
20 system that need not be located at the same location as the
21 community pharmacy if:

22 (a) The automated pharmacy system is under the supervision
23 and control of the community pharmacy.

24 (b) The automated pharmacy system is housed in an indoor
25 environment area and in a location to increase patients' access
26 to their prescriptions, including but not limited to, medical
27 facilities, places of business where essential goods and
28 commodities are sold, rural areas of the state, large employer
29 workplaces, and locations where access to a community pharmacy
30 is limited.

31 (c) The community pharmacy providing services through the
32 automated pharmacy system notifies the board of the location of
33 the automated pharmacy system and any changes in such location.

34 (d) The automated pharmacy system has a mechanism that
35 provides live, real-time patient counseling by a pharmacist, as
36 defined in s. 465.003 and who is licensed in this state, before
37 the dispensing of any medicinal drug.

38 (e) The automated pharmacy system does not contain or
39 dispense any controlled substance listed in s. 893.03 or 21
40 U.S.C. s. 812.

Amendment No. 1

41 (f) The community pharmacy maintains a record of the
42 medicinal drugs dispensed, including the identity of the
43 pharmacist responsible for verifying the accuracy of the dosage
44 and directions and providing patient counseling.

45 (g) The automated pharmacy system ensures the
46 confidentiality of personal health information.

47 (h) The community pharmacy maintains written policies and
48 procedures to ensure the proper, safe, and secure functioning of
49 the automated pharmacy system. The community pharmacy shall
50 annually review the policies and procedures and maintain a
51 record of such policies and procedures for a minimum of 4 years.
52 The annual review must be documented in the community pharmacy's
53 records and must be made available to the board upon request.
54 The policies and procedures must, at a minimum, address all of
55 the following:

56 1. Maintaining the automated pharmacy system and any
57 accompanying electronic verification process in good working
58 order.

59 2. Ensuring the integrity of the automated pharmacy
60 system's drug identifier database and its ability to identify
61 the person responsible for making database entries.

62 3. Ensuring the accurate filling, stocking, and
63 verification of the automated pharmacy system.

64 4. Ensuring sanitary operation of the automated pharmacy
65 system and prevention of cross-contamination of cells,

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66 cartridges, containers, cassettes, or packages.

67 5. Testing the accuracy of the system and any accompanying
68 electronic verification process. The automated pharmacy system
69 and accompanying electronic verification process must, at a
70 minimum, be tested before the first use of the system, upon
71 restarting the system, and after a modification of the system or
72 electronic verification process which alters the filling or
73 electronic verification process.

74 6. Training persons authorized to access, stock, restock,
75 or use the system.

76 7. Conducting routine and preventative maintenance of the
77 automated pharmacy system, including calibration, if applicable.

78 8. Removing expired, adulterated, misbranded, or recalled
79 drugs from the automated pharmacy system.

80 9. Preventing unauthorized persons from accessing the
81 automated pharmacy system, including assigning, discontinuing,
82 or modifying security access.

83 10. Identifying and recording persons responsible for
84 stocking and filling the automated pharmacy system.

85 11. Ensuring compliance with state and federal law,
86 including, but not limited to, all applicable labeling, storage,
87 and security requirements.

88 12. Maintaining an ongoing quality assurance program that
89 monitors performance of the automated pharmacy system and any
90 accompanying electronic verification process to ensure proper

Amendment No. 1

91 and accurate functioning, including tracking and documenting
92 system errors. A community pharmacy must maintain such
93 documentation for a minimum of 4 years and must produce it to
94 the board upon request.

95 (3)-(2) Medicinal drugs stored in bulk or unit of use in an
96 automated pharmacy system servicing a long-term care facility,
97 hospice, or correctional institution, or for outpatient
98 dispensing, are part of the inventory of the pharmacy providing
99 pharmacy services to that facility, hospice, or institution, or
100 for outpatient dispensing, and medicinal drugs delivered by the
101 automated pharmacy system are considered to have been dispensed
102 by that pharmacy.

103 (4)-(3) The operation of an automated pharmacy system must
104 be under the supervision of a ~~Florida-licensed~~ pharmacist
105 licensed in this state. To qualify as a supervisor for an
106 automated pharmacy system, the pharmacist need not be physically
107 present at the site of the automated pharmacy system and may
108 supervise the system electronically. The ~~Florida-licensed~~
109 pharmacist shall be required to develop and implement policies
110 and procedures designed to verify that the medicinal drugs
111 delivered by the automated pharmacy dispensing system are
112 accurate and valid and that the machine is properly restocked.

113 (5)-(4) The Legislature does not intend for this section to
114 limit the current practice of pharmacy in this state. This
115 section is intended to allow automated pharmacy systems to

Amendment No. 1

116 enhance the ability of a pharmacist to provide pharmacy services
117 in locations that do not employ a full-time pharmacist. This
118 section does not limit or replace the use of a consultant
119 pharmacist.

120 (6) ~~(5)~~ The board may ~~shall~~ adopt rules governing the use
121 of ~~an~~ automated pharmacy systems. If adopted, such rules ~~system~~
122 ~~by January 1, 2005~~, which must include all of the following
123 specify:

124 (a) Recordkeeping requirements. ~~†~~

125 (b) Security requirements. ~~† and~~

126 (c) Labeling requirements that permit the use of unit-dose
127 medications if the facility, hospice, or institution maintains
128 medication-administration records that include directions for
129 use of the medication and the automated pharmacy system
130 identifies:

131 1. The dispensing pharmacy. ~~†~~

132 2. The prescription number. ~~†~~

133 3. The name of the patient. ~~† and~~

134 4. The name of the prescribing practitioner.

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

136

137 -----

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

139 Remove everything before the enacting clause and insert:

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 59 (2020)

Amendment No. 1

140 | An act relating to automated pharmacy systems; amending s.
141 | 465.0235, F.S.; authorizing a community pharmacy to use an
142 | automated pharmacy system under certain circumstances; providing
143 | that certain medicinal drugs stored in an automated pharmacy
144 | system for outpatient dispensing are part of the inventory of
145 | the pharmacy providing services through such system; requiring
146 | community pharmacies to adopt certain policies and procedures;
147 | authorizing, rather than requiring, the Board of Pharmacy to
148 | adopt specified rules; deleting an obsolete date; providing an
149 | effective date.

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 59 : Automated Pharmacy Systems (continued)

Appearances: (continued)

Grajales, Cesar (Lobbyist) - Waive In Support

Americans for Prosperity
200 W College Ave
Tallahassee FL 32301
Phone: (786) 260-9283

Jackson, Michael (Lobbyist) (Lobbyist Appearance Form Submitted) - Opponent

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

nuzzo, sal (General Public) - Proponent

The James Madison Institute
100 Duval Street
Tallahassee Florida 32301
Phone: 8503229941

Farmer, Jake (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support

Florida Retail Federation
227 S Adams St
Tallahassee FL
Phone: (352) 359-6835

Health Care

Bishop, Barney (Lobbyist) (Lobbyist Appearance Form Submitted) - Opponent

Small Business Pharmacies Aligned for Reform, Inc.
2215 Thomasville Rd Ste 201
Tallahassee F
Phone: (850) 510-9922

Fernandez, Ivonne (Lobbyist) - Waive In Support

AARP
Associate State Director
215 S Monroe St.
Tallahassee FL
Phone: 954-850-7262

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

HB 89 : Adoption Records

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: 14		Total Nays: 0			

HB 89 Amendments

Amendment 880969

Adopted Without Objection

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 89 (2020)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

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

Amendment

5
6 Remove line 20 and insert:
7 name and the adoptee is 18 years of age or older; if the adoptee
8 is younger than 18 years of age, the adoptive parent must also
9 provide written consent to disclose the birth parent's name;

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 253 : Elder Abuse Fatality Review Teams

Favorable With Committee Substitute

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

CS/HB 253 Amendments

Amendment 082615

Adopted Without Objection

Appearances:

Pound, Greg (General Public) - Information Only
 9166 Sunrise Dr
 Largo FL 33773

Fernandez, Ivonne (Lobbyist) - Waive In Support
 AARP
 Associate State Director
 215 S Monroe St.
 Tallahassee FL
 Phone: 954-850-7262

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

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 Driskell offered the following:

Amendment (with title amendment)

Remove lines 32-92 and insert:

7 (1) (a) A state attorney, or his or her designee, may
 8 initiate an elder abuse fatality review team in his or her
 9 judicial circuit to review deaths of elderly persons caused by,
 10 or related to, abuse or neglect.

11 (b) An elder abuse fatality review team may include, but
 12 is not limited to, representatives from any of the following
 13 entities or persons located in the review team's judicial
 14 circuit:

- 15 1. Law enforcement agencies.
- 16 2. The state attorney.

Amendment No. 1

- 17 3. The medical examiner.
18 4. A county court judge.
19 5. Adult protective services.
20 6. The area agency on aging.
21 7. The State Long-Term Care Ombudsman Program.
22 8. The Agency for Health Care Administration.
23 9. The Office of the Attorney General.
24 10. The Office of the State Courts Administrator.
25 11. The clerk of the court.
26 12. A victim services program.
27 13. An elder law attorney.
28 14. Emergency services personnel.
29 15. A certified domestic violence center.
30 16. An advocacy organization for victims of sexual
31 violence.
32 17. A funeral home director.
33 18. A forensic pathologist.
34 19. A geriatrician.
35 20. A geriatric nurse.
36 21. A geriatric psychiatrist or other individual licensed
37 to offer behavioral health services.
38 22. A hospital discharge planner.
39 23. A public guardian.
40 24. Any other persons who have knowledge regarding fatal
41 incidents of elder abuse, domestic violence, or sexual violence,

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 253 (2020)

Amendment No. 1

42 including knowledge of research, policy, law, and other matters
43 connected with such incidents involving elders, or who are
44 recommended for inclusion by the review team.

45 (c) Participation in a review team is voluntary. Members
46 of a review team shall serve without compensation and may not be
47 reimbursed for per diem or travel expenses. Members shall serve
48 for terms of 2 years, to be staggered as determined by the co-
49 chaairs.

50 (d) The state attorney may call the first organizational
51 meeting of the team. At the initial meeting, members of a review
52 team shall choose two members to serve as co-chairs. Chairs may
53 be reelected by a majority vote of a review team for not more
54 than two consecutive terms. At the initial meeting, members of a
55 review team shall establish a schedule for future meetings. Each
56 review team shall meet at least once each fiscal year.

57 (e) Each review team shall determine its local operations,
58 including but not limited to, the process for case selection.
59 The state attorney shall refer cases to be reviewed by each
60 team. Reviews must be limited to closed cases in which an
61 elderly person's death was caused by, or related to, abuse or
62 neglect. All identifying information concerning the elderly
63 person must be redacted by the state attorney in documents
64 received for review. As used in this section, the term "closed
65 case" means a case involving no information considered active
66 under s. 119.011(3).

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Amendment No. 1

67 (f) Administrative costs of operating the review team must
68 be borne by the team members or entities they represent.

69
70 -----

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

72 Remove lines 5-7 and insert:
73 each judicial circuit; providing conditions for review team

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

HB 389 : Testing for and Treatment of Influenza and Streptococcus

Temporarily Postponed

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

HB 467 : Physical Therapy Practice

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 467 Amendments

Amendment 923073

Adopted Without Objection

Appearances:

Amendment 923073

Berry, Anita (Lobbyist) - Waive In Support
 Florida Occupational Therapy Association
 101 East College Ave Suite 502
 Tallahassee FL 32301
 Phone: (301) 524-0172

Burt Reed (General Public) - Waive In Support
 Florida Physical Therapy Association
 Physical Therapist
 1720 SE 16th Ave #302
 Ocala FL 34471
 Phone: 352-512-0825

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 467 (2020)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> ✓ </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 Stevenson offered the following:
4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:
7 Section 1. Subsections (10) and (11) of section 486.021,
8 Florida Statutes, are amended, and subsections (12) and (13) are
9 added to that section, to read:

10 486.021 Definitions.—In this chapter, unless the context
11 otherwise requires, the term:

12 (10) "Physical therapy assessment" means observational,
13 verbal, or manual determinations of the function of the movement
14 ~~musculoskeletal or neuromuscular~~ system relative to physical
15 therapy, including, but not limited to, range of motion of a
16 joint, motor power, motor control, posture ~~postural attitudes,~~

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Published On: 2/17/2020 7:59:23 PM

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17 biomechanical function, locomotion, or functional abilities, for
18 the purpose of physical therapy ~~making recommendations for~~
19 treatment.

20 (11) "Practice of physical therapy" means the performance
21 of physical therapy assessments and the treatment of any
22 disability, injury, disease, or other health condition of human
23 beings, or the prevention of such disability, injury, disease,
24 or other health condition of health, and the rehabilitation of
25 such disability, injury, disease, or other health condition as
26 related thereto by alleviating impairments, functional movement
27 limitations, and disabilities by designing, implementing, and
28 modifying treatment interventions through therapeutic exercise;
29 functional movement training in self-management and in-home,
30 community, or work integration or reintegration; manual therapy;
31 massage; airway clearance techniques; maintaining and restoring
32 the integumentary system and wound care; physical agent or
33 modality; mechanical or electrotherapeutic modality; patient-
34 related instruction ~~the use of the physical, chemical, and other~~
35 ~~properties of air; electricity; exercise; massage; the~~
36 ~~performance of acupuncture only upon compliance with the~~
37 ~~criteria set forth by the Board of Medicine, when no penetration~~
38 ~~of the skin occurs; the use of radiant energy, including~~
39 ~~ultraviolet, visible, and infrared rays; ultrasound; water; the~~
40 use of apparatus and equipment in the application of such
41 treatment, prevention, or rehabilitation ~~the foregoing or~~

Amendment No. 1

42 ~~related thereto~~; the performance of tests of neuromuscular
43 functions as an aid to the diagnosis or treatment of any human
44 condition; or the performance of electromyography as an aid to
45 the diagnosis of any human condition only upon compliance with
46 the criteria set forth by the Board of Medicine.

47 (a) A physical therapist may implement a plan of treatment
48 developed by the physical therapist for a patient or provided
49 for a patient by a practitioner of record or by an advanced
50 practice registered nurse licensed under s. 464.012. The
51 physical therapist shall refer the patient to or consult with a
52 practitioner of record if the patient's condition is found to be
53 outside the scope of physical therapy. If physical therapy
54 treatment for a patient is required beyond 30 days for a
55 condition not previously assessed by a practitioner of record,
56 the physical therapist shall have a practitioner of record
57 review and sign the plan. The requirement that a physical
58 therapist have a practitioner of record review and sign a plan
59 of treatment does not apply when a patient has been physically
60 examined by a physician licensed in another state, the patient
61 has been diagnosed by the physician as having a condition for
62 which physical therapy is required, and the physical therapist
63 is treating the condition. For purposes of this paragraph, a
64 health care practitioner licensed under chapter 458, chapter
65 459, chapter 460, chapter 461, or chapter 466 and engaged in

Amendment No. 1

66 active practice is eligible to serve as a practitioner of
67 record.

68 (b) The use of roentgen rays and radium for diagnostic and
69 therapeutic purposes and the use of electricity for surgical
70 purposes, including cauterization, are not "physical therapy"
71 for purposes of this chapter.

72 (c) The practice of physical therapy does not authorize a
73 physical therapy practitioner to practice chiropractic medicine
74 as defined in chapter 460, including specific spinal
75 manipulation, or acupuncture as defined in chapter 457. For the
76 performance of specific chiropractic spinal manipulation, a
77 physical therapist shall refer the patient to a health care
78 practitioner licensed under chapter 460.

79 (d) This subsection does not authorize a physical
80 therapist to implement a plan of treatment for a patient
81 currently being treated in a facility licensed pursuant to
82 chapter 395.

83 (12) "Dry needling" means a skilled technique based on
84 western medical concepts using apparatus or equipment of
85 filiform needles to stimulate a myofascial trigger point for the
86 evaluation and management of neuromusculoskeletal conditions,
87 pain, movement impairments, and disabilities.

88 (13) "Myofascial trigger point" means an irritable section
89 of the tissue often associated with palpable taut bands of
90 muscle fibers.

Amendment No. 1

91 Section 2. Section 486.025, Florida Statutes, is amended
92 to read:

93 486.025 Powers and duties of the Board of Physical Therapy
94 Practice.—

95 (1) The board may administer oaths, summon witnesses, take
96 testimony in all matters relating to its duties under this
97 chapter, establish or modify minimum standards of practice of
98 physical therapy as defined in s. 486.021, including, but not
99 limited to, standards of practice for the performance of dry
100 needling by physical therapists, and adopt rules pursuant to ss.
101 120.536(1) and 120.54 to implement ~~the provisions of this~~
102 chapter. The board may also review the standing and reputability
103 of any school or college offering courses in physical therapy
104 and whether the courses of such school or college in physical
105 therapy meet the standards established by the appropriate
106 accrediting agency referred to in s. 486.031(3)(a). In
107 determining the standing and reputability of any such school and
108 whether the school and courses meet such standards, the board
109 may investigate and personally inspect the school and courses
110 ~~make personal inspection of the same.~~

111 Section 3. Section 486.117, Florida Statutes, is created
112 to read:

113 486.117 Physical therapist; performance of dry needling.—

Amendment No. 1

114 (1) The board shall establish minimum standards of
115 practice for the performance of dry needling by physical
116 therapists, to include, at a minimum, all of the following:

117 (a) Completion of 2 years of licensed practice as a
118 physical therapist.

119 (b) Completion of 50 hours of face-to-face continuing
120 education from an entity accredited in accordance with s.
121 486.109 on the topic of dry needling which must include a
122 determination by the physical therapist instructor that the
123 physical therapist demonstrates the requisite psychomotor skills
124 to safely perform dry needling. The continuing education must
125 include instruction on all of the following areas:

126 1. Theory of dry needling.

127 2. Selection and safe handling of needles and other
128 apparatus and equipment used in dry needling, including
129 instruction on the proper handling of biohazardous waste.

130 3. Indications and contraindications for dry needling.

131 4. Psychomotor skills needed to perform dry needling.

132 5. Postintervention care, including adverse responses,
133 adverse event recordkeeping, and any reporting obligations.

134 (c)1. Completion of 25 patient sessions of dry needling
135 performed under the indirect supervision of a physical therapist
136 who holds an active license to practice physical therapy in any
137 state or the District of Columbia and who has actively practiced
138 dry needling for at least 1 year; or

Amendment No. 1

139 2. Completion of 25 patient sessions of dry needling
140 performed as a physical therapist licensed in another state or
141 in the United States Armed Forces.

142 (d) A requirement that dry needling may not be performed
143 without patient consent and must be a part of a patient's
144 documented plan of care.

145 (e) A requirement that dry needling may not be delegated
146 to any person other than a physical therapist who is authorized
147 to engage in dry needling under this chapter.

148 (2) The performance of dry needling in the practice of
149 physical therapy may not be construed to limit the scope of
150 practice of other licensed health care practitioners not
151 governed by this chapter.

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

154 -----

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

156 Remove line 7 and insert:

157 Practice; creating s. 486.117, F.S.; requiring the board to
158 establish minimum standards of practice for the performance of
159 dry needling by physical therapists; providing construction;
160 providing an effective date.

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/CS/HB 649 : Patient Brokering

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 649 Amendments

Amendment 523207

Adopted Without Objection

Appearances:

Fontaine, Mark (Lobbyist) - Waive In Support
 Florida Behavioral Health Association
 2868 Mahan Dr
 Tallahassee FL 32308
 Phone: (850) 878-2196

Jackson, Lauren (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
 Palm Beach County
 333 N New River Dr E Ste 2000
 Ft Lauderdale FL
 Phone: (931) 265-8999

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/CS/HB 649 (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		

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

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:
7 Section 1. Paragraph (b) of subsection (4) of section
8 397.4073, Florida Statutes, is amended to read:

9 397.4073 Background checks of service provider personnel.-

10 (4) EXEMPTIONS FROM DISQUALIFICATION.-

11 (b) ~~Since rehabilitated substance abuse impaired persons~~
12 ~~are effective in the successful treatment and rehabilitation of~~
13 ~~individuals with substance use disorders,~~

14 1. For service providers which treat adolescents 13 years
15 of age and older, service provider personnel whose background
16 checks indicate crimes under s. 796.07(2)(e), s. 810.02(4), s.

523207 - h0649-strike.docx

Published On: 2/17/2020 8:00:10 PM

Amendment No. 1

17 812.014(2)(c), s. 817.563, s. 831.01, s. 831.02, s. 893.13, or
18 s. 893.147, and any related criminal attempt, solicitation, or
19 conspiracy under s. 777.04:—

20 1. Shall may be exempted from disqualification from
21 employment for these offenses pursuant to this paragraph if:

22 a. At least 5 years, or at least 3 years in the case of an
23 individual seeking certification as a peer specialist under s.
24 397.417, have elapsed since the applicant for an exemption has
25 completed or has been lawfully released from any confinement,
26 supervision, or nonmonetary condition imposed by a court for the
27 applicant's most recent disqualifying offense under this
28 paragraph.

29 b. The applicant for an exemption has not been arrested for
30 any offense during the 5 years, or 3 years in the case of a peer
31 specialist, prior to the request for exemption.

32 2. May be exempted from disqualification from employment
33 for such offenses without a waiting period under s. 435.07(2).

34 Section 2. Subsection (6) of section 397.487, Florida
35 Statutes, is amended to read:

36 397.487 Voluntary certification of recovery residences.—

37 (6) All owners, directors, and chief financial officers of
38 an applicant recovery residence are subject to level 2
39 background screening as provided under s. 408.809 and chapter
40 435. A recovery residence is ineligible for certification, and a
41 credentialing entity shall deny a recovery residence's

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/CS/HB 649 (2020)

Amendment No. 1

42 application, if any owner, director, or chief financial officer
43 has been found guilty of, or has entered a plea of guilty or
44 nolo contendere to, regardless of adjudication, any offense
45 listed in s. 408.809(4) or s. 435.04(2) unless the department
46 has issued an exemption under s. 435.07 ~~s. 397.4073 or s.~~
47 ~~397.4872~~. In accordance with s. 435.04, the department shall
48 notify the credentialing agency of an owner's, director's, or
49 chief financial officer's eligibility based on the results of
50 his or her background screening.

51 Section 3. Subsection (5) of section 397.4871, Florida
52 Statutes, is amended to read:

53 397.4871 Recovery residence administrator certification.-

54 (5) All applicants are subject to level 2 background
55 screening as provided under chapter 435. An applicant is
56 ineligible, and a credentialing entity shall deny the
57 application, if the applicant has been found guilty of, or has
58 entered a plea of guilty or nolo contendere to, regardless of
59 adjudication, any offense listed in s. 408.809 or s. 435.04(2)
60 unless the department has issued an exemption under ~~s. 397.4872~~
61 s. 435.07. In accordance with s. 435.04, the department shall
62 notify the credentialing agency of the applicant's eligibility
63 based on the results of his or her background screening.

64 Section 4. Subsections (2) and (3) of section 397.4872,
65 Florida Statutes, are amended to read:

66 397.4872 Exemption from disqualification; publication.-

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Published On: 2/17/2020 8:00:10 PM

Amendment No. 1

67 ~~(2) The department may exempt a person from ss. 397.487(6)~~
68 ~~and 397.4871(5) if it has been at least 3 years since the person~~
69 ~~has completed or been lawfully released from confinement,~~
70 ~~supervision, or sanction for the disqualifying offense. An~~
71 ~~exemption from the disqualifying offenses may not be given under~~
72 ~~any circumstances for any person who is a:~~

73 ~~(a) Sexual predator pursuant to s. 775.21;~~

74 ~~(b) Career offender pursuant to s. 775.261; or~~

75 ~~(c) Sexual offender pursuant to s. 943.0435, unless the~~
76 ~~requirement to register as a sexual offender has been removed~~
77 ~~pursuant to s. 943.04354.~~

78 ~~(2)(3) By April 1, 2016, each credentialing entity shall~~
79 ~~submit a list to the department of all recovery residences and~~
80 ~~recovery residence administrators certified by the credentialing~~
81 ~~entity that hold a valid certificate of compliance. Thereafter,~~
82 ~~The credentialing entity must notify the department within 3~~
83 ~~business days after a new recovery residence or recovery~~
84 ~~residence administrator is certified or a recovery residence or~~
85 ~~recovery residence administrator's certificate expires or is~~
86 ~~terminated. The department shall publish on its website a list~~
87 ~~of all recovery residences that hold a valid certificate of~~
88 ~~compliance. The department shall also publish on its website a~~
89 ~~list of all recovery residence administrators who hold a valid~~
90 ~~certificate of compliance. A recovery residence or recovery~~
91 ~~residence administrator shall be excluded from the list upon~~

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Published On: 2/17/2020 8:00:10 PM

Amendment No. 1

92 written request to the department by the listed individual or
93 entity.

94 Section 5. Paragraph (a) of subsection (3) of section
95 817.505, Florida Statutes, is amended to read:

96 817.505 Patient brokering prohibited; exceptions;
97 penalties.—

98 (3) This section shall not apply to the following payment
99 practices:

100 (a) Any discount, payment, waiver of payment, or payment
101 practice not prohibited ~~expressly authorized by 42 U.S.C. s.~~
102 ~~1320a-7b(b)~~ 42 U.S.C. s. 1320a-7b(b)(3) or regulations
103 promulgated ~~adopted~~ thereunder.

104 Section 6. This act shall take effect July 1, 2020.

105

106

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

107
108 Remove everything before the enacting clause and insert:

109 An act relating to substance abuse services; amending s.
110 397.4073, F.S.; requiring, rather than authorizing, an exemption
111 from disqualification from employment for certain substance
112 abuse service provider personnel under certain circumstances;
113 amending s. 397.487, F.S.; revising a cross-reference; amending
114 s. 397.4871, F.S.; revising a cross-reference; amending s.
115 397.4872, F.S.; removing the authority of the Department of
116 Children and Families to grant exemptions from disqualification

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/CS/HB 649 (2020)

Amendment No. 1

117 | to certain individuals under certain circumstances under chapter
118 | 397; removing obsolete language; amending s. 817.505, F.S.;
119 | revising provisions relating to payment practices exempt from
120 | prohibitions on patient brokering; providing an effective date.

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Published On: 2/17/2020 8:00:10 PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/CS/HB 649 : Patient Brokering (continued)

Appearances: (continued)

Amendment 523207

Jackson, Lauren (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support

Palm Beach County
333 N New River Dr E Ste 2000
Ft Lauderdale FL
Phone: (931) 265-8999

Nuland, Chris (Lobbyist) - Waive In Support

Florida Chapter, American College of Physicians
4427 Herschel Street
Jacksonville Florida 32210
Phone: 904-233-3051

Pound, Greg (General Public) - Information Only

9166 Sunrise Dr
Largo FL 33773

Amendment 523207

Fontaine, Mark (Lobbyist) - Waive In Support

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

Amendment 781903

Fontaine, Mark (Lobbyist) - Waive In Support

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

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 763 : Patient Safety Culture Surveys

Favorable With Committee Substitute

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

CS/HB 763 Amendments

Amendment 645741

Adopted Without Objection

Amendment 809329

Adopted Without Objection

Appearances:

Amendment 645741

Cusick, Michael (Lobbyist) - Waive In Support
 Florida Society of Ambulatory Surgical Centers
 200 W College Ave
 Tallahassee FL 32301
 Phone: (850) 222-5620

Choy, Matthew (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
 Florida Chamber of Commerce
 136 S Bronough St Suite 860
 Tallahassee FL
 Phone: (850) 521-1279

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 763 (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 Grant, M. offered the following:
4

Amendment

5
6 Remove line 27 and insert:
7 conduct a patient safety culture survey using the applicable

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 763 (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 Grant, M. offered the following:
4

5 **Amendment**

6 Remove lines 74-85 and insert:

7 2. Designate the use of updated versions of the applicable
8 surveys as they occur, and customize the surveys to:

9 a. Generate data regarding the likelihood of a respondent
10 to seek care for the respondent and the respondent's family at
11 the surveying facility both in general and, for hospitals,
12 within the respondent's specific unit or work area; and

13 b. Revise the units or work areas identified in the
14 hospital survey to include a pediatric cardiology patient care
15 unit and a pediatric cardiology surgical services unit.

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 763 (2020)

Amendment No. 2

16 3. Publish the survey results for each facility, in the
17 aggregate, by composite measure as defined in the survey, and by
18 the applicable units or work areas within the facility.

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 763 : Patient Safety Culture Surveys (continued)

Appearances: (continued)

Behenna, Lecia (Lobbyist) - Waive In Support
Florida Hospital Association
306 E College Ave
Tallahassee FL 32301
Phone: (850) 222-9800

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 835 : Alzheimer's Disease

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: 16		Total Nays: 0			

Appearances:

Conley, Jon (Lobbyist) - Waive In Support
 Alzheimer's Association
 325 John Knox Rd Suite C128
 Tallahassee FL 32303-4102
 Phone: (850) 696-0826

Barker, Dorene (Lobbyist) - Waive In Support
 AARP
 215 S Monroe St Suite #603
 Tallahassee FL 32308
 Phone: (850) 22-6387

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 919 : Property Tax Exemptions Used by 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: 16		Total Nays: 1			

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 941 : Treatment-based Drug Court 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:

Hendrickson, Dan (General Public) - Waive In Support
 Tallahassee Veterans Legal Collaborative
 PO Box 1201
 Tallahassee Florida 32302
 Phone: 8505701967

Social Services
 Bishop, Barney (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
 Florida Smart Justice Alliance
 2215 Thomasville Rd Ste 201
 Tallahassee F
 Phone: (850) 510-9922

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 1071 : Substance Abuse and Mental Health

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:

mental health

Messer, Shane (Lobbyist) - Waive In Support

Florida Council for Behavioral Healthcare
 316 E Park Ave
 Tallahassee FL
 Phone: (850) 224-6048

Zander, Lindsey (Lobbyist) (State Employee) - Waive In Support

Department of Children and Families
 1317 Winewood Blvd 207
 Tallahassee FL 32399
 Phone: (850) 488-9410

Daniels, Nancy (Lobbyist) - Waive In Support

Florida Public Defender Association, Inc.
 103 N Gadsden St
 Tallahassee FL 32301
 Phone: (850) 488-6850

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 1071 : Substance Abuse and Mental Health (continued)

Appearances: (continued)

Social Services

Bishop, Barney (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support

Florida Smart Justice Alliance

2215 Thomasville Rd Ste 201

Tallahassee F

Phone: (850) 510-9922

Pound, Greg (General Public) - Information Only

9166 Sunrise Dr

Largo FL 33773

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 1081 : Substance Abuse and Mental 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/HB 1081 Amendments

Amendment 882131

Adopted Without Objection

Amendment 728499

Adopted Without Objection

Appearances:

Messer, Shane (Lobbyist) - Waive In Support
 Florida Council for Behavioral Healthcare
 316 E Park Ave
 Tallahassee FL
 Phone: (850) 224-6048

Daniels, Nancy (Lobbyist) - Waive In Support
 Florida Public Defender Association, Inc.
 103 N Gadsden St
 Tallahassee FL 32301
 Phone: (850) 488-6850

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1081 (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		

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

3 Representative Stevenson offered the following:

4
5 **Amendment**

6 Remove lines 64-97 and insert:

7 3. "Day or night treatment with community housing" means a
8 program intended for individuals who can benefit from living
9 independently in peer community housing while participating in
10 treatment services for a minimum of 5 hours a day for a minimum
11 of 25 hours per week.

12 4. "Detoxification" is a service involving subacute care
13 that is provided on an inpatient or an outpatient basis to
14 assist individuals to withdraw from the physiological and
15 psychological effects of substance abuse and who meet the
16 placement criteria for this component.

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Amendment No. 1

17 5. "Intensive inpatient treatment" includes a planned
18 regimen of evaluation, observation, medical monitoring, and
19 clinical protocols delivered through an interdisciplinary team
20 approach provided 24 hours per day, 7 days per week, in a highly
21 structured, live-in environment.

22 6. "Intensive outpatient treatment" is a service that
23 provides individual or group counseling in a more structured
24 environment, is of higher intensity and duration than outpatient
25 treatment, and is provided to individuals who meet the placement
26 criteria for this component.

27 7. "Medication-assisted treatment for opioid use disorders
28 ~~opiate addiction~~" is a service that uses methadone or other
29 medication as authorized by state and federal law, in
30 combination with medical, rehabilitative, supportive, and
31 counseling services in the treatment of individuals who are
32 dependent on opioid drugs.

33 8. "Outpatient treatment" is a service that provides
34 individual, group, or family counseling by appointment during
35 scheduled operating hours for individuals who meet the placement
36 criteria for this component.

37 9. "Residential treatment" is a service provided in a
38 structured live-in environment within a nonhospital setting on a
39 24-hours-per-day, 7-days-per-week basis, and is intended for
40 individuals who meet the placement criteria for this component.
41

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1081 (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 Stevenson offered the following:
4

5 **Amendment (with title amendment)**

6 Between lines 262 and 263, insert:

7 Section 8. Paragraphs (a) and (d) of subsection (2) of
8 section 14.2019, Florida Statutes, are amended, and paragraphs
9 (e) and (f) are added to that subsection, to read:

10 14.2019 Statewide Office for Suicide Prevention.—

11 (2) The statewide office shall, within available
12 resources:

13 (a) Develop a network of community-based programs to
14 improve suicide prevention initiatives. The network shall
15 identify and work to eliminate barriers to providing suicide
16 prevention services to individuals who are at risk of suicide.

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Published On: 2/17/2020 8:02:52 PM

Amendment No. 2

17 The network shall consist of stakeholders advocating suicide
18 prevention, including, but not limited to, not-for-profit
19 suicide prevention organizations, faith-based suicide prevention
20 organizations, law enforcement agencies, first responders to
21 emergency calls, veterans, servicemembers, suicide prevention
22 community coalitions, schools and universities, mental health
23 agencies, substance abuse treatment agencies, health care
24 providers, and school personnel.

25 (d) Coordinate education and training curricula in suicide
26 prevention efforts for law enforcement personnel, first
27 responders to emergency calls, veterans, servicemembers, health
28 care providers, school employees, and other persons who may have
29 contact with persons at risk of suicide.

30 (e) Act as a clearinghouse for information and resources
31 related to suicide prevention by:

32 1. Disseminating and sharing evidence-based best practices
33 relating to suicide prevention;

34 2. Collecting and analyzing data on trends in suicide and
35 suicide attempts annually by county, age, gender, profession,
36 and other demographics as designated by the statewide office.

37 (f) Advise the Department of Transportation on the
38 implementation of evidence-based suicide deterrents in the
39 design elements and features of infrastructure projects
40 throughout the state.

Amendment No. 2

41 Section 9. Paragraph (c) of subsection (1) and subsection
42 (2) of section 14.20195, Florida Statutes, are amended, and
43 paragraph (d) is added to subsection (1) of that section, to
44 read:

45 14.20195 Suicide Prevention Coordinating Council;
46 creation; membership; duties.—There is created within the
47 Statewide Office for Suicide Prevention a Suicide Prevention
48 Coordinating Council. The council shall develop strategies for
49 preventing suicide.

50 (1) SCOPE OF ACTIVITY.—The Suicide Prevention Coordinating
51 Council is a coordinating council as defined in s. 20.03 and
52 shall:

53 (c) Make findings and recommendations regarding suicide
54 prevention programs and activities, including, but not limited
55 to, the implementation of evidence-based mental health awareness
56 and assistance training programs and suicide risk identification
57 training in municipalities throughout the state. The council
58 shall prepare an annual report and present it to the Governor,
59 the President of the Senate, and the Speaker of the House of
60 Representatives by January 1, each year. The annual report must
61 describe the status of existing and planned initiatives
62 identified in the statewide plan for suicide prevention and any
63 recommendations arising therefrom.

Amendment No. 2

64 (d) In conjunction with the Department of Children and
65 Families, advise members of the public on the locations and
66 availability of local behavioral health providers.

67 (2) MEMBERSHIP.—The Suicide Prevention Coordinating
68 Council shall consist of 31 ~~27~~ voting members and one nonvoting
69 member.

70 (a) Seventeen ~~Thirteen~~ members shall be appointed by the
71 director of the Statewide Office for Suicide Prevention and
72 shall represent the following organizations:

- 73 1. The Florida Association of School Psychologists.
- 74 2. The Florida Sheriffs Association.
- 75 ~~3. The Suicide Prevention Action Network USA.~~
- 76 ~~3.4.~~ The Florida Initiative of Suicide Prevention.
- 77 ~~4.5.~~ The Florida Suicide Prevention Coalition.
- 78 ~~5.6.~~ The American Foundation of Suicide Prevention.
- 79 ~~6.7.~~ The Florida School Board Association.
- 80 ~~7.8.~~ The National Council for Suicide Prevention.
- 81 ~~8.9.~~ The state chapter of AARP.
- 82 ~~9.10.~~ The Florida Behavioral Health Association ~~The~~
83 ~~Florida Alcohol and Drug Abuse Association.~~
- 84 ~~10.11.~~ ~~The Florida Council for Community Mental Health.~~
- 85 ~~12.~~ The Florida Counseling Association.
- 86 ~~11.13.~~ NAMI Florida.
- 87 12. The Florida Medical Association.
- 88 13. The Florida Osteopathic Medical Association.

Amendment No. 2

89 14. The Florida Psychiatric Society.

90 15. The Florida Psychological Association.

91 16. Veterans Florida.

92 17. The Florida Association of Managing Entities.

93 (b) The following state officials or their designees shall
94 serve on the coordinating council:

95 1. The Secretary of Elderly Affairs.

96 2. The State Surgeon General.

97 3. The Commissioner of Education.

98 4. The Secretary of Health Care Administration.

99 5. The Secretary of Juvenile Justice.

100 6. The Secretary of Corrections.

101 7. The executive director of the Department of Law
102 Enforcement.

103 8. The executive director of the Department of Veterans'
104 Affairs.

105 9. The Secretary of Children and Families.

106 10. The executive director of the Department of Economic
107 Opportunity.

108 (c) The Governor shall appoint four additional members to
109 the coordinating council. The appointees must have expertise
110 that is critical to the prevention of suicide or represent an
111 organization that is not already represented on the coordinating
112 council.

Amendment No. 2

113 (d) For the members appointed by the director of the
114 Statewide Office for Suicide Prevention, seven members shall be
115 appointed to initial terms of 3 years, and seven members shall
116 be appointed to initial terms of 4 years. For the members
117 appointed by the Governor, two members shall be appointed to
118 initial terms of 4 years, and two members shall be appointed to
119 initial terms of 3 years. Thereafter, such members shall be
120 appointed to terms of 4 years. Any vacancy on the coordinating
121 council shall be filled in the same manner as the original
122 appointment, and any member who is appointed to fill a vacancy
123 occurring because of death, resignation, or ineligibility for
124 membership shall serve only for the unexpired term of the
125 member's predecessor. A member is eligible for reappointment.

126 (e) The director of the Statewide Office for Suicide
127 Prevention shall be a nonvoting member of the coordinating
128 council and shall act as chair.

129 (f) Members of the coordinating council shall serve
130 without compensation. Any member of the coordinating council who
131 is a public employee is entitled to reimbursement for per diem
132 and travel expenses as provided in s. 112.061.

133 -----
134
135
136 **T I T L E A M E N D M E N T**

137 Remove line 17 and insert:

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1081 (2020)

Amendment No. 2

138 providing an exception; amending s. 14.2019, F.S.; providing
139 additional duties for the Statewide Office for Suicide
140 Prevention; amending s. 14.20195, F.S.; providing additional
141 duties for the Suicide Prevention Coordinating Council; revising
142 the composition of the council; providing an effective date.

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 1081 : Substance Abuse and Mental Health (continued)

Appearances: (continued)

Social Services

Bishop, Barney (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support

Florida Smart Justice Alliance

2215 Thomasville Rd Ste 201

Tallahassee F

Phone: (850) 510-9922

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 1105 : Child Welfare

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/HB 1105 Amendments

Amendment 939449

Adopted Without Objection

Appearances:

Amendment 939449

Tising, Ashlee (Lobbyist) - Waive In Support
 Big Bend Advocacy Association
 106 E College Ave Fl 12
 Tallahassee FL 32301-7748
 Phone: (850) 637-7705

Tising, Ashlee (Lobbyist) - Waive In Support
 Big Bend Advocacy Association
 106 E College Ave Fl 12
 Tallahassee FL 32301-7748
 Phone: (850) 637-7705

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

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 Tomkow offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7

8 Section 1. Section 25.385, Florida Statutes, is amended to
 9 read:

10 25.385 Standards for instruction of circuit and county
 11 court judges ~~in handling domestic violence cases.-~~

12 (1) The Florida Court Educational Council shall establish
 13 standards for instruction of circuit and county court judges who
 14 have responsibility for domestic violence cases, and the council
 15 shall provide such instruction on a periodic and timely basis.

16 ~~(2) As used in this subsection, section:~~

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17 ~~(a)~~ the term "domestic violence" has the meaning set forth
18 in s. 741.28.

19 ~~(b) "Family or household member" has the meaning set forth~~
20 ~~in s. 741.28.~~

21 (2) The Florida Court Educational Council shall establish
22 standards for instruction of circuit and county court judges who
23 have responsibility for dependency cases regarding the benefits
24 of a secure attachment with a primary caregiver, the importance
25 of a stable placement, and the impact of trauma on child
26 development. The council shall provide such instruction to the
27 circuit and county court judges handling dependency cases on a
28 periodic and timely basis.

29 Section 2. Section 39.01304, Florida Statutes, is created
30 to read:

31 39.01304 Early childhood court programs.-

32 (1) A circuit court may create an early childhood court
33 program to serve the needs of infants and toddlers in dependency
34 court. If a circuit court creates an early childhood court, it
35 may consider all of the following components:

36 (a) The court supporting the therapeutic needs of the
37 parent and child in a nonadversarial manner.

38 (b) A multidisciplinary team made up of key community
39 stakeholders to work with the court to restructure the way the
40 community responds to the needs of maltreated children.

41 (c) A community coordinator to facilitate services and
42 resources for families, serve as a liaison between a

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43 multidisciplinary team and the judiciary, and manage data
44 collection for program evaluation and accountability. The Office
45 of the State Courts Administrator may coordinate with each
46 participating circuit court to fill a community coordinator
47 position for the circuit's early childhood court program.

48 (d) A continuum of mental health services which includes
49 those that support the parent-child relationship and are
50 appropriate for children and family served.

51 (2) The Office of State Courts Administrator shall
52 contract with one or more university-based centers that have
53 expertise in infant mental health to ensure the quality,
54 accountability, and fidelity of the program's evidence-based
55 treatment. The Office of State Courts Administrator may provide,
56 or contract for the provision of, training and technical
57 assistance related to program services, consultation and
58 guidance for difficult cases, and ongoing training for court
59 teams.

60 Section 3. Subsection (1) of section 39.0138, Florida
61 Statutes, is amended to read:

62 39.0138 Criminal history and other records checks; limit
63 on placement of a child.-

64 (1) The department shall conduct a records check through
65 the State Automated Child Welfare Information System (SACWIS)
66 and a local and statewide criminal history records check on all
67 persons, including parents, being considered by the department
68 for placement of a child under this chapter, including all

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69 nonrelative placement decisions, and all members of the
70 household, 12 years of age and older, of the person being
71 considered. For purposes of this section, a criminal history
72 records check may include, but is not limited to, submission of
73 fingerprints to the Department of Law Enforcement for processing
74 and forwarding to the Federal Bureau of Investigation for state
75 and national criminal history information, and local criminal
76 records checks through local law enforcement agencies of all
77 household members 18 years of age and older and other visitors
78 to the home. The department must complete this record check
79 within 14 business days after receiving the criminal history
80 results, unless additional information is required to complete
81 processing. An out-of-state criminal history records check must
82 be initiated for any person 18 years of age or older who resided
83 in another state if that state allows the release of such
84 records. The department shall establish by rule standards for
85 evaluating any information contained in the automated system
86 relating to a person who must be screened for purposes of making
87 a placement decision.

88 Section 4. Subsection (1) and paragraph (a) of subsection
89 (9) of section 39.301, Florida Statutes, are amended to read:

90 39.301 Initiation of protective investigations.—

91 (1)(a) Upon receiving a report of known or suspected child
92 abuse, abandonment, or neglect, or that a child is in need of
93 supervision and care and has no parent, legal custodian, or

Amendment No. 1

94 responsible adult relative immediately known and available to
95 provide supervision and care, the central abuse hotline shall
96 determine if the report requires an immediate onsite protective
97 investigation. For reports requiring an immediate onsite
98 protective investigation, the central abuse hotline shall
99 immediately notify the department's designated district staff
100 responsible for protective investigations to ensure that an
101 onsite investigation is promptly initiated. For reports not
102 requiring an immediate onsite protective investigation, the
103 central abuse hotline shall notify the department's designated
104 district staff responsible for protective investigations in
105 sufficient time to allow for an investigation. At the time of
106 notification, the central abuse hotline shall also provide
107 information to district staff on any previous report concerning
108 a subject of the present report or any pertinent information
109 relative to the present report or any noted earlier reports.

110 (b) The department shall promptly notify the court of any
111 report to the central abuse hotline that is accepted for a
112 protective investigation and involves a child over whom the
113 court has jurisdiction.

114 (9)(a) For each report received from the central abuse
115 hotline and accepted for investigation, the department or the
116 sheriff providing child protective investigative services under
117 s. 39.3065, shall perform the following child protective
118 investigation activities to determine child safety:

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119 1. Conduct a review of all relevant, available information
120 specific to the child and family and alleged maltreatment;
121 family child welfare history; local, state, and federal criminal
122 records checks; and requests for law enforcement assistance
123 provided by the abuse hotline. Based on a review of available
124 information, including the allegations in the current report, a
125 determination shall be made as to whether immediate consultation
126 should occur with law enforcement, the Child Protection Team, a
127 domestic violence shelter or advocate, or a substance abuse or
128 mental health professional. Such consultations should include
129 discussion as to whether a joint response is necessary and
130 feasible. A determination shall be made as to whether the person
131 making the report should be contacted before the face-to-face
132 interviews with the child and family members.

133 2. Conduct face-to-face interviews with the child; other
134 siblings, if any; and the parents, legal custodians, or
135 caregivers.

136 3. Assess the child's residence, including a determination
137 of the composition of the family and household, including the
138 name, address, date of birth, social security number, sex, and
139 race of each child named in the report; any siblings or other
140 children in the same household or in the care of the same
141 adults; the parents, legal custodians, or caregivers; and any
142 other adults in the same household.

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143 4. Determine whether there is any indication that any
144 child in the family or household has been abused, abandoned, or
145 neglected; the nature and extent of present or prior injuries,
146 abuse, or neglect, and any evidence thereof; and a determination
147 as to the person or persons apparently responsible for the
148 abuse, abandonment, or neglect, including the name, address,
149 date of birth, social security number, sex, and race of each
150 such person.

151 5. Complete assessment of immediate child safety for each
152 child based on available records, interviews, and observations
153 with all persons named in subparagraph 2. and appropriate
154 collateral contacts, which may include other professionals. The
155 department's child protection investigators are hereby
156 designated a criminal justice agency for the purpose of
157 accessing criminal justice information to be used for enforcing
158 this state's laws concerning the crimes of child abuse,
159 abandonment, and neglect. This information shall be used solely
160 for purposes supporting the detection, apprehension,
161 prosecution, pretrial release, posttrial release, or
162 rehabilitation of criminal offenders or persons accused of the
163 crimes of child abuse, abandonment, or neglect and may not be
164 further disseminated or used for any other purpose.

165 6. Document the present and impending dangers to each
166 child based on the identification of inadequate protective
167 capacity through utilization of a standardized safety assessment

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168 instrument. If present or impending danger is identified, the
169 child protective investigator must implement a safety plan or
170 take the child into custody. If present danger is identified and
171 the child is not removed, the child protective investigator
172 shall create and implement a safety plan before leaving the home
173 or the location where there is present danger. If impending
174 danger is identified, the child protective investigator shall
175 create and implement a safety plan as soon as necessary to
176 protect the safety of the child. The child protective
177 investigator may modify the safety plan if he or she identifies
178 additional impending danger.

179 a. If the child protective investigator implements a
180 safety plan, the plan must be specific, sufficient, feasible,
181 and sustainable in response to the realities of the present or
182 impending danger. A safety plan may be an in-home plan or an
183 out-of-home plan, or a combination of both. A safety plan may
184 include tasks or responsibilities for a parent, caregiver, or
185 legal custodian. However, a safety plan may not rely on
186 promissory commitments by the parent, caregiver, or legal
187 custodian who is currently not able to protect the child or on
188 services that are not available or will not result in the safety
189 of the child. A safety plan may not be implemented if for any
190 reason the parents, guardian, or legal custodian lacks the
191 capacity or ability to comply with the plan. If the department
192 is not able to develop a plan that is specific, sufficient,

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193 feasible, and sustainable, the department shall file a shelter
194 petition. A child protective investigator shall implement
195 separate safety plans for the perpetrator of domestic violence,
196 if the investigator, using reasonable efforts, can locate the
197 perpetrator to implement a safety plan, and for the parent who
198 is a victim of domestic violence as defined in s. 741.28.
199 Reasonable efforts to locate a perpetrator include, but are not
200 limited to, a diligent search pursuant to the same requirements
201 as in s. 39.503. If the perpetrator of domestic violence is not
202 the parent, guardian, or legal custodian of any child in the
203 home and if the department does not intend to file a shelter
204 petition or dependency petition that will assert allegations
205 against the perpetrator as a parent of a child in the home, the
206 child protective investigator shall seek issuance of an
207 injunction authorized by s. 39.504 to implement a safety plan
208 for the perpetrator and impose any other conditions to protect
209 the child. The safety plan for the parent who is a victim of
210 domestic violence may not be shared with the perpetrator. If any
211 party to a safety plan fails to comply with the safety plan
212 resulting in the child being unsafe, the department shall file a
213 shelter petition.

214 b. The child protective investigator shall collaborate
215 with the community-based care lead agency in the development of
216 the safety plan as necessary to ensure that the safety plan is
217 specific, sufficient, feasible, and sustainable. The child

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218 protective investigator shall identify services necessary for
219 the successful implementation of the safety plan. The child
220 protective investigator and the community-based care lead agency
221 shall mobilize service resources to assist all parties in
222 complying with the safety plan. The community-based care lead
223 agency shall prioritize safety plan services to families who
224 have multiple risk factors, including, but not limited to, two
225 or more of the following:

226 (I) The parent or legal custodian is of young age;

227 (II) The parent or legal custodian, or an adult currently
228 living in or frequently visiting the home, has a history of
229 substance abuse, mental illness, or domestic violence;

230 (III) The parent or legal custodian, or an adult currently
231 living in or frequently visiting the home, has been previously
232 found to have physically or sexually abused a child;

233 (IV) The parent or legal custodian or an adult currently
234 living in or frequently visiting the home has been the subject
235 of multiple allegations by reputable reports of abuse or
236 neglect;

237 (V) The child is physically or developmentally disabled;
238 or

239 (VI) The child is 3 years of age or younger.

240 c. The child protective investigator shall monitor the
241 implementation of the plan to ensure the child's safety until

Amendment No. 1

242 the case is transferred to the lead agency at which time the
243 lead agency shall monitor the implementation.

244 d. The department may file a petition for shelter or
245 dependency without a new child protective investigation or the
246 concurrence of the child protective investigator if the child is
247 unsafe but for the use of a safety plan and the parent or
248 caregiver has not sufficiently increased protective capacities
249 within 90 days after the transfer of the safety plan to the lead
250 agency.

251 Section 5. Subsection (1) of section 39.522, Florida
252 Statutes, is amended, and subsection (4) is added to that
253 section, to read:

254 39.522 Postdisposition change of custody.—The court may
255 change the temporary legal custody or the conditions of
256 protective supervision at a postdisposition hearing, without the
257 necessity of another adjudicatory hearing.

258 (1)(a) At any time before a child is residing in the
259 permanent placement approved at the permanency hearing, a child
260 who has been placed in the child's own home under the protective
261 supervision of an authorized agent of the department, in the
262 home of a relative, in the home of a legal custodian, or in some
263 other place may be brought before the court by the department or
264 by any other interested person, upon the filing of a motion
265 alleging a need for a change in the conditions of protective
266 supervision or the placement. If the parents or other legal

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267 custodians deny the need for a change, the court shall hear all
268 parties in person or by counsel, or both. Upon the admission of
269 a need for a change or after such hearing, the court shall enter
270 an order changing the placement, modifying the conditions of
271 protective supervision, or continuing the conditions of
272 protective supervision as ordered. The standard for changing
273 custody of the child shall be the best interests ~~interest~~ of the
274 child. When determining whether a change of legal custody or
275 placement is in ~~applying this standard, the court shall consider~~
276 ~~the continuity of the child's placement in the same out-of-home~~
277 ~~residence as a factor when determining~~ the best interests of the
278 child, the court shall consider:

279 1. The child's age.

280 2. The physical, mental, and emotional health benefits to
281 the child by remaining in his or her current placement or moving
282 to the proposed placement.

283 3. The stability and longevity of the child's current
284 placement.

285 4. The established bonded relationship between the child
286 and the current or proposed caregiver.

287 5. The reasonable preference of the child, if the court
288 has found that the child is of sufficient intelligence,
289 understanding, and experience to express a preference.

290 6. The recommendation of the child's current caregiver.

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291 7. The recommendation of the child's guardian ad litem, if
292 one has been appointed.

293 8. The child's previous and current relationship with a
294 sibling, if the change of legal custody or placement will
295 separate or reunite siblings.

296 9. The likelihood of the child attaining permanency in the
297 current or proposed placement.

298 10. Any other relevant factors.

299 (b) If the child is not placed in foster care, ~~then~~ the
300 new placement for the child must meet the home study criteria
301 and court approval under ~~pursuant to~~ this chapter.

302 (4) In cases in which the issue before the court is
303 whether to place a child in out-of-home care after the child was
304 placed in the child's own home with an in-home safety plan or
305 the child was reunified with a parent or caregiver with an in-
306 home safety plan, the court must consider, at a minimum, the
307 following factors in making its determination whether to place
308 the child in out-of-home care:

309 (a) The circumstances that caused the child's dependency
310 and other subsequently identified issues.

311 (b) The length of time the child has been placed in the
312 home with an in-home safety plan.

313 (c) The parent's or caregiver's current level of
314 protective capacities.

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315 (d) The level of increase, if any, in the parent's or
316 caregiver's protective capacities since the child's placement in
317 the home based on the length of time the child has been placed
318 in the home.

319
320 The court shall additionally evaluate the child's permanency
321 goal and change the permanency goal as needed if doing so would
322 be in the best interests of the child. If the court changes the
323 permanency goal, the case plan must be amended pursuant to s.
324 39.6013(5).

325 Section 6. Subsection (5) of section 39.6011, Florida
326 Statutes, is amended to read:

327 39.6011 Case plan development.—

328 (5) The case plan must describe all of the following:

329 (a) The role of the foster parents or caregivers ~~legal~~
330 ~~custodians~~ when developing the services that are to be provided
331 to the child, foster parents, or caregivers. ~~legal custodians;~~

332 (b) The responsibility of the parents and caregivers to
333 work together when safe to do so, including:

334 1. How parents and caregivers will work together to
335 successfully implement the case plan.

336 2. How the case manager will assist the parents and
337 caregivers in developing a productive relationship that includes
338 meaningful communication and mutual support.

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339 3. How the parents and caregivers may notify the court or
340 the case manager if ineffective communication takes place that
341 negatively impacts the child.

342 (c) (b) The responsibility of the case manager to forward a
343 relative's request to receive notification of all proceedings
344 and hearings submitted under ~~pursuant to~~ s. 39.301(14)(b) to the
345 attorney for the department. ~~;~~

346 (d) (e) The minimum number of face-to-face meetings to be
347 held each month between the parents and the case managers
348 ~~department's family services counselors~~ to review the progress
349 of the plan and services to the child, to eliminate barriers to
350 progress, and to resolve conflicts or disagreements between
351 parents and caregivers, service providers, or any other
352 professional assisting the parents in the completion of the case
353 plan. ~~;~~ and

354 (e) (d) The parent's responsibility for financial support
355 of the child, including, but not limited to, health insurance
356 and child support. The case plan must list the costs associated
357 with any services or treatment that the parent and child are
358 expected to receive which are the financial responsibility of
359 the parent. The determination of child support and other
360 financial support shall be made independently of any
361 determination of indigency under s. 39.013.

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362 Section 7. Paragraph (b) of subsection (1) and paragraphs
363 (a) and (c) of subsection (2) of section 39.701, Florida
364 Statutes, are amended to read:

365 39.701 Judicial review.—

366 (1) GENERAL PROVISIONS.—

367 (b)1. The court shall retain jurisdiction over a child
368 returned to his or her parents for a minimum period of 6 months
369 following the reunification, but, at that time, based on a
370 report of the social service agency and the guardian ad litem,
371 if one has been appointed, and any other relevant factors, the
372 court shall make a determination as to whether supervision by
373 the department and the court's jurisdiction shall continue or be
374 terminated.

375 2. Notwithstanding subparagraph 1., the court must retain
376 jurisdiction over a child if the child is placed in the home
377 with a parent or caregiver with an in-home safety plan and such
378 safety plan remains necessary for the child to reside safely in
379 the home.

380 (2) REVIEW HEARINGS FOR CHILDREN YOUNGER THAN 18 YEARS OF
381 AGE.—

382 (a) Social study report for judicial review.—Before every
383 judicial review hearing or citizen review panel hearing, the
384 social service agency shall make an investigation and social
385 study concerning all pertinent details relating to the child and

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386 shall furnish to the court or citizen review panel a written
387 report that includes, but is not limited to:

388 1. A description of the type of placement the child is in
389 at the time of the hearing, including the safety of the child
390 and the continuing necessity for and appropriateness of the
391 placement.

392 2. Documentation of the diligent efforts made by all
393 parties to the case plan to comply with each applicable
394 provision of the plan.

395 3. The amount of fees assessed and collected during the
396 period of time being reported.

397 4. The services provided to the foster family or caregiver
398 ~~legal custodian~~ in an effort to address the needs of the child
399 as indicated in the case plan.

400 5. A statement that either:

401 a. The parent, though able to do so, did not comply
402 substantially with the case plan, and the agency
403 recommendations;

404 b. The parent did substantially comply with the case plan;
405 or

406 c. The parent has partially complied with the case plan,
407 with a summary of additional progress needed and the agency
408 recommendations.

409 6. A statement from the foster parent or caregiver ~~legal~~
410 ~~custodian~~ providing any material evidence concerning the well-

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411 being of the child, the impact of any services provided to the
412 child, the working relationship between the parents and
413 caregivers, and the return of the child to the parent or
414 parents.

415 7. A statement concerning the frequency, duration, and
416 results of the parent-child visitation, if any, and the agency
417 and caregiver recommendations for an expansion or restriction of
418 future visitation.

419 8. The number of times a child has been removed from his
420 or her home and placed elsewhere, the number and types of
421 placements that have occurred, and the reason for the changes in
422 placement.

423 9. The number of times a child's educational placement has
424 been changed, the number and types of educational placements
425 which have occurred, and the reason for any change in placement.

426 10. If the child has reached 13 years of age but is not
427 yet 18 years of age, a statement from the caregiver on the
428 progress the child has made in acquiring independent living
429 skills.

430 11. Copies of all medical, psychological, and educational
431 records that support the terms of the case plan and that have
432 been produced concerning the parents or any caregiver since the
433 last judicial review hearing.

434 12. Copies of the child's current health, mental health,
435 and education records as identified in s. 39.6012.

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436 (c) Review determinations.—The court and any citizen
437 review panel shall take into consideration the information
438 contained in the social services study and investigation and all
439 medical, psychological, and educational records that support the
440 terms of the case plan; testimony by the social services agency,
441 the parent, the foster parent or caregiver ~~legal custodian~~, the
442 guardian ad litem or surrogate parent for educational
443 decisionmaking if one has been appointed for the child, and any
444 other person deemed appropriate; and any relevant and material
445 evidence submitted to the court, including written and oral
446 reports to the extent of their probative value. These reports
447 and evidence may be received by the court in its effort to
448 determine the action to be taken with regard to the child and
449 may be relied upon to the extent of their probative value, even
450 though not competent in an adjudicatory hearing. In its
451 deliberations, the court and any citizen review panel shall seek
452 to determine:

453 1. If the parent was advised of the right to receive
454 assistance from any person or social service agency in the
455 preparation of the case plan.

456 2. If the parent has been advised of the right to have
457 counsel present at the judicial review or citizen review
458 hearings. If not so advised, the court or citizen review panel
459 shall advise the parent of such right.

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460 3. If a guardian ad litem needs to be appointed for the
461 child in a case in which a guardian ad litem has not previously
462 been appointed or if there is a need to continue a guardian ad
463 litem in a case in which a guardian ad litem has been appointed.

464 4. Who holds the rights to make educational decisions for
465 the child. If appropriate, the court may refer the child to the
466 district school superintendent for appointment of a surrogate
467 parent or may itself appoint a surrogate parent under the
468 Individuals with Disabilities Education Act and s. 39.0016.

469 5. The compliance or lack of compliance of all parties
470 with applicable items of the case plan, including the parents'
471 compliance with child support orders.

472 6. The compliance or lack of compliance with a visitation
473 contract between the parent and the social service agency for
474 contact with the child, including the frequency, duration, and
475 results of the parent-child visitation and the reason for any
476 noncompliance.

477 7. The frequency, kind, and duration of contacts among
478 siblings who have been separated during placement, as well as
479 any efforts undertaken to reunite separated siblings if doing so
480 is in the best interests ~~interest~~ of the child.

481 8. The compliance or lack of compliance of the parent in
482 meeting specified financial obligations pertaining to the care
483 of the child, including the reason for failure to comply, if
484 applicable.

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485 9. Whether the child is receiving safe and proper care
486 according to s. 39.6012, including, but not limited to, the
487 appropriateness of the child's current placement, including
488 whether the child is in a setting that is as family-like and as
489 close to the parent's home as possible, consistent with the
490 child's best interests and special needs, and including
491 maintaining stability in the child's educational placement, as
492 documented by assurances from the community-based care lead
493 agency provider that:

494 a. The placement of the child takes into account the
495 appropriateness of the current educational setting and the
496 proximity to the school in which the child is enrolled at the
497 time of placement.

498 b. The community-based care lead agency has coordinated
499 with appropriate local educational agencies to ensure that the
500 child remains in the school in which the child is enrolled at
501 the time of placement.

502 10. A projected date likely for the child's return home or
503 other permanent placement.

504 11. When appropriate, the basis for the unwillingness or
505 inability of the parent to become a party to a case plan. The
506 court and the citizen review panel shall determine if the
507 efforts of the social service agency to secure party
508 participation in a case plan were sufficient.

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509 12. For a child who has reached 13 years of age but is not
510 yet 18 years of age, the adequacy of the child's preparation for
511 adulthood and independent living. For a child who is 15 years of
512 age or older, the court shall determine if appropriate steps are
513 being taken for the child to obtain a driver license or
514 learner's driver license.

515 13. If amendments to the case plan are required.
516 Amendments to the case plan must be made under s. 39.6013.

517 14. If the parents and caregivers have developed a
518 productive relationship that includes meaningful communication
519 and mutual support.

520 Section 8. Subsection (3) of section 63.092, Florida
521 Statutes, is amended to read:

522 63.092 Report to the court of intended placement by an
523 adoption entity; at-risk placement; preliminary study.—

524 (3) PRELIMINARY HOME STUDY.—Before placing the minor in
525 the intended adoptive home, a preliminary home study must be
526 performed by a licensed child-placing agency, a child-caring
527 agency registered under s. 409.176, a licensed professional, or
528 an agency described in s. 61.20(2), unless the adoptee is an
529 adult or the petitioner is a stepparent or a relative. If the
530 adoptee is an adult or the petitioner is a stepparent or a
531 relative, a preliminary home study may be required by the court
532 for good cause shown. The department is required to perform the
533 preliminary home study only if there is no licensed child-

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534 placing agency, child-caring agency registered under s. 409.176,
535 licensed professional, or agency described in s. 61.20(2), in
536 the county where the prospective adoptive parents reside. The
537 preliminary home study must be made to determine the suitability
538 of the intended adoptive parents and may be completed prior to
539 identification of a prospective adoptive minor. Preliminary home
540 studies for identified prospective adoptive minors who are in
541 the custody of the department must be completed within 30 days
542 of initiation. A favorable preliminary home study is valid for 1
543 year after the date of its completion. Upon its completion, a
544 signed copy of the home study must be provided to the intended
545 adoptive parents who were the subject of the home study. A minor
546 may not be placed in an intended adoptive home before a
547 favorable preliminary home study is completed unless the
548 adoptive home is also a licensed foster home under s. 409.175.
549 The preliminary home study must include, at a minimum:
550 (a) An interview with the intended adoptive parents;
551 (b) Records checks of the department's central abuse
552 registry, which the department shall provide to the entity
553 conducting the preliminary home study, and criminal records
554 correspondence checks under s. 39.0138 through the Department of
555 Law Enforcement on the intended adoptive parents;
556 (c) An assessment of the physical environment of the home;
557 (d) A determination of the financial security of the
558 intended adoptive parents;

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559 (e) Documentation of counseling and education of the
560 intended adoptive parents on adoptive parenting, as determined
561 by the entity conducting the preliminary home study. The
562 training specified in s. 409.175(14) shall only be required for
563 persons who adopt children from the department;

564 (f) Documentation that information on adoption and the
565 adoption process has been provided to the intended adoptive
566 parents;

567 (g) Documentation that information on support services
568 available in the community has been provided to the intended
569 adoptive parents; and

570 (h) A copy of each signed acknowledgment of receipt of
571 disclosure required by s. 63.085.

572
573 If the preliminary home study is favorable, a minor may be
574 placed in the home pending entry of the judgment of adoption. A
575 minor may not be placed in the home if the preliminary home
576 study is unfavorable. If the preliminary home study is
577 unfavorable, the adoption entity may, within 20 days after
578 receipt of a copy of the written recommendation, petition the
579 court to determine the suitability of the intended adoptive
580 home. A determination as to suitability under this subsection
581 does not act as a presumption of suitability at the final
582 hearing. In determining the suitability of the intended adoptive
583 home, the court must consider the totality of the circumstances

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584 in the home. A minor may not be placed in a home in which there
585 resides any person determined by the court to be a sexual
586 predator as defined in s. 775.21 or to have been convicted of an
587 offense listed in s. 63.089(4)(b)2.

588 Section 9. Section 63.093, Florida Statutes, is created to
589 read:

590 63.093 Adoption of a child from the child welfare system.-

591 (1) The department, community-based care lead agency, as
592 defined in s. 409.986(2), or its subcontracted agency must
593 respond to an initial inquiry from a prospective adoptive parent
594 within 7 business days after receipt. The response shall inform
595 the prospective adoptive parent of the process and requirements
596 for adopting a child from the child welfare system.

597 (2) The department, community-based care lead agency, or
598 its subcontracted agency must refer a prospective adoptive
599 parent interested in adopting children in the custody of the
600 department to a department-approved adoptive parent training
601 program. All prospective adoptive parents must successfully
602 complete the training except licensed foster parents and
603 relative and nonrelative caregivers who:

604 (a) Previously attended the training within the last 5
605 years; or

606 (b) Have had the child available for adoption currently
607 placed in their home for 6 months or longer, and have been
608 determined to understand the challenges and parenting skills
609 needed to successfully parent the child available for adoption.

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610 (3) A prospective adoptive parent must complete an
611 adoption application created by the department.

612 (4) Prior to the adoptive placement of a child, the
613 community-based care lead agency or its subcontracted agency
614 must complete an adoptive home study of a prospective adoptive
615 parent that includes observation, screening, and evaluation of
616 the child and the prospective adoptive parent. An adoptive home
617 study shall be valid for 12 months from the approval date. In
618 addition, the community-based care lead agency or its
619 subcontracted agency shall complete a preparation process, as
620 established by rule, with the prospective adoptive parent.

621 (6) At the conclusion of the home study and preparation
622 process, a decision shall be made about the family's
623 appropriateness to adopt. This decision shall be reflected in
624 the final recommendation included in the home study. If the
625 recommendation is for approval, the adoptive parent application
626 file must be submitted to the community-based care lead agency
627 or subcontracted agency for approval. The community-based care
628 lead agency or its subcontracted agency must approve the home
629 study within 14 business days after receipt of the
630 recommendation.

631
632 With the exception of (1) and (2), the provisions of this
633 section do not apply to children adopted through the process
634 provided for in s. 63.082(6), F.S.

635 Section 10. Section 409.1415, Florida Statutes, is created
636 to read:

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637 409.1415 Parenting partnerships for children in out-of-
638 home care.-

639 (1) LEGISLATIVE FINDINGS AND INTENT.-

640 (a) The Legislature finds that reunification is the most
641 common outcome for children in out-of-home care and that
642 caregivers are one of the most important resources to help
643 children reunify with their families.

644 (b) The Legislature further finds that the most successful
645 caregivers understand that their role goes beyond supporting the
646 children in their care to supporting the children's families, as
647 a whole, and that children and their families benefit when
648 caregivers and birth or legal parents are supported by an agency
649 culture that encourages a meaningful partnership between them
650 and provides quality support.

651 (c) Therefore, in keeping with national trends, it is the
652 intent of the Legislature to bring birth parents and caregivers
653 together in order to build strong relationships that lead to
654 more successful reunifications and more stability for children
655 being fostered in out-of-home care.

656 (2) PARENTING PARTNERSHIPS.-

657 (a) General provisions.-In order to ensure that children
658 in out-of-home care achieve legal permanency as soon as
659 possible, and to reduce the likelihood that they will reenter
660 care or that other children in the family are abused or
661 neglected or enter out-of-home care, and to ensure that families

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662 are fully prepared to resume custody of their children, the
663 department and community-based care lead agencies shall develop
664 and support relationships between caregivers and birth or legal
665 parents of children in out-of-home care, to the extent that it
666 is safe and in the child's best interest, by:

667 1. Facilitating telephone communication between the
668 caregiver and the birth or legal parent as soon as possible
669 after the child is placed in the home of the caregiver.

670 2. Facilitating and attending an in-person meeting between
671 the caregiver and the birth or legal parent as soon as possible
672 after the child's placement with the caregiver.

673 3. Developing and supporting a plan for the birth or legal
674 parent to participate in medical appointments, educational and
675 extracurricular activities, and other events involving the
676 child.

677 4. Facilitating participation by the caregiver in
678 visitation between the birth or legal parent and the child.

679 5. Involving the caregiver in planning meetings with the
680 birth or legal parent.

681 6. Developing and implementing effective transition plans
682 for the child's return home or placement in any other living
683 environment.

684 7. Supporting continued contact between the caregiver and
685 the child after the child returns home or moves to another
686 permanent living arrangement.

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687 (b) Responsibilities.-To ensure that a child in out-of-
688 home care receives support for healthy development which gives
689 the child the best possible opportunity for success, caregivers,
690 birth or legal parents, the department, and community-based care
691 lead agency, as applicable, shall work cooperatively in a
692 respectful partnership by adhering to the following
693 requirements:

694 1. All members of the partnership must interact and
695 communicate professionally with one another, must share all
696 relevant information promptly, and must respect the
697 confidentiality of all information related to a child and his or
698 her family.

699 2. Caregivers, the birth or legal parent, the child, if
700 appropriate, the department, and community-based care lead
701 agency must participate in developing a case plan for the child
702 and the birth or legal parent. All members of the team must work
703 together to implement the case plan. Caregivers must have the
704 opportunity to participate in all team meetings or court
705 hearings related to the child's care and future plans. The
706 department and community-based care lead agency must support and
707 facilitate caregiver participation through timely notification
708 of such meetings and hearings and provide alternative methods
709 for participation for caregivers who cannot be physically
710 present at a meeting or hearing.

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711 3. Caregivers must strive to provide, and the department
712 and community-based care lead agency must support, excellent
713 parenting, which includes:

714 a. A loving commitment to the child and the child's safety
715 and well-being.

716 b. Appropriate supervision and positive methods of
717 discipline.

718 c. Encouragement of the child's strengths

719 d. Respect for the child's individuality and likes and
720 dislikes.

721 e. Providing opportunities to develop the child's
722 interests and skills.

723 f. Being aware of the impact of trauma on behavior.

724 g. Facilitating equal participation of the child in family
725 life.

726 h. Involving the child within his or her community.

727 i. A commitment to enable the child to lead a normal life.

728 4. Children in out-of-home care must be placed with a
729 caregiver who has the ability to care for the child, is willing
730 to accept responsibility for providing care, and is willing and
731 able to learn about and be respectful of the child's culture,
732 religion, and ethnicity; special physical or psychological
733 needs; circumstances unique to the child; and family
734 relationships. The department, the community-based care lead
735 agency, and other agencies must provide a caregiver with all

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736 available information necessary to assist the caregiver in
737 determining whether he or she is able to appropriately care for
738 a particular child.

739 5. A caregiver must have access to and take advantage of
740 all training that he or she needs to improve his or her skills
741 in parenting a child who has experienced trauma due to neglect,
742 abuse, or separation from home; to meet the child's special
743 needs; and to work effectively with child welfare agencies, the
744 courts, the schools, and other community and governmental
745 agencies.

746 6. The department and community-based care lead agency
747 must provide caregivers with the services and support they need
748 to enable them to provide quality care for the child.

749 7. Once a caregiver accepts the responsibility of caring
750 for a child, the child may be removed from the home of the
751 caregiver only if:

752 a. the caregiver is clearly unable to safely or legally
753 care for the child;

754 b. The child and the birth or legal parent are reunified;

755 c. The child is being placed in a legally permanent home
756 in accordance with a case plan or court order; or

757 d. The removal is demonstrably in the best interests of
758 the child.

759 8. If a child must leave the caregiver's home for one of
760 the reasons stated in subparagraph 7., and in the absence of an

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761 unforeseeable emergency, the transition must be accomplished
762 according to a plan that involves cooperation and sharing of
763 information among all persons involved, respects the child's
764 developmental stage and psychological needs, ensures the child
765 has all of his or her belongings, allows for a gradual
766 transition from the caregiver's home, and, if possible, allows
767 for continued contact with the caregiver after the child leaves.

768 9. When the case plan for a child includes reunification,
769 caregivers, the department and community-based care lead agency
770 must work together to assist the birth or legal parent in
771 improving his or her ability to care for and protect the child
772 and to provide continuity for the child.

773 10. A caregiver must respect and support the child's ties
774 to his or her birth or legal family including parents, siblings,
775 and extended family members, and must assist the child in
776 maintaining allowable visitation and other forms of
777 communication. The department and community-based care lead
778 agency must provide caregivers with the information, guidance,
779 training, and support necessary for fulfilling this
780 responsibility.

781 11. A caregiver must work in partnership with the
782 department and community-based care lead agency to obtain and
783 maintain records that are important to the child's well-being
784 including, but not limited to, child resource records, medical

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785 records, school records, photographs, and records of special
786 events and achievements.

787 12. A caregiver must advocate for a child in his or her
788 care with the child welfare system, the court, and community
789 agency, including schools, child care providers, health and
790 mental health providers, and employers. The department and
791 community-based care lead agency must support a caregiver in
792 advocating for a child and may not retaliate against the
793 caregiver as a result of this advocacy.

794 13. A caregiver must be as fully involved in the child's
795 medical, psychological, and dental care as he or she would be
796 for his or her biological child. The department and community-
797 based care lead agency must support and facilitate such
798 participation. Caregivers, the department, and community-based
799 care lead agency must share information with each other about
800 the child's health and well-being.

801 14. A caregiver must support a child's school success,
802 including, when possible, maintaining school stability by
803 participating in school activities and meetings.. The department
804 and community-based care lead agency must facilitate this
805 participation and be informed of the child's progress and needs.

806 15. A caregiver must ensure that a child in his or her care
807 who is between 13 and 17 years of age learns and masters
808 independent living skills.

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809 16. Case managers and case manager supervisors must
810 mediate disagreements that occur between caregivers and birth or
811 legal parents.

812 (c) Residential group homes.—All employees of a
813 residential group home must meet the background screening
814 requirements under s. 39.0138 and the level 2 standards for
815 screening under chapter 435. Employees in residential group
816 homes working directly with children as caregivers must meet, at
817 a minimum, the same education, training, background, and other
818 screening requirements as level 2 licensed foster parents.

819 (3) RULEMAKING.—The department shall adopt rules necessary
820 to administer this section.

821 Section 11. Section 409.145, Florida Statutes, is amended
822 to read:

823 409.145 Care of children; ~~quality parenting~~; "reasonable
824 and prudent parent" standard.—The child welfare system of the
825 department shall operate as a coordinated community-based system
826 of care which empowers all caregivers for children in foster
827 care to provide quality parenting, including approving or
828 disapproving a child's participation in activities based on the
829 caregiver's assessment using the "reasonable and prudent parent"
830 standard.

831 (1) SYSTEM OF CARE.—The department shall develop,
832 implement, and administer a coordinated community-based system
833 of care for children who are found to be dependent and their

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834 families. This system of care must be directed toward the
835 following goals:

836 (a) Prevention of separation of children from their
837 families.

838 (b) Intervention to allow children to remain safely in
839 their own homes.

840 (c) Reunification of families who have had children
841 removed from their care.

842 (d) Safety for children who are separated from their
843 families by providing alternative emergency or longer-term
844 parenting arrangements.

845 (e) Focus on the well-being of children through emphasis
846 on maintaining educational stability and providing timely health
847 care.

848 (f) Permanency for children for whom reunification with
849 their families is not possible or is not in the best interest of
850 the child.

851 (g) The transition to independence and self-sufficiency
852 for older children who remain in foster care through
853 adolescence.

854 ~~(2) QUALITY PARENTING. A child in foster care shall be~~
855 ~~placed only with a caregiver who has the ability to care for the~~
856 ~~child, is willing to accept responsibility for providing care,~~
857 ~~and is willing and able to learn about and be respectful of the~~
858 ~~child's culture, religion and ethnicity, special physical or~~

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859 ~~psychological needs, any circumstances unique to the child, and~~
860 ~~family relationships. The department, the community-based care~~
861 ~~lead agency, and other agencies shall provide such caregiver~~
862 ~~with all available information necessary to assist the caregiver~~
863 ~~in determining whether he or she is able to appropriately care~~
864 ~~for a particular child.~~

865 ~~(a) Roles and responsibilities of caregivers. A caregiver~~
866 ~~shall:~~

867 ~~1. Participate in developing the case plan for the child~~
868 ~~and his or her family and work with others involved in his or~~
869 ~~her care to implement this plan. This participation includes the~~
870 ~~caregiver's involvement in all team meetings or court hearings~~
871 ~~related to the child's care.~~

872 ~~2. Complete all training needed to improve skills in~~
873 ~~parenting a child who has experienced trauma due to neglect,~~
874 ~~abuse, or separation from home, to meet the child's special~~
875 ~~needs, and to work effectively with child welfare agencies, the~~
876 ~~court, the schools, and other community and governmental~~
877 ~~agencies.~~

878 ~~3. Respect and support the child's ties to members of his~~
879 ~~or her biological family and assist the child in maintaining~~
880 ~~allowable visitation and other forms of communication.~~

881 ~~4. Effectively advocate for the child in the caregiver's~~
882 ~~care with the child welfare system, the court, and community~~

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883 ~~agencies, including the school, child care, health and mental~~
884 ~~health providers, and employers.~~

885 ~~5. Participate fully in the child's medical,~~
886 ~~psychological, and dental care as the caregiver would for his or~~
887 ~~her biological child.~~

888 ~~6. Support the child's educational success by~~
889 ~~participating in activities and meetings associated with the~~
890 ~~child's school or other educational setting, including~~
891 ~~Individual Education Plan meetings and meetings with an~~
892 ~~educational surrogate if one has been appointed, assisting with~~
893 ~~assignments, supporting tutoring programs, and encouraging the~~
894 ~~child's participation in extracurricular activities.~~

895 ~~a. Maintaining educational stability for a child while in~~
896 ~~out-of-home care by allowing the child to remain in the school~~
897 ~~or educational setting that he or she attended before entry into~~
898 ~~out-of-home care is the first priority, unless not in the best~~
899 ~~interest of the child.~~

900 ~~b. If it is not in the best interest of the child to~~
901 ~~remain in his or her school or educational setting upon entry~~
902 ~~into out-of-home care, the caregiver must work with the case~~
903 ~~manager, guardian ad litem, teachers and guidance counselors,~~
904 ~~and educational surrogate if one has been appointed to determine~~
905 ~~the best educational setting for the child. Such setting may~~
906 ~~include a public school that is not the school of origin, a~~
907 ~~private school pursuant to s. 1002.42, a virtual instruction~~

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908 ~~program pursuant to s. 1002.45, or a home education program~~
909 ~~pursuant to s. 1002.41.~~

910 ~~7. Work in partnership with other stakeholders to obtain~~
911 ~~and maintain records that are important to the child's well-~~
912 ~~being, including child resource records, medical records, school~~
913 ~~records, photographs, and records of special events and~~
914 ~~achievements.~~

915 ~~8. Ensure that the child in the caregiver's care who is~~
916 ~~between 13 and 17 years of age learns and masters independent~~
917 ~~living skills.~~

918 ~~9. Ensure that the child in the caregiver's care is aware~~
919 ~~of the requirements and benefits of the Road-to-Independence~~
920 ~~Program.~~

921 ~~10. Work to enable the child in the caregiver's care to~~
922 ~~establish and maintain naturally occurring mentoring~~
923 ~~relationships.~~

924 ~~(b) Roles and responsibilities of the department, the~~
925 ~~community-based care lead agency, and other agency staff. The~~
926 ~~department, the community-based care lead agency, and other~~
927 ~~agency staff shall:~~

928 ~~1. Include a caregiver in the development and~~
929 ~~implementation of the case plan for the child and his or her~~
930 ~~family. The caregiver shall be authorized to participate in all~~
931 ~~team meetings or court hearings related to the child's care and~~
932 ~~future plans. The caregiver's participation shall be facilitated~~

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933 ~~through timely notification, an inclusive process, and~~
934 ~~alternative methods for participation for a caregiver who cannot~~
935 ~~be physically present.~~

936 ~~2. Develop and make available to the caregiver the~~
937 ~~information, services, training, and support that the caregiver~~
938 ~~needs to improve his or her skills in parenting children who~~
939 ~~have experienced trauma due to neglect, abuse, or separation~~
940 ~~from home, to meet these children's special needs, and to~~
941 ~~advocate effectively with child welfare agencies, the courts,~~
942 ~~schools, and other community and governmental agencies.~~

943 ~~3. Provide the caregiver with all information related to~~
944 ~~services and other benefits that are available to the child.~~

945 ~~4. Show no prejudice against a caregiver who desires to~~
946 ~~educate at home a child placed in his or her home through the~~
947 ~~child welfare system.~~

948 ~~(c) Transitions.~~

949 ~~1. Once a caregiver accepts the responsibility of caring~~
950 ~~for a child, the child will be removed from the home of that~~
951 ~~caregiver only if:~~

952 ~~a. The caregiver is clearly unable to safely or legally~~
953 ~~care for the child;~~

954 ~~b. The child and his or her biological family are~~
955 ~~reunified;~~

956 ~~e. The child is being placed in a legally permanent home~~
957 ~~pursuant to the case plan or a court order; or~~

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958 ~~d. The removal is demonstrably in the child's best~~
959 ~~interest.~~

960 ~~2. In the absence of an emergency, if a child leaves the~~
961 ~~caregiver's home for a reason provided under subparagraph 1.,~~
962 ~~the transition must be accomplished according to a plan that~~
963 ~~involves cooperation and sharing of information among all~~
964 ~~persons involved, respects the child's developmental stage and~~
965 ~~psychological needs, ensures the child has all of his or her~~
966 ~~belongings, allows for a gradual transition from the caregiver's~~
967 ~~home and, if possible, for continued contact with the caregiver~~
968 ~~after the child leaves.~~

969 ~~(d) Information sharing. Whenever a foster home or~~
970 ~~residential group home assumes responsibility for the care of a~~
971 ~~child, the department and any additional providers shall make~~
972 ~~available to the caregiver as soon as is practicable all~~
973 ~~relevant information concerning the child. Records and~~
974 ~~information that are required to be shared with caregivers~~
975 ~~include, but are not limited to:~~

976 ~~1. Medical, dental, psychological, psychiatric, and~~
977 ~~behavioral history, as well as ongoing evaluation or treatment~~
978 ~~needs;~~

979 ~~2. School records;~~

980 ~~3. Copies of his or her birth certificate and, if~~
981 ~~appropriate, immigration status documents;~~

982 ~~4. Consents signed by parents;~~

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983 ~~5. Comprehensive behavioral assessments and other social~~
984 ~~assessments;~~

985 ~~6. Court orders;~~

986 ~~7. Visitation and case plans;~~

987 ~~8. Guardian ad litem reports;~~

988 ~~9. Staffing forms; and~~

989 ~~10. Judicial or citizen review panel reports and~~
990 ~~attachments filed with the court, except confidential medical,~~
991 ~~psychiatric, and psychological information regarding any party~~
992 ~~or participant other than the child.~~

993 ~~(c) Caregivers employed by residential group homes. All~~
994 ~~caregivers in residential group homes shall meet the same~~
995 ~~education, training, and background and other screening~~
996 ~~requirements as foster parents.~~

997 ~~(2)(3) REASONABLE AND PRUDENT PARENT STANDARD.-~~

998 (a) Definitions.-As used in this subsection, the term:

999 1. "Age-appropriate" means an activity or item that is
1000 generally accepted as suitable for a child of the same
1001 chronological age or level of maturity. Age appropriateness is
1002 based on the development of cognitive, emotional, physical, and
1003 behavioral capacity which is typical for an age or age group.

1004 2. "Caregiver" means a person with whom the child is
1005 placed in out-of-home care, or a designated official for a group
1006 care facility licensed by the department under s. 409.175.

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1007 3. "Reasonable and prudent parent" standard means the
1008 standard of care used by a caregiver in determining whether to
1009 allow a child in his or her care to participate in
1010 extracurricular, enrichment, and social activities. This
1011 standard is characterized by careful and thoughtful parental
1012 decisionmaking that is intended to maintain a child's health,
1013 safety, and best interest while encouraging the child's
1014 emotional and developmental growth.

1015 (b) Application of standard of care.-

1016 1. Every child who comes into out-of-home care pursuant to
1017 this chapter is entitled to participate in age-appropriate
1018 extracurricular, enrichment, and social activities.

1019 2. Each caregiver shall use the reasonable and prudent
1020 parent standard in determining whether to give permission for a
1021 child living in out-of-home care to participate in
1022 extracurricular, enrichment, or social activities. When using
1023 the reasonable and prudent parent standard, the caregiver must
1024 consider:

1025 a. The child's age, maturity, and developmental level to
1026 maintain the overall health and safety of the child.

1027 b. The potential risk factors and the appropriateness of
1028 the extracurricular, enrichment, or social activity.

1029 c. The best interest of the child, based on information
1030 known by the caregiver.

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1031 d. The importance of encouraging the child's emotional and
1032 developmental growth.

1033 e. The importance of providing the child with the most
1034 family-like living experience possible.

1035 f. The behavioral history of the child and the child's
1036 ability to safely participate in the proposed activity.

1037 (c) Verification of services delivered.—The department and
1038 each community-based care lead agency shall verify that private
1039 agencies providing out-of-home care services to dependent
1040 children have policies in place which are consistent with this
1041 section and that these agencies promote and protect the ability
1042 of dependent children to participate in age-appropriate
1043 extracurricular, enrichment, and social activities.

1044 (d) Limitation of liability.—A caregiver is not liable for
1045 harm caused to a child who participates in an activity approved
1046 by the caregiver, provided that the caregiver has acted in
1047 accordance with the reasonable and prudent parent standard. This
1048 paragraph may not be interpreted as removing or limiting any
1049 existing liability protection afforded by law.

1050 ~~(3)~~(4) FOSTER CARE ROOM AND BOARD RATES.—

1051 (a) Effective July 1, 2018, room and board rates shall be
1052 paid to foster parents as follows:

1053
1054 Monthly Foster Care Rate

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	0-5 Years Age	6-12 Years Age	13-21 Years Age
1055	\$457.95	\$469.68	\$549.74

1056

1057 (b) Each January, foster parents shall receive an annual
 1058 cost of living increase. The department shall calculate the new
 1059 room and board rate increase equal to the percentage change in
 1060 the Consumer Price Index for All Urban Consumers, U.S. City
 1061 Average, All Items, not seasonally adjusted, or successor
 1062 reports, for the preceding December compared to the prior
 1063 December as initially reported by the United States Department
 1064 of Labor, Bureau of Labor Statistics. The department shall make
 1065 available the adjusted room and board rates annually.

1066 (c) Effective July 1, 2019, foster parents of level I
 1067 family foster homes, as defined in s. 409.175(5)(a) shall
 1068 receive a room and board rate of \$333.

1069 (d) Effective July 1, 2019, the foster care room and board
 1070 rate for level II family foster homes as defined in s.
 1071 409.175(5)(a) shall be the same as the new rate established for
 1072 family foster homes as of January 1, 2019.

1073 (e) Effective January 1, 2020, paragraph (b) shall only
 1074 apply to level II through level V family foster homes, as
 1075 defined in s. 409.175(5)(a).

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1076 (f) The amount of the monthly foster care room and board
1077 rate may be increased upon agreement among the department, the
1078 community-based care lead agency, and the foster parent.

1079 (g) From July 1, 2018, through June 30, 2019, community-
1080 based care lead agencies providing care under contract with the
1081 department shall pay a supplemental room and board payment to
1082 foster care parents of all family foster homes, on a per-child
1083 basis, for providing independent life skills and normalcy
1084 supports to children who are 13 through 17 years of age placed
1085 in their care. The supplemental payment shall be paid monthly to
1086 the foster care parents in addition to the current monthly room
1087 and board rate payment. The supplemental monthly payment shall
1088 be based on 10 percent of the monthly room and board rate for
1089 children 13 through 21 years of age as provided under this
1090 section and adjusted annually. Effective July 1, 2019, such
1091 supplemental payments shall only be paid to foster parents of
1092 level II through level V family foster homes.

1093 ~~(4)(5)~~ RULEMAKING.—The department shall adopt by rule
1094 procedures to administer this section.

1095 Section 12. Paragraphs (d) through (k) of subsection (6)
1096 of section 409.175, Florida Statutes, are renumbered (e) through
1097 (l), respectively, and paragraph (b) and present paragraph (d)
1098 of that section are amended to read:

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1099 409.175 Licensure of family foster homes, residential
1100 child-caring agencies, and child-placing agencies; public
1101 records exemption.-

1102 (6)

1103 (b) The department shall prescribe in rule the various
1104 roles of entities involved in the application process. Upon
1105 application for licensure, the department shall conduct a
1106 licensing study based on its licensing rules; shall inspect the
1107 home or the agency and the records, including financial records,
1108 of the applicant or agency; and shall interview the applicant.
1109 The department may authorize a licensed child-placing agency to
1110 conduct the licensing study of a family foster home to be used
1111 exclusively by that agency and to verify to the department that
1112 the home meets the licensing requirements established by the
1113 department. The department or authorized licensed child-placing
1114 agency must complete the licensing study of a family foster home
1115 within 30 days of initiation. The department shall post on its
1116 website a list of the agencies authorized to conduct such
1117 studies. Upon certification by a licensed child-placing agency
1118 that a family foster home meets the licensing requirements and
1119 upon receipt of a letter from a community-based care lead agency
1120 in the service area where the home will be licensed which
1121 indicates that the family foster home meets the criteria
1122 established by the lead agency, the department shall issue the
1123 license. A letter from the lead agency is not required if the

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1124 lead agency where the proposed home is located is directly
1125 supervising foster homes in the same service area.

1126 (d) The department shall approve or deny a license within
1127 10 business days after receipt of a complete family foster home
1128 application and other required documentation as prescribed in
1129 rule. The department shall approve or deny a complete
1130 application no later than 100 calendar days after the
1131 orientation required by s. 409.175(14). The department may
1132 exceed 100 calendar days to approve or deny a license if
1133 additional certifications are required by s. 409.175(5)(a).

1134 Section 13. Paragraph (j) of subsection (1) of section
1135 409.988, Florida Statutes, is amended to read:

1136 409.988 Lead agency duties; general provisions.-

1137 (1) DUTIES.-A lead agency:

1138 (j) May subcontract for the provision of services required
1139 by the contract with the lead agency and the department;
1140 however, the subcontracts must specify how the provider will
1141 contribute to the lead agency meeting the performance standards
1142 established pursuant to the child welfare results-oriented
1143 accountability system required by s. 409.997. The lead agency
1144 shall directly provide no more than 35 percent of all child
1145 welfare services provided unless it can demonstrate a need,
1146 within the lead agency's geographic service area, to exceed this
1147 threshold. The local community alliance in the geographic
1148 service area in which the lead agency is seeking to exceed the

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1149 threshold shall review the lead agency's justification for need
1150 and recommend to the department whether the department should
1151 approve or deny the lead agency's request for an exemption from
1152 the services threshold. If there is not a community alliance
1153 operating in the geographic service area in which the lead
1154 agency is seeking to exceed the threshold, such review and
1155 recommendation shall be made by representatives of local
1156 stakeholders, including at least one representative from each of
1157 the following:

- 1158 1. The department.
- 1159 2. The county government.
- 1160 3. The school district.
- 1161 4. The county United Way.
- 1162 5. The county sheriff's office.
- 1163 6. The circuit court corresponding to the county.
- 1164 7. The county children's board, if one exists.

1165 Section 14. Paragraph (b) of subsection (7) of section
1166 39.302, Florida Statutes, is amended to read:

1167 39.302 Protective investigations of institutional child
1168 abuse, abandonment, or neglect.—

1169 (7) When an investigation of institutional abuse, neglect,
1170 or abandonment is closed and a person is not identified as a
1171 caregiver responsible for the abuse, neglect, or abandonment
1172 alleged in the report, the fact that the person is named in some
1173 capacity in the report may not be used in any way to adversely

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1174 affect the interests of that person. This prohibition applies to
1175 any use of the information in employment screening, licensing,
1176 child placement, adoption, or any other decisions by a private
1177 adoption agency or a state agency or its contracted providers.

1178 (b) Likewise, if a person is employed as a caregiver in a
1179 residential group home licensed under ~~pursuant to~~ s. 409.175 and
1180 is named in any capacity in three or more reports within a 5-
1181 year period, the department may review all reports for the
1182 purposes of the employment screening required under s.
1183 409.1415(2)(c) ~~pursuant to s. 409.145(2)(e)~~.

1184 Section 15. Paragraph (d) of subsection (5) of section
1185 39.6225, Florida Statutes, is amended to read:

1186 39.6225 Guardianship Assistance Program.—

1187 (5) A guardian with an application approved pursuant to
1188 subsection (2) who is caring for a child placed with the
1189 guardian by the court pursuant to this part may receive
1190 guardianship assistance payments based on the following
1191 criteria:

1192 (d) The department shall provide guardianship assistance
1193 payments in the amount of \$4,000 annually, paid on a monthly
1194 basis, or in an amount other than \$4,000 annually as determined
1195 by the guardian and the department and memorialized in a written
1196 agreement between the guardian and the department. The agreement
1197 shall take into consideration the circumstances of the guardian
1198 and the needs of the child. Changes may not be made without the

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1199 concurrence of the guardian. However, ~~in no case shall~~ the
1200 amount of the monthly payment may not exceed the foster care
1201 maintenance payment that would have been paid during the same
1202 period if the child had been in licensed care at his or her
1203 designated level of care at the rate established in s.
1204 409.145(3) ~~s. 409.145(4)~~.

1205 Section 16. Paragraph (b) of subsection (5) of section
1206 393.065, Florida Statutes, is amended to read:

1207 393.065 Application and eligibility determination.—

1208 (5) The agency shall assign and provide priority to
1209 clients waiting for waiver services in the following order:

1210 (b) Category 2, which includes individuals on the waiting
1211 list who are:

1212 1. From the child welfare system with an open case in the
1213 Department of Children and Families' statewide automated child
1214 welfare information system and who are either:

1215 a. Transitioning out of the child welfare system at the
1216 finalization of an adoption, a reunification with family
1217 members, a permanent placement with a relative, or a
1218 guardianship with a nonrelative; or

1219 b. At least 18 years but not yet 22 years of age and who
1220 need both waiver services and extended foster care services; or

1221 2. At least 18 years but not yet 22 years of age and who
1222 withdrew consent pursuant to s. 39.6251(5)(c) to remain in the
1223 extended foster care system.

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1224
1225 For individuals who are at least 18 years but not yet 22 years
1226 of age and who are eligible under sub-subparagraph 1.b., the
1227 agency shall provide waiver services, including residential
1228 habilitation, and the community-based care lead agency shall
1229 fund room and board at the rate established in s. 409.145(3) ~~s.~~
1230 ~~409.145(4)~~ and provide case management and related services as
1231 defined in s. 409.986(3)(e). Individuals may receive both waiver
1232 services and services under s. 39.6251. Services may not
1233 duplicate services available through the Medicaid state plan.

1234
1235 Within categories 3, 4, 5, 6, and 7, the agency shall maintain a
1236 waiting list of clients placed in the order of the date that the
1237 client is determined eligible for waiver services.

1238 Section 17. Paragraph (b) of subsection (2) of section
1239 409.1451, Florida Statutes, is amended to read:

1240 409.1451 The Road-to-Independence Program.—

1241 (2) POSTSECONDARY EDUCATION SERVICES AND SUPPORT.—

1242 (b) The amount of the financial assistance shall be as
1243 follows:

1244 1. For a young adult who does not remain in foster care
1245 and is attending a postsecondary school as provided in s.
1246 1009.533, the amount is \$1,256 monthly.

1247 2. For a young adult who remains in foster care, is
1248 attending a postsecondary school, as provided in s. 1009.533,

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1249 and continues to reside in a licensed foster home, the amount is
1250 the established room and board rate for foster parents. This
1251 takes the place of the payment provided for in s. 409.145(3) ~~s.~~
1252 ~~409.145(4)~~.

1253 3. For a young adult who remains in foster care, but
1254 temporarily resides away from a licensed foster home for
1255 purposes of attending a postsecondary school as provided in s.
1256 1009.533, the amount is \$1,256 monthly. This takes the place of
1257 the payment provided for in s. 409.145(3) ~~s. 409.145(4)~~.

1258 4. For a young adult who remains in foster care, is
1259 attending a postsecondary school as provided in s. 1009.533, and
1260 continues to reside in a licensed group home, the amount is
1261 negotiated between the community-based care lead agency and the
1262 licensed group home provider.

1263 5. For a young adult who remains in foster care, but
1264 temporarily resides away from a licensed group home for purposes
1265 of attending a postsecondary school as provided in s. 1009.533,
1266 the amount is \$1,256 monthly. This takes the place of a
1267 negotiated room and board rate.

1268 6. A young adult is eligible to receive financial
1269 assistance during the months when he or she is enrolled in a
1270 postsecondary educational institution.

1271 Section 18. This act shall take effect July 1, 2020.

1272 -----

1273 **T I T L E A M E N D M E N T**

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1105 (2020)

Amendment No. 1

1274 Remove everything before the enacting clause and insert:
1275 An act relating to child welfare; amending s. 25.385, F.S.;
1276 requiring the Florida Court Educational Council to establish
1277 certain standards for instruction of circuit and county court
1278 judges for dependency cases; requiring the council to provide
1279 such instruction on a periodic and timely basis; creating s.
1280 39.01304, F.S.; authorizing circuit courts to create early
1281 childhood court programs; requiring the Office of State Courts
1282 Administrator to contract with certain university-based centers
1283 to evaluate the early childhood court program; amending s.
1284 39.0138, F.S.; requiring the department to complete background
1285 screenings within a specified timeframe; amending s. 39.301,
1286 F.S.; requiring the department to notify the court of certain
1287 reports; authorizing the department to file specified petitions
1288 under certain circumstances; amending s. 39.522, F.S.; requiring
1289 the court to consider specified factors when making certain
1290 determinations; requiring a child's case plan to be amended if
1291 the court changes the permanency goal; amending s. 39.6011,
1292 F.S.; revising and providing requirements for case plan
1293 descriptions; amending s. 39.701, F.S.; requiring the court to
1294 retain jurisdiction over a child under certain circumstances;
1295 requiring specified parties to disclose certain information to
1296 the court; providing for certain caregiver recommendations to
1297 the court; requiring the court and citizen review panel to
1298 determine whether certain parties have developed a productive

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1105 (2020)

Amendment No. 1

1299 relationship; amending s. 63.092, F.S.; providing a deadline
1300 for completion of a preliminary home study; creating s. 63.093,
1301 F.S.; providing requirements and processes for the adoption of
1302 children from the child welfare system; creating s. 409.1415,
1303 F.S.; providing legislative findings and intent; requiring the
1304 department and community-based care lead agencies to develop and
1305 support relationships between caregivers and parents of
1306 children; providing responsibilities for caregivers, birth or
1307 legal parents, the department, and community-based care lead
1308 agency; requiring caregivers employed by residential group homes
1309 to meet specified requirements; requiring the department to
1310 adopt rules; amending s. 409.145, F.S.; removing certain
1311 responsibilities of caregivers, the department, community-based
1312 care lead agency staff, and other agency staff; removing
1313 requirements relating to transitions, information sharing, and
1314 certain caregivers; amending s. 409.175, F.S.; revising
1315 requirements for the licensure of family foster homes; requiring
1316 the department to issue determinations for family foster home
1317 licenses within a specified time frame; providing an exception;
1318 amending s. 409.988, F.S.; authorizing a lead agency to provide
1319 more than 35 percent of all child welfare services under certain
1320 conditions; requiring a specified local community alliance, or
1321 specified representatives in certain circumstances, to review
1322 and recommend approval or denial of the lead agency's request
1323 for a specified exemption; amending ss. 39.302, 39.6225,

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1105 (2020)

Amendment No. 1

1324 393.065, and 409.1451, F.S.; conforming cross-references to
1325 changes made by the act; providing an effective date.

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 1105 : Child Welfare (continued)

Appearances: (continued)

Social Services

Bishop, Barney (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support

Florida Smart Justice Alliance

2215 Thomasville Rd Ste 201

Tallahassee F

Phone: (850) 510-9922

Zepp, Victoria (Lobbyist) - Waive In Support

Florida Coalition for Children

317 Park Ave

Tallahassee FL 32301

Phone: (850) 561-1102

Pound, Greg (General Public) - Information Only

9166 Sunrise Dr

Largo FL 33773

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 1187 : Organ Donation

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: 15		Total Nays: 0			

Appearances:

Betz, Louis (Lobbyist) - Waive In Support
 More Transplants More Life PC
 Po Box 274108
 Tampa FL 33688-4108
 Phone: (813) 963-2900

Timmins, Margaret (Lobbyist) - Waive In Support
 More Transplants More Life PC
 2910 Kerry Forest Pkwy # D4-368
 Tallahassee FL 32309-6892
 Phone: (850) 668-8000

Reynolds, Bobby (Lobbyist) - Waive In Support
 FI Renal Coalition
 PO Box 4369
 Tallahassee FI 32315
 Phone: (850) 422-0656

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

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 1187 : Organ Donation (continued)

Appearances: (continued)

Whritenour, Lauren (Lobbyist) - Waive In Support
Louis Betz & Associates, Inc
108 E Jefferson St Suite A
Tallahassee FL 32301-1540
Phone: (850) 509-3610

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

HB 1217 : Surrendered Newborn Infants

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: 15		Total Nays: 0			

Appearances:

Shirvell, Andrew (Lobbyist) - Waive In Support
 Florida Voice for the Unborn, Inc.
 Po Box 12152
 Tallahassee FL 32317-4951
 Phone: (386) 404-3414

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

HB 1273 : Dentistry and Dental Hygiene

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:

Sacco, Matthew (Lobbyist) - Waive In Support
 Western Regional Examining Board
 101 E Jefferson St
 Tallahassee FL 32301
 Phone: (954) 467-3993

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

HB 1279 : Health Insurance Benefits

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:

Cusick, Michael (Lobbyist) - Waive In Support
 Opportunity Solutions Project
 200 W College Ave
 Tallahassee FL 32301
 Phone: (850) 222-5620

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 1287 : Reproductive Medicine

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: 15		Total Nays: 0			

Appearances:

Eve Wiley (General Public) (At Request of Member, Committee or Staff) - Proponent
 6411 Reinrown Dr
 Dallas TX 75230

Murphy, Chelsea (Lobbyist) - Waive In Support
 Right On Crime
 605 Middlebrooks Circle
 Tallahassee FL 32312
 Phone: (954) 557-0016

Shirvell, Andrew (Lobbyist) - Opponent
 Florida Voice for the Unborn, Inc.
 Po Box 12152
 Tallahassee FL 32317-4951
 Phone: (850) 404-3414

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 1323 : Economic Self-sufficiency

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: 15		Total Nays: 0			

Appearances:

Michael Williams (General Public) - Proponent

Florida Prosperity Initiative
 Director
 136 S. Bronough
 Tallahassee FL 32301
 Phone: (850) 521-2384

Guse, Matthew (Lobbyist) (Lobbyist Appearance Form Submitted) - Proponent

Florida Children's Council
 1126-B Lee Avenue 300
 Tallahassee FL
 Phone: (850) 577-3199 x103

Choy, Matthew (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support

Florida Chamber of Commerce
 136 S Bronough St Suite 860
 Tallahassee FL
 Phone: (850) 521-1279

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 1323 : Economic Self-sufficiency (continued)

Appearances: (continued)

Turetsky, Megan (Lobbyist) - Waive In Support
Children's Services Council of Broward County
Government Affairs Manager
6600 W Commercial Blvd
Lauderhill FL 33319
Phone: 954-377-1677

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

HB 7025 : Guardianship

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: 16		Total Nays: 0			

Appearances:

Peacock II, JD (General Public) (Appearing in Official Capacity) - Waive In Support
 Okaloosa County Clerk of the Circuit Court and Comptroller
 101 E. James Lee Blvd. Suite 108
 Crestview FL 32536
 Phone: 850-689-5000

Fernandez, Ivonne (Lobbyist) - Waive In Support
 AARP
 Associate State Director
 215 S Monroe St.
 Tallahassee FL
 Phone: 954-850-7262

Social Services
 Bishop, Barney (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
 Florida Smart Justice Alliance
 2215 Thomasville Rd Ste 201
 Tallahassee F
 Phone: (850) 510-9922

Pound, Greg (General Public) - Opponent
 9166 Sunrise Dr
 Largo FL 33773

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

HB 7045 : Prescription Drug Price Transparency

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			

HB 7045 Amendments

Amendment 917373

Adopted as Amended

Amendment 882603

Adopted Without Objection

Amendment 342715

Adopted Without Objection

Appearances:

Health Care
 Bishop, Barney (Lobbyist) (Lobbyist Appearance Form Submitted) - Opponent
 Small Business Pharmacies Aligned for Reform, Inc.
 2215 Thomasville Rd Ste 201
 Tallahassee F
 Phone: (850) 510-9922

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u>Y</u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </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 Andrade offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Subsection (16) is added to section 499.012,
 8 Florida Statutes, to read:

9 499.012 Permit application requirements.—

10 (16) A permit for a prescription drug manufacturer or a
 11 nonresident prescription drug manufacturer is subject to the
 12 requirements of s. 499.026.

13 Section 2. Section 499.026, Florida Statutes, is created
 14 to read:

15 499.026 Prescription drug price increases.—

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

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17 (a) "Drug Price Increase" means a manufacturer price
18 increase equal to or greater than 15 percent of the price of a
19 drug for a brand-name prescription drug with a wholesale
20 acquisition cost of \$50 or more, or a manufacturer price
21 increase equal to or greater than 25 percent of the price of a
22 drug for a generic prescription drug or a biosimilar drug with a
23 wholesale acquisition cost of \$25 or more, for a 30-day supply.

24 (b) "Health insurer" means a health insurer issuing major
25 medical coverage through an individual or group policy or a
26 health maintenance organization issuing major medical coverage
27 through an individual or group contract, regulated under chapter
28 627 or chapter 641.

29 (c) "Manufacturer" means any person holding a prescription
30 drug manufacturer permit or a nonresident prescription drug
31 manufacturer permit under s. 499.01.

32 (d) "Wholesale acquisition cost" means that term as
33 defined in 42 U.S.C. § 1395w-3a.

34 (2) At least 60 days before the effective date of any drug
35 price increase, a manufacturer must provide notification of the
36 upcoming drug price increase and the amount of the drug price
37 increase to every health insurer that covers the drug. A
38 manufacturer must make the notification using the contact list
39 published by the Office of Insurance Regulation pursuant to ss.
40 627.42394 and 641.3131. Notification shall be presumed to occur
41 on the date that a manufacturer attempts to communicate with the

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42 applicable point of contact published by the Office of Insurance
43 Regulation.

44 (3) By April 1 of each year, a manufacturer must submit a
45 report to the department and the Office of Insurance Regulation
46 on each drug price increase made during the previous calendar
47 year. At a minimum, the report shall include:

48 (a) A list of all drugs affected by the drug price
49 increase and both the dollar amount of each drug price increase
50 and the percentage increase of each drug price increase,
51 relative to the previous price of the drug.

52 (b) A complete description of the factors contributing to
53 the drug price increase.

54 Section 3. Section 624.491, Florida Statutes, is created
55 to read:

56 624.491 Pharmacy audits.—

57 (1) A health insurer or health maintenance organization
58 providing pharmacy benefits through a major medical individual
59 or group health policy or health maintenance contract,
60 respectively, shall comply with the requirements of this section
61 when the insurer or health maintenance organization or any
62 entity acting on behalf of the insurer or health maintenance
63 organization, including, but not limited to, a pharmacy benefit
64 manager, audits the records of a pharmacy licensed under chapter
65 465. This section does not apply to audits in which suspected
66 fraudulent activity or other intentional or willful

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67 misrepresentation is evidenced by a physical review, review of
68 claims data or statements, or other investigative methods;
69 audits of claims paid for by federally funded programs; or
70 concurrent reviews or desk audits that occur within 3 business
71 days of transmission of a claim and where no chargeback or
72 recoupment is demanded. An entity that audits a pharmacy located
73 within a Health Care Fraud Prevention and Enforcement Action
74 Team (HEAT) Task Force area designated by the United States
75 Department of Health and Human Services and the United States
76 Department of Justice may dispense with the notice requirements
77 if such pharmacy has been a member of a credentialed provider
78 network for less than 12 months.

79 (2) An entity conducting a pharmacy audit shall:

80 (a) Notify the pharmacy at least 7 calendar days before
81 the initial onsite audit for each audit cycle.

82 (b) Ensure the audit is not initiated during the first 3
83 calendar days of a month unless the pharmacist consents
84 otherwise.

85 (c) Limit the audit period to 24 months after the date a
86 claim is submitted to or adjudicated by the entity.

87 (d) Provide a preliminary audit report to the pharmacy
88 within 120 days after the conclusion of the audit.

89 (e) Provide a final audit report to the pharmacy within 6
90 months after having providing the preliminary audit report.

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91 Section 4. Section 627.42394, Florida Statutes, is created
92 to read:

93 627.42394 Formulary changes resulting from drug price
94 increases.-

95 (1) A health insurer issuing a major medical individual or
96 group policy shall submit, and update as necessary, contact
97 information for a single point-of-contact for use by
98 prescription drug manufacturers to comply with s. 499.026. The
99 Office shall maintain and publish a list of such points of
100 contact.

101 (2) A health insurer issuing a major medical individual or
102 group policy must provide written notice to affected insureds at
103 least 30 days in advance of making a drug formulary change
104 resulting from a drug price increase reported pursuant to s.
105 499.026.

106 (3) This section applies to policies entered into or
107 renewed on or after January 1, 2021.

108 Section 5. Section 627.64741, Florida Statutes, is amended
109 to read:

110 627.64741 Pharmacy benefit manager contracts.-

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

112 (a) "Administrative fee" means a fee or payment under a
113 contract between a health insurer and a pharmacy benefit manager
114 associated with the pharmacy benefit manager's administration of

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115 the insurer's prescription drug benefit programs that is paid by
116 the insurer to the pharmacy benefit manager.

117 (b) (a) "Maximum allowable cost" means the per-unit amount
118 that a pharmacy benefit manager reimburses a pharmacist for a
119 prescription drug, excluding dispensing fees, prior to the
120 application of copayments, coinsurance, and other cost-sharing
121 charges, if any.

122 (c) (b) "Pharmacy benefit manager" means a person or entity
123 doing business in this state which contracts to administer or
124 manage prescription drug benefits on behalf of a health insurer
125 to residents of this state.

126 (d) "Rebate" means all discounts and other negotiated
127 price concessions based on utilization of a prescription drug
128 and paid by the pharmaceutical manufacturer or other entity,
129 other than an insured, to the pharmacy benefit manager after the
130 claim has been adjudicated at the pharmacy.

131 (e) "Spread pricing" means any amount a pharmacy benefit
132 manager charges or receives from a health insurer for payment of
133 a prescription drug or pharmacy service that is greater than the
134 amount the pharmacy benefit manager paid to the pharmacist or
135 pharmacy that filled the prescription or provided the pharmacy
136 service.

137 (2) A contract between a health insurer and a pharmacy
138 benefit manager must require that the pharmacy benefit manager:

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139 (a) Update maximum allowable cost pricing information at
140 least every 7 calendar days.

141 (b) Maintain a process that will, in a timely manner,
142 eliminate drugs from maximum allowable cost lists or modify drug
143 prices to remain consistent with changes in pricing data used in
144 formulating maximum allowable cost prices and product
145 availability.

146 (3) A contract between a health insurer and a pharmacy
147 benefit manager must prohibit the pharmacy benefit manager from
148 limiting a pharmacist's ability to disclose whether the cost-
149 sharing obligation exceeds the retail price for a covered
150 prescription drug, and the availability of a more affordable
151 alternative drug, pursuant to s. 465.0244.

152 (4) A contract between a health insurer and a pharmacy
153 benefit manager must prohibit the pharmacy benefit manager from
154 requiring an insured to make a payment for a prescription drug
155 at the point of sale in an amount that exceeds the lesser of:

156 (a) The applicable cost-sharing amount; or

157 (b) The retail price of the drug in the absence of
158 prescription drug coverage.

159 (5) A contract between a health insurer and a pharmacy
160 benefit manager must require the pharmacy benefit manager to
161 report annually the following to the insurer:

162 (a) The aggregate amount of rebates the pharmacy benefit
163 manager received in association with claims administered on

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164 behalf of the insurer and the aggregate amount of such rebates
165 the pharmacy benefit manager received that were not passed
166 through to the insurer.

167 (b) The aggregate amount of administrative fees paid to
168 the pharmacy benefit manager by the insurer for the
169 administration of the insurer's prescription drug benefit
170 programs.

171 (c) The types and aggregate amounts of any fees or
172 remittances paid to the pharmacy benefit manager by pharmacies.
173 The pharmacy benefit manager shall distinguish between fees paid
174 by covered entities, as defined in 42 U.S.C. § 256b, and fees
175 paid by pharmacies which are not covered entities.

176 (d) The aggregate amount of revenue generated by the
177 pharmacy benefit manager through the use of spread pricing in
178 association with the administration of the insurer's pharmacy
179 benefit programs.

180 (6) Not later than June 30, 2021, and annually thereafter,
181 a health insurer shall submit a report to the office that
182 includes the information provided by its contracted pharmacy
183 benefit managers under subsection (5). The office shall publish
184 on its website an analysis of the reported information required
185 to be provided to the insurer under subsection (5) in an
186 aggregated amount for each pharmacy benefit manager.

187 (7)~~(5)~~ This section applies to contracts entered into or
188 renewed on or after July 1, ~~2020~~2018.

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189 Section 6. Section 627.6572, Florida Statutes, is amended
190 to read:

191 627.6572 Pharmacy benefit manager contracts.—

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

193 (a) "Administrative fee" means a fee or payment under a
194 contract between a health insurer and a pharmacy benefit manager
195 associated with the pharmacy benefit manager's administration of
196 the insurer's prescription drug benefit programs that is paid by
197 the insurer to the pharmacy benefit manager.

198 (b) ~~(a)~~ "Maximum allowable cost" means the per-unit amount
199 that a pharmacy benefit manager reimburses a pharmacist for a
200 prescription drug, excluding dispensing fees, prior to the
201 application of copayments, coinsurance, and other cost-sharing
202 charges, if any.

203 (c) ~~(b)~~ "Pharmacy benefit manager" means a person or entity
204 doing business in this state which contracts to administer or
205 manage prescription drug benefits on behalf of a health insurer
206 to residents of this state.

207 (d) "Rebate" means all discounts and other negotiated
208 price concessions based on utilization of a prescription drug
209 and paid by the pharmaceutical manufacturer or other entity,
210 other than an insured, to the pharmacy benefit manager after the
211 claim has been adjudicated at the pharmacy.

212 (e) "Spread pricing" means any amount a pharmacy benefit
213 manager charges or receives from a health insurer for payment of

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214 a prescription drug or pharmacy service that is greater than the
215 amount the pharmacy benefit manager paid to the pharmacist or
216 pharmacy that filled the prescription or provided the pharmacy
217 service.

218 (2) A contract between a health insurer and a pharmacy
219 benefit manager must require that the pharmacy benefit manager:

220 (a) Update maximum allowable cost pricing information at
221 least every 7 calendar days.

222 (b) Maintain a process that will, in a timely manner,
223 eliminate drugs from maximum allowable cost lists or modify drug
224 prices to remain consistent with changes in pricing data used in
225 formulating maximum allowable cost prices and product
226 availability.

227 (3) A contract between a health insurer and a pharmacy
228 benefit manager must prohibit the pharmacy benefit manager from
229 limiting a pharmacist's ability to disclose whether the cost-
230 sharing obligation exceeds the retail price for a covered
231 prescription drug, and the availability of a more affordable
232 alternative drug, pursuant to s. 465.0244.

233 (4) A contract between a health insurer and a pharmacy
234 benefit manager must prohibit the pharmacy benefit manager from
235 requiring an insured to make a payment for a prescription drug
236 at the point of sale in an amount that exceeds the lesser of:

237 (a) The applicable cost-sharing amount; or

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238 (b) The retail price of the drug in the absence of
239 prescription drug coverage.

240 (5) A contract between a health insurer and a pharmacy
241 benefit manager must require the pharmacy benefit manager to
242 report annually the following to the insurer:

243 (a) The aggregate amount of rebates the pharmacy benefit
244 manager received in association with claims administered on
245 behalf of the insurer and the aggregate amount of such rebates
246 the pharmacy benefit manager received that were not passed
247 through to the insurer.

248 (b) The aggregate amount of administrative fees paid to
249 the pharmacy benefit manager by the insurer for the
250 administration of the insurer's prescription drug benefit
251 programs.

252 (c) The types and aggregate amounts of any fees or
253 remittances paid to the pharmacy benefit manager by pharmacies.
254 The pharmacy benefit manager shall distinguish between fees paid
255 by covered entities, as defined in 42 U.S.C. § 256b, and fees
256 paid by pharmacies which are not covered entities.

257 (d) The aggregate amount of revenue generated by the
258 pharmacy benefit manager through the use of spread pricing in
259 association with the administration of the insurer's pharmacy
260 benefit programs.

261 (6) Not later than June 30, 2021, and annually thereafter,
262 a health insurer shall submit a report to the office that

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263 includes the information provided by its contracted pharmacy
264 benefit managers under subsection (5). The office shall publish
265 on its website an analysis of the reported information required
266 to be provided under subsection (5) in an aggregated amount for
267 each pharmacy benefit manager.

268 (7)-(5) This section applies to contracts entered into or
269 renewed on or after July 1, 2020~~2018~~.

270 Section 7. Section 641.3131, Florida Statutes, is created
271 to read:

272 641.3131 Formulary changes resulting from drug price
273 increases.-

274 (1) A health maintenance organization issuing a major
275 medical or other comprehensive coverage contract shall submit,
276 and update as necessary, contact information for a single point-
277 of-contact for use by prescription drug manufacturers to comply
278 with s. 499.026. The Office shall maintain and publish a list of
279 such points of contact.

280 (2) A health maintenance organization issuing a major
281 medical or other comprehensive coverage contract must provide
282 written notice to affected subscribers at least 30 days in
283 advance of making a drug formulary change resulting from a drug
284 price increase reported pursuant to s. 499.026.

285 (3) This section applies to contracts entered into or
286 renewed on or after January 1, 2021.

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287 Section 8. Section 641.314, Florida Statutes, is amended
288 to read:

289 641.314 Pharmacy benefit manager contracts.—

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

291 (a) "Administrative fee" means a fee or payment under a
292 contract between a health maintenance organization and a
293 pharmacy benefit manager associated with the pharmacy benefit
294 manager's administration of the health maintenance
295 organization's prescription drug benefit programs that is paid
296 by the health maintenance organization to the pharmacy benefit
297 manager.

298 (b)(a) "Maximum allowable cost" means the per-unit amount
299 that a pharmacy benefit manager reimburses a pharmacist for a
300 prescription drug, excluding dispensing fees, prior to the
301 application of copayments, coinsurance, and other cost-sharing
302 charges, if any.

303 (c)(b) "Pharmacy benefit manager" means a person or entity
304 doing business in this state which contracts to administer or
305 manage prescription drug benefits on behalf of a health
306 maintenance organization to residents of this state.

307 (d) "Rebate" means all discounts and other negotiated
308 price concessions based on utilization of a prescription drug
309 and paid by the pharmaceutical manufacturer or other entity,
310 other than a subscriber, to the pharmacy benefit manager after
311 the claim has been adjudicated at the pharmacy.

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312 (e) "Spread pricing" means any amount a pharmacy benefit
313 manager charges or receives from a health maintenance
314 organization for payment of a prescription drug or pharmacy
315 service that is greater than the amount the pharmacy benefit
316 manager paid to the pharmacist or pharmacy that filled the
317 prescription or provided the pharmacy service.

318 (2) A contract between a health maintenance organization
319 and a pharmacy benefit manager must require that the pharmacy
320 benefit manager:

321 (a) Update maximum allowable cost pricing information at
322 least every 7 calendar days.

323 (b) Maintain a process that will, in a timely manner,
324 eliminate drugs from maximum allowable cost lists or modify drug
325 prices to remain consistent with changes in pricing data used in
326 formulating maximum allowable cost prices and product
327 availability.

328 (3) A contract between a health maintenance organization
329 and a pharmacy benefit manager must prohibit the pharmacy
330 benefit manager from limiting a pharmacist's ability to disclose
331 whether the cost-sharing obligation exceeds the retail price for
332 a covered prescription drug, and the availability of a more
333 affordable alternative drug, pursuant to s. 465.0244.

334 (4) A contract between a health maintenance organization
335 and a pharmacy benefit manager must prohibit the pharmacy
336 benefit manager from requiring a subscriber to make a payment

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337 for a prescription drug at the point of sale in an amount that
338 exceeds the lesser of:

339 (a) The applicable cost-sharing amount; or

340 (b) The retail price of the drug in the absence of
341 prescription drug coverage.

342 (5) A contract between a health maintenance organization
343 and a pharmacy benefit manager must require the pharmacy benefit
344 manager to report annually the following to the health
345 maintenance organization:

346 (a) The aggregate amount of rebates the pharmacy benefit
347 manager received in association with claims administered on
348 behalf of the health maintenance organization and the aggregate
349 amount of such rebates the pharmacy benefit manager received
350 that were not passed through to the health maintenance
351 organization.

352 (b) The aggregate amount of administrative fees paid to
353 the pharmacy benefit manager by the health maintenance
354 organization for the administration of the health maintenance
355 organization's prescription drug benefit programs.

356 (c) The types and aggregate amounts of any fees or
357 remittances paid to the pharmacy benefit manager by pharmacies.
358 The pharmacy benefit manager shall distinguish between fees paid
359 by covered entities, as defined in 42 U.S.C. § 256b, and fees
360 paid by pharmacies which are not covered entities.

Amendment No. 1

361 (d) The aggregate amount of revenue generated by the
362 pharmacy benefit manager through the use of spread pricing in
363 association with the administration of the health maintenance
364 organization's pharmacy benefit programs.

365 (6) Not later than June 30, 2021, and annually thereafter,
366 a health maintenance organization shall submit a report to the
367 office that includes the information provided by its contracted
368 pharmacy benefit managers under subsection (5). The office shall
369 publish on its website an analysis of the reported information
370 required to be provided to the health maintenance organization
371 under subsection (5) in an aggregated amount for each pharmacy
372 benefit manager.

373 (7)~~(5)~~ This section applies to contracts entered into or
374 renewed on or after July 1, ~~2020~~2018.

375 Section 9. (1) The Agency for Health Care Administration
376 shall contract for an independent analysis of pharmacy benefit
377 management practices under the Statewide Medicaid Managed Care
378 program. The analysis shall outline the types of pharmacy
379 benefit pricing contracts in place between managed care plans
380 and contracted pharmacy benefit managers and between managed
381 care plans or pharmacy benefit managers and pharmacies. At a
382 minimum, the analysis shall include:

383 (a) An examination of the fees paid to each contracted
384 pharmacy benefit manager by each managed care plan.

Amendment No. 1

385 (b) An examination of the fees charged to pharmacies by
386 each managed care plan or contracted pharmacy benefit manager.

387 (c) A determination of spread pricing revenues retained by
388 each managed care plan or contracted pharmacy benefit manager.

389 (2) For purposes of this section, the term "pharmacy
390 benefit manager" means a person or entity doing business in this
391 state which contracts to administer or manage prescription drug
392 benefits on behalf of a managed care plan.

393 (3) For purposes of this section, the term "spread
394 pricing" refers to any amount a managed care plan or pharmacy
395 benefit manager received from the Medicaid program for payment
396 of a prescription drug that is greater than that paid to the
397 pharmacist or pharmacy that filled a prescription for that
398 prescription drug.

399 (4) The agency shall submit the completed analysis to the
400 Governor, the President of the Senate, and the Speaker of the
401 House of Representatives by June 30, 2020.

402 Section 10. The Agency for Health Care Administration
403 shall conduct an analysis of managed care plan pharmacy networks
404 under the Statewide Medicaid Managed Care program to ensure that
405 enrollees have sufficient choice of pharmacies within
406 established geographic parameters. The agency must also analyze
407 the composition of each managed care plan pharmacy network to
408 determine the market share of large chain pharmacies, small

Amendment No. 1

409 chain pharmacies, and independent pharmacies, respectively. The
410 analysis shall include:

411 (a) An examination of the pharmacy contracting patterns by
412 each managed care plan or contracted pharmacy benefit manager.

413 (b) An examination of any financial relationship between a
414 managed care provider or contracted pharmacy benefit manager and
415 its contracted pharmacies. The analysis shall examine whether a
416 managed care plan or pharmacy benefit manager establishes a
417 network which favors pharmacies in which the managed care plan
418 or pharmacy benefit manager owns a controlling or substantial
419 financial interest.

420 (2) For purposes of this section, the term "pharmacy
421 benefit manager" means a person or entity doing business in this
422 state which contracts to administer or manage prescription drug
423 benefits on behalf of a managed care plan.

424 (3) The agency shall submit the completed analysis to the
425 Governor, the President of the Senate, and the Speaker of the
426 House of Representatives by June 30, 2020.

427 Section 11. This act shall take effect upon becoming law.
428
429

430 -----

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

432 Remove everything before the enacting clause and insert:

Amendment No. 1

433 An act relating to prescription drug price transparency;
434 amending s. 499.012, F.S.; providing that permits for
435 prescription drug manufacturers and nonresident prescription
436 drug manufacturers are subject to specified requirements;
437 creating s. 499.026, F.S.; providing definitions; requiring
438 prescription drug manufacturers to provide notice of drug price
439 increases to insurers; requiring prescription drug manufacturers
440 to provide an annual report on drug price increases to the
441 Department of Business and Professional Regulation and the
442 Office of Insurance Regulation; providing reporting
443 requirements; creating s. 624.491, F.S.; providing timelines and
444 documentation requirements for pharmacy audits conducted by
445 certain health insurers, health maintenance organizations, or
446 their agents; providing that such requirements do not apply to
447 audits in which certain conditions are met; creating s.
448 627.42394. F.S.; requiring insurers to establish a single point
449 of contact for manufacturer reporting of drug price increases;
450 requiring the Office of Insurance Regulation to publish and
451 maintain a list of such contacts; requiring insurers to provide
452 written notice to insureds in advance of formulary changes
453 resulting from manufacturer drug price increases; providing
454 applicability; amending s. 627.64741, F.S.; providing
455 definitions; requiring reporting requirements in contracts
456 between health insurers and pharmacy benefit managers; requiring
457 health insurers to submit an annual report to the office;

917373 - h7045-strike.docx

Published On: 2/17/2020 8:04:04 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 7045 (2020)

Amendment No. 1

458 requiring the office to publish such reports and analyses of
459 specified information; revising applicability; amending s.
460 627.6572, F.S.; providing definitions; requiring reporting
461 requirements in contracts between health insurers and pharmacy
462 benefit managers; requiring health insurers to submit an annual
463 report to the office; requiring the office to publish such
464 reports and analyses of specified information; revising
465 applicability; creating s. 641.3131, F.S.; requiring health
466 maintenance organizations to establish a single point of contact
467 for manufacturer reporting of drug price increases; requiring
468 the Office of Insurance Regulation to publish and maintain a
469 list of such contacts; requiring health maintenance
470 organizations to provide written notice to subscribers in
471 advance of formulary changes resulting from manufacturer drug
472 price increases; providing applicability; amending s. 641.314,
473 F.S.; providing definitions; requiring reporting requirements in
474 contracts between health maintenance organizations and pharmacy
475 benefit managers; requiring health maintenance organizations to
476 submit an annual report to the office; requiring the office to
477 publish such reports and analyses of specified information;
478 revising applicability; requiring the Agency for Health Care
479 Administration to contract for an independent analysis of
480 pharmacy benefit practices under the Statewide Medicaid Managed
481 Care program; defining terms; requiring the Agency for Health
482 Care Administration to conduct an analysis of pharmacy networks

917373 - h7045-strike.docx

Published On: 2/17/2020 8:04:04 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 7045 (2020)

Amendment No. 1

483 | under the Statewide Medicaid Managed Care program; defining
484 | terms; providing an effective date.

Amendment No. 1a

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 Toledo offered the following:
 4

5 **Amendment to Amendment (917373) by Representative Andrade**
 6 **(with title amendment)**

7 Between lines 6 and 7 of the amendment, insert:

8 Section 1. Subsection (11) is added to Section 110.12315,
 9 Florida Statutes, to read:

10 110.12315 Prescription drug program.—

11 (11) The department shall contract for an annual audit of
 12 any pharmacy benefit vendor contracted under the program. At a
 13 minimum, the audit shall determine whether state funds are
 14 expended in accordance with the terms of the vendor contract and
 15 shall include an assessment of compliance with contract terms.
 16 The audit shall identify any noncompliance and make

Amendment No. 1a

17 recommendations for corrective action by a pharmacy benefit
18 vendor. Specifically, the audit shall examine whether a pharmacy
19 benefit vendor is compliant with contract provisions related to
20 pass-through of pharmaceutical rebates and spread pricing, as
21 set forth in a contract between the department and such a
22 vendor.

23
24 -----
25 **T I T L E A M E N D M E N T**

26 Between lines 433 and 434 of the amendment, insert:
27 amending s. 110.12315, F.S.; requiring the Department of
28 Management Services to contract for an annual audit of any
29 pharmacy benefit vendor contracted under the state employees'
30 prescription drug program;

Amendment No. 1b

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 Market Reform
2 Subcommittee
3 Representative Toledo offered the following:

Amendment to Amendment (917373) by Representative Andrade

Between lines 179 and 180 of the amendment, insert:

(e) The type and aggregate amount of any other fees collected by the pharmacy benefit manager in association with claims administered on behalf of the insurer.

Between lines 260 and 261 of the amendment, insert:

(e) The type and aggregate amount of any other fees collected by the pharmacy benefit manager in association with claims administered on behalf of the insurer.

Between lines 364 and 365 of the amendment, insert:

(e) The type and aggregate amount of any other fees collected by the pharmacy benefit manager in association with

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 7045 (2020)

Amendment No. 1b

17 | claims administered on behalf of the health maintenance
18 | organization.

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

HB 7045 : Prescription Drug Price Transparency (continued)

Appearances: (continued)

Amendment 917373

Large, Toni (Lobbyist) - Information Only

Florida Society of Rheumatology
215 S Monroe St
Tallahassee FL 32301
Phone: (850) 556-1461

Amendment 917373

Brown, Audrey (Lobbyist) (Lobbyist Appearance Form Submitted) - Information Only

Florida Association of Health Plans, Inc
200 W College Ave
Tallahassee FL
Phone: (850) 386-2904

Amendment 917373

Bishop, Barney (Lobbyist) - Proponent

Small Business Pharmacies Aligned for Reform, Inc.
2215 Thomasville Rd Ste 201
Tallahassee F 32308-0737
Phone: (850) 510-9922

Delegal, Mark (Lobbyist) - Opponent

Pharmaceutical Research and Manufacturers of America
Holland & Knight LLP 315 S Calhoun St Ste 600
Tallahassee FL 32301
Phone: (850) 224-7000

Kottkamp, Jeffrey (Lobbyist) (Lobbyist Appearance Form Submitted) - Proponent

Small Business Pharmacies Aligned for Reform, Inc.
3311 Dartmoor Dr
Tallahassee FL
Phone: (239) 297-9741

Henderson, Cynthia (Lobbyist) - Waive In Support

Epic Pharmacies, Inc c/o MultiState Associates, Inc
108 E Jefferson St Ste A
Tallahassee FL 32301
Phone: (850) 559-0855

Stewart, Nancy (Lobbyist) - Waive In Opposition

Manufacturers Association of Florida
200 W College Ave
Tallahassee FL 32301
Phone: (850) 385-7805

Wright, James (General Public) - Proponent

Self
Owner of Five Points Pharmacy
1108 Lake Drive
Cocoa FL 32922
Phone: (321) 806-3951

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

HB 7045 : Prescription Drug Price Transparency (continued)

Appearances: (continued)

Jackson, Michael (Lobbyist) (Lobbyist Appearance Form Submitted) - Proponent
Florida Pharmacy Association
610 N Adams St 610 N Adams St
Tallahassee FL
Phone: (850) 222-2400

Prescription Drug Price Transparency
Poole, David (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
AIDS HealthCare Foundation
1825 Country Club Dr
Tallahassee FL
Phone: (850) 766-3323

Amendment 882603
Health Care
Bishop, Barney (Lobbyist) - Proponent
Small Business Pharmacies Aligned for Reform, Inc.
2215 Thomasville Rd Ste 201
Tallahassee F 32308-0737
Phone: (850) 510-9922

Pound, Greg (General Public) - Information Only
9166 Sunrise Dr
Largo FL 33773

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/18/2020 3:00PM

Location: Morris Hall (17 HOB)

CS/HB 7053 : Direct Care Workers

Temporarily Postponed

Committee meeting was reported out: Tuesday, February 18, 2020 7:57PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB0059</u>	
Amendment Number: _____	

Name: IVONNE FERNANDEZ

Representing: AARP

Title: ASSOCIATE STATE DIRECTOR

Address: 215 S. MONROE STREET- Suite 603

City: TALLAHASSEE State/Zip: FLORIDA

Phone Number: 954-850-7262 Meeting Date: 2/18/2020

Committee/Subcommittee: HEALTH & HUMAN SERVICE COMMITTEE.

Presentation/Workshop Topic: AUTOMATED PHARMACY SYSTEMS

Registered Lobbyist: YES NO

State Employee: YES NO

WAVE IN SUPPORT

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	59		
Amendment Number:	#1 - 945897		

W/S

Name: Richard Pinsky

Representing: MedAvail

Title:

Address: 106 E. College Ave. #1200

City: Tallahassee, FL. State/Zip: 32301

Phone Number: Meeting Date: 2/18/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic:

Registered Lobbyist: YES NO

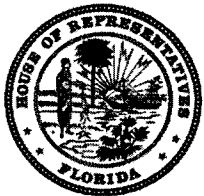
State Employee: YES NO

- 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.

Bill [X] Amendment []
Bill/PCS/PCB Number: 59
Amendment Barcode Number: []

Name: Cynthia Henderson

Representing: EPIC Pharmacy

Title: []

Address: 108 E. Jefferson St. Suite A

City: Tallahassee State/Zip: FL 32301

Phone Number: 950 559 0855 Meeting Date: 2/18/20

Committee/Subcommittee: []

Presentation/Workshop Topic: []

Registered Lobbyist: YES [X] 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 [X] 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 59</u>			
Amendment Barcode Number: _____			

w/s

Name: CESAR GRAJALES

Representing: AMERICANS FOR PROSPERITY

Title: COALITIONS DIRECTOR

Address: 200 W. COLLEGE AVE.

City: TALLAHASSEE State/Zip: FL.

Phone Number: 786.260.9283 Meeting Date: 02/18/2020

Committee/Subcommittee: HEALTH AND HUMAN SERVICES

Presentation/Workshop Topic: AUTOMATED PHARMACY SYSTEMS

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



79039721



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 59 : Automated Pharmacy Systems Amendment Barcode Number: N/A
--

Name: **Jackson, Michael**

Representing: **Florida Pharmacy Association**

Title:

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

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

Phone Number: **(850) 222-2400** Meeting Date: **February 18, 2020 3:00 PM**

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

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

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

Bill Info Only <i>OPPOSE</i>
<u>Amendment</u> N/A



71349368



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 59 : Automated Pharmacy Systems Amendment Barcode Number: N/A
--

Name: **nuzzo, sal**

Representing: **The James Madison Institute**

Title: **Vice President of Policy**

Address: **100 Duval Street**

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

Phone Number: **8503229941** Meeting Date: **February 18, 2020 3:00 PM**

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

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

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

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



03604612

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 59 : Automated Pharmacy Systems Amendment Barcode Number: N/A
--

Name: **Farmer, Jake**

Representing: **Florida Retail Federation**

Title: **Director of Government Affairs**

Address: **227 S Adams St**

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

Phone Number: **(352) 359-6835** Meeting Date: **February 18, 2020 3:00 PM**

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

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

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

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



13807026



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 59 : Automated Pharmacy Systems Amendment Barcode Number: N/A
--

Name: **Bishop, Barney**

Representing: **Small Business Pharmacies Aligned for Reform, Inc.**

Title: **CEO**

Address: **2215 Thomasville Rd, Ste 201**

City: **Tallahassee** State/Zip: **F**

Phone Number: **(850) 510-9922** Meeting Date: **February 18, 2020 3:00 PM**

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

Presentation/Workshop Topic: **Health Care**

- 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

W/S

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

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>HB0253</u>		Amendment Number: _____	

Name: IVONNE FERNANDEZ

Representing: AARP

Title: ASSOCIATE STATE DIRECTOR

Address: 215 S. MONROE STREET- Suite 603

City: TALLAHASSEE State/Zip: FLORIDA

Phone Number: 954-850-7262 Meeting Date: 2/18/2020

Committee/Subcommittee: HEALTH & HUMAN SERVICE COMMITTEE.

Presentation/Workshop Topic: ELDER ABUSE FATALITY REVIEW TEAMS

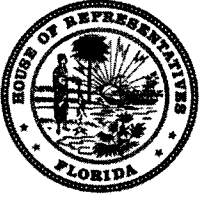
Registered Lobbyist: YES NO
 State Employee: YES NO

WAVE IN SUPPORT

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

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

Bill: Proponent Opponent Info only
 Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>HB 253</u>	
Amendment Barcode Number: _____	



Name: Greg Pound

Representing: Saving Families

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: FL 33713

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: H.H.S.

Presentation/Workshop Topic: Elder Abuse

Registered Lobbyist: YES NO

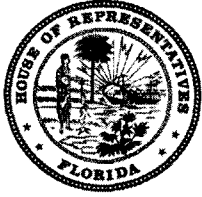
State Employee: YES NO

- 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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	<u>407</u>		
Amendment Number:	<u>923073</u>		

Name: Anita Bury

Representing: Florida Occupational Therapy Association & Florida State Massage Therapy Association

Title: Coldapist

Address: 101 East College Ave, Suite 502

City: Tallahassee State/Zip: FL 32301

Phone Number: 301 524 0172 Meeting Date: 2/18/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

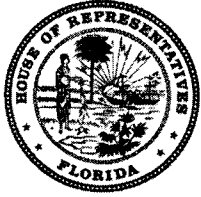
State Employee: YES NO

- 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

MS

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>467</u>	
Amendment Barcode Number: _____	

Name: BURT REED

Representing: Florida Physical Therapy Association

Title: Physical Therapist

Address: 1720 SE 16th Ave #302

City: Ocala State/Zip: FL 34471

Phone Number: ~~352-427-3527~~ 352-512-0825 Meeting Date: 2/18/2020

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

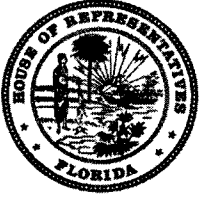
State Employee: YES NO

- 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.

W/S

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:		649	
Amendment Barcode Number:		_____	

Name: MARK FONTAINE

Representing: Florida Behavioral Health Association

Title: Executive Advisor

Address: 2868 Mahan Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 878-2196 Meeting Date: 2-18-20

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



20840574



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/CS/HB 649 : Patient Brokering Amendment Barcode Number: 523207

Name: **Jackson, Lauren**

Representing: **Palm Beach County**

Title:

Address: **333 N New River Dr E, Ste 2000**

City: **Ft Lauderdale** State/Zip: **FL**

Phone Number: **(931) 265-8999** Meeting Date: **February 18, 2020 3:00 PM**

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WKS

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>649</u>			
Amendment Barcode Number: _____			

Name: Chris Noland

Representing: Florida Chapter, American College of Physicians

Title: _____

Address: 4427 Herrchel Street

City: Jacksonville, FL 32210 State/Zip: _____

Phone Number: 904-233-3051 Meeting Date: 2/18/20

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

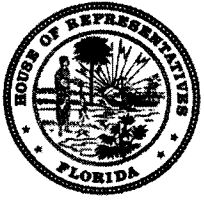
State Employee: YES NO

- 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 checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>649</u>			
Amendment Barcode Number: _____			

Name: Greg Pound

Representing: Saving Families

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: FL 33773

Phone Number: _____ Meeting Date: 2-18-20

Committee/Subcommittee: _____

Presentation/Workshop Topic: Patient Brokering

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 type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number: <u>763</u>			
Amendment Barcode Number: <u>#1</u>			

Name: Mike Cusick

Representing: FL Society of Ambulatory Surgical Centers

Title: _____

Address: 200 W. College Ave

City: Tallahassee State/Zip: FL

Phone Number: 850-222-5620 Meeting Date: 2/18/20

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



11033548



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 763 : Patient Safety Culture Surveys Amendment Barcode Number: N/A
--

Name: **Choy, Matthew**

Representing: **Florida Chamber of Commerce**

Title:

Address: **136 S Bronough St, Suite 860**

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

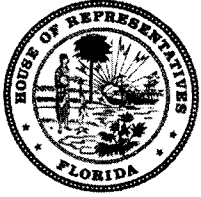
Phone Number: **(850) 521-1279** Meeting Date: **February 18, 2020 3:00 PM**

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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>743</u>	
Amendment Barcode Number: _____	

Name: Leena Behenna

Representing: Florida Hospital Association

Title: _____

Address: 306 EAST College Avenue

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-222-9800 Meeting Date: 2-18-2020

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Culture of Safety Surveys

Registered Lobbyist: YES NO

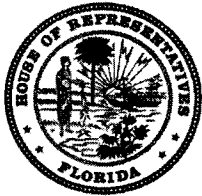
State Employee: YES NO

- 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>835</u>			
Amendment Barcode Number: _____			

Name: Jon Conley

Representing: Alzheimer's Association

Title: Director of state Affairs

Address: 325 John Knox Rd

City: Tallahassee State/Zip: FL

Phone Number: 850 566 7478 Meeting Date: 2/18/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: HB 835

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.

aps

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>HB 835</u>			
Amendment Barcode Number: _____			

Name: Dorene Barker

Representing: AARP FL

Title: Associate State Director

Address: 215 S. Monroe St, Suite 603

City: Jallahassee State/Zip: FL 32308

Phone Number: 850-228-6387 Meeting Date: 2/18/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Alzheimer's Disease

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



02473559

HHS 3pm Basement

Not Present



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 941 : Treatment-based Drug Court Programs Amendment Barcode Number: N/A
--

Name: **Hendrickson, Dan**

Representing: **Tallahassee Veterans Legal Collaborative**

Title: **president, Tallahassee Veterans Legal Collaborative**

Address: **PO Box 1201**

City: **Tallahassee** State/Zip: **Florida 32302**

Phone Number: **8505701967** Meeting Date: **February 18, 2020 3:00 PM**

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

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

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

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



51992176



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Not Present

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 941 : Treatment-based Drug Court Programs Amendment Barcode Number: N/A
--

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title: **CEO**

Address: **2215 Thomasville Rd, Ste 201**

City: **Tallahassee** State/Zip: **F**

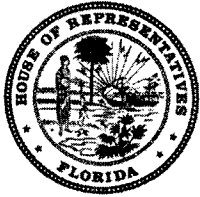
Phone Number: **(850) 510-9922** Meeting Date: **February 18, 2020 3:00 PM**

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

Presentation/Workshop Topic: **Law Enforcement**

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill Amendment
 Bill/PCS/PCB Number: 1071
 Amendment Barcode Number: _____

Name: Shane Messer

Representing: The Florida Council for Behavioral Healthcare

Title: Leg Affairs Director

Address: 316 E Park

City: Tallah State/Zip: FL 32301

Phone Number: 850/224-6048 Meeting Date: 2/18/20

Committee/Subcommittee: House HHR and Human Services

Presentation/Workshop Topic: mental health

Registered Lobbyist: YES NO

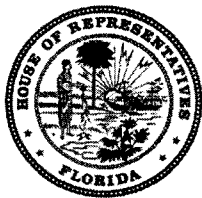
State Employee: YES NO

- 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.

Bill [checked] Amendment []
Bill/PCS/PCB Number: CS/HB 1071
Amendment Number: _____

W/S

Name: Lindsey Zander

Representing: Department of children + families

Title: Deputy Director of Legislative Affairs

Address: 1317 Winewood Blvd.

City: Tallahassee State/Zip: FL 32399

Phone Number: (850) 488-9410 Meeting Date: 2-19-20

Committee/Subcommittee: Health + human services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES [checked] NO []

State Employee: YES [checked] 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 [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.

Not Present

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1071</u>			
Amendment Barcode Number: _____			

Name: Nancy Daniels
 Representing: Florida Public Defender Association
 Title: Legislative Consultant
 Address: 103 N. Gadsden St.
 City: Tallahassee State/Zip: FL 32301
 Phone Number: 850 484-6850 Meeting Date: 2/18/20
 Committee/Subcommittee: Health & Human Services Committee
 Presentation/Workshop Topic: Mental 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



07395613



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Klof Present

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 1071 : Substance Abuse and Mental Health Amendment Barcode Number: N/A

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title: **CEO**

Address: **2215 Thomasville Rd, Ste 201**

City: **Tallahassee** State/Zip: **F**

Phone Number: **(850) 510-9922** Meeting Date: **February 18, 2020 3:00 PM**

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

Presentation/Workshop Topic: **Law Enforcement**

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>1081</u>	
Amendment Barcode Number: _____	

Name: Greg Pound

Representing: Saving Families

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: FL 33773

Phone Number: _____ Meeting Date: 2-18-20

Committee/Subcommittee: _____

Presentation/Workshop Topic: Substance Abuse

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1081</u>			
Amendment Number: _____			

Name: Shane Messer

Representing: Florida Council for Behavioral Healthcare

Title: Leg. Affairs Director

Address: 1316 E Park Ave

City: Tallah State/Zip: FL 32301

Phone Number: 850/224-6048 Meeting Date: 2/18/20

Committee/Subcommittee: HHN and Human Services

Presentation/Workshop Topic: mental 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.

Not present

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>1081</u>	
Amendment Barcode Number: _____	

Name: Nancy Daniels

Representing: Florida Public Defender Association

Title: Legislative Consultant

Address: 103 N. Gadsden St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 488-6850 Meeting Date: 2/18/20

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Mental 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



26912135

Not Present



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 1081 : Substance Abuse and Mental Health Amendment Barcode Number: N/A

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title: **CEO**

Address: **2215 Thomasville Rd, Ste 201**

City: **Tallahassee** State/Zip: **F**

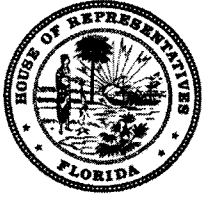
Phone Number: **(850) 510-9922** Meeting Date: **February 18, 2020 3:00 PM**

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

Presentation/Workshop Topic: **Social Services**

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	1105		
Amendment Number:	939449		

Name: Ashlee Tising

Representing: Big Bend Advocacy Center

Title: Lobbyist

Address: 106 East College Avenue, Sk 1200

City: Tallahassee State/Zip: FL, 32301

Phone Number: 850-637-7705 Meeting Date: _____

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: N/A

Registered Lobbyist: YES NO

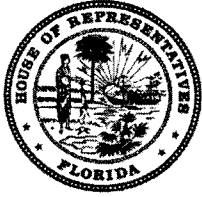
State Employee: YES NO

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

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

Bill: Proponent Opponent 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: 1105

Amendment Number: _____

Name: Ashbe Tising

Representing: Big Bend Advocacy Center

Title: Lobbyist

Address: 106 East College Avenue, Ste 1200

City: Tallahassee State/Zip: FL, 32301

Phone Number: 850-637-7705 Meeting Date: 2/18/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: N/A

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



82305572

aps



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 1105 : Child Welfare Amendment Barcode Number: N/A

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title: **CEO**

Address: **2215 Thomasville Rd, Ste 201**

City: **Tallahassee** State/Zip: **F**

Phone Number: **(850) 510-9922** Meeting Date: **February 18, 2020 3:00 PM**

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 style="text-align: center;">Waive In Support</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td style="text-align: center;">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

WKS

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

Bill Amendment
 Bill/PCS/PCB Number: 1105
 Amendment Barcode Number: _____

Name: Victoria Zepp
 Representing: FL Coalition for Children
 Title: Chief Policy & Research Officer
 Address: 317 E. Park Ave.
 City: TLH State/Zip: 32301
 Phone Number: 851/561-1102 Meeting Date: 2/18/20
 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.



Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1105</u>			
Amendment Barcode Number: _____			

Name: Greg Pound

Representing: Saving Families

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: FL 33773

Phone Number: _____ Meeting Date: 2-18-20

Committee/Subcommittee: _____

Presentation/Workshop Topic: Child Welfare

Registered Lobbyist: YES NO

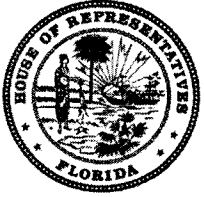
State Employee: YES NO

- 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>1187</u>			
Amendment Number: _____			

Name: LOUIS BETZ

Representing: MORE TRANSPLANTS MORE LIFE

Title: PRESIDENT

Address: P.O. BOX 274108

City: TAMPA State/Zip: FL 33688

Phone Number: 813.963.2900 Meeting Date: 2/18/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: GILAN TRANSPLANT

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: 1187

Amendment Number: _____

Name: Margaret Timmins (missy)

Representing: More Transplants, More Life

Title: _____

Address: 2910 Kerry Forest Pkwy D4-368

City: TLH State/Zip: 32309

Phone Number: (850) 668-8600 Meeting Date: 2/18/2020

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Organ Donation

Registered Lobbyist: YES NO

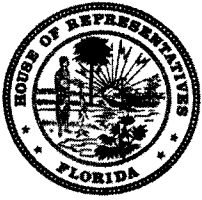
State Employee: YES NO

- 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>1187</u>			
Amendment Barcode Number: _____			

Name: Bob Reynolds

Representing: FLORIDA RENAL COALITION /

Title: _____

Address: P.O. Box 4369

City: TALL. FLA State/Zip: 32815

Phone Number: 850-509-4340 Meeting Date: 4/18/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>1187</u>	
Amendment Barcode 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: 2/18/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Organ donation

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 checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1197</u>			
Amendment Barcode Number: _____			

Name: Lauren Whritenauer

Representing: Betz Associates

Title: _____

Address: 108 E. Jefferson St. Suite A

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 509 3610 Meeting Date: 2/18/20

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

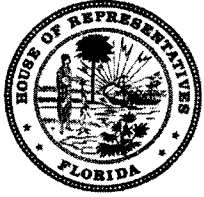
State Employee: YES NO

- 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.

WKS

Bill Amendment

Bill/PCS/PCB Number: 1217

Amendment Number: _____

Name: Andrew Shirvell

Representing: Florida Voice For the Unborn

Title: Executive Director

Address: PO Box 12152

City: Tallahassee State/Zip: FL 32317

Phone Number: (850) 404-3414 Meeting Date: 2-18-2020

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

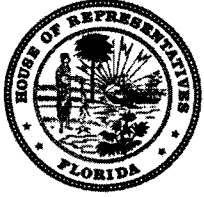
State Employee: YES NO

- 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.

WLS

Bill Amendment

Bill/PCS/PCB Number: 1273

Amendment Barcode Number: _____

Name: MATT SACCO

Representing: WREB (Western Regional Examination Board)

Title: _____

Address: 101 E Jefferson St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 9544420134 Meeting Date: 2/18/20

Committee/Subcommittee: 2/HIS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

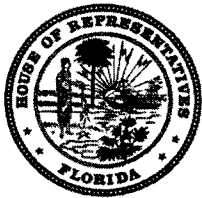
State Employee: YES NO

- 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: 1279

Amendment Barcode Number: _____

Name: Mike Cusick

Representing: Opportunity Solutions

Title: _____

Address: 200 W. College Ave

City: Tallahassee State/Zip: FL

Phone Number: 850-222-5620 Meeting Date: 2/18/20

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 checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1287</u>			
Amendment Barcode Number: _____			



Name: Eve Wiley

Representing: self.

Title: _____

Address: 4411 Rimbunan Drive

City: Dallas State/Zip: TX 75230

Phone Number: _____ 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.

WFS

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>1207</u>	
Amendment Barcode Number: _____	

Name: Chelsea Murphy

Representing: Right on Crime

Title: State Director

Address: 605 Middlebrook

City: _____ State/Zip: FL

Phone Number: 9545570012 Meeting Date: 2/18/20

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.



Bill Amendment

Bill/PCS/PCB Number: 1287

Amendment Number: _____

Name: Andrew Shirvell

Representing: Florida Voice For the Unborn

Title: Executive Director

Address: PO Box 12152

City: Tallahassee State/Zip: FL 32317

Phone Number: (850) 404-3414 Meeting Date: 2-18-2020

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



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:	1323		
Amendment Number:	_____		

Name: Megan Turetsky

Representing: Children's Services Council of Broward County

Title: Government Affairs Manager

Address: 6600 W Commercial Blvd

City: Lauderhill State/Zip: FL 33319

Phone Number: 954-377-1677 Meeting Date: 2/18

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 checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	<u>1323</u>		
Amendment Number:	_____		



Name: Michael Williams

Representing: Florida Prosperity Initiative - Florida Chamber Foundation

Title: Director

Address: 136 S. Bronough

City: TLH State/Zip: 32501

Phone Number: 850-521-1284 Meeting Date: 2/18/2020

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



90185940



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 1323 : Economic Self-sufficiency Amendment Barcode Number: N/A

Name: **Guse, Matthew**

Representing: **Florida Children's Council**

Title:

Address: **1126-B Lee Avenue, 300**

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

Phone Number: **(850) 577-3199 x103** Meeting Date: **February 18, 2020 3:00 PM**

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

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

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

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



46910462



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 1323 : Economic Self-sufficiency Amendment Barcode Number: N/A

Name: **Choy, Matthew**

Representing: **Florida Chamber of Commerce**

Title:

Address: **136 S Bronough St, Suite 860**

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

Phone Number: **(850) 521-1279** Meeting Date: **February 18, 2020 3:00 PM**

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

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

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

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



66365332

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 type="checkbox"/> Amendment Bill Number: HB 7025 : Guardianship Amendment Barcode Number: N/A

Name: **Peacock II, JD**

Representing: **Okaloosa County Clerk of the Circuit Court and Comptroller**

Title: **Okaloosa County Clerk of the Circuit Court and Comptroller**

Address: **101 E. James Lee Blvd. , Suite 108**

City: **Crestview** State/Zip: **FL 32536**

Phone Number: **850-689-5000** Meeting Date: **February 18, 2020 3:00 PM**

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB7025</u>	
Amendment Number: _____	

Name: IVONNE FERNANDEZ

Representing: AARP

Title: ASSOCIATE STATE DIRECTOR

Address: 215 S. MONROE STREET

City: TALLAHASSEE State/Zip: FLORIDA

Phone Number: 954-850-7262 Meeting Date: 2/18/2020

2/18/2020

Committee/Subcommittee: HEALTH & HUMAN SERVICE COMM.

Presentation/Workshop Topic: GUARDIANSHIP

Registered Lobbyist: YES NO

State Employee: YES NO

WAVE IN SUPPORT

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



65945180



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 7025 : Guardianship Amendment Barcode Number: N/A

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title: **CEO**

Address: **2215 Thomasville Rd, Ste 201**

City: **Tallahassee** State/Zip: **F**

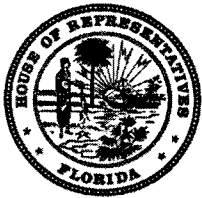
Phone Number: **(850) 510-9922** Meeting Date: **February 18, 2020 3:00 PM**

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

Presentation/Workshop Topic: **Social Services**

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>7025</u>			
Amendment Barcode Number: _____			

Name: Greg Pound

Representing: Saving Families

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: FL 33773

Phone Number: _____ 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 type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	<u>7045</u>		
Amendment Number:	<u>917373</u>		

Name: Toni Large

Representing: Florida Society of Rheumatology

Title: _____

Address: 215 S. Monroe St

City: Tallahassee State/Zip: 32301

Phone Number: (850)556-1461 Meeting Date: Feb. 18

Committee/Subcommittee: House Health & Human Services

Presentation/Workshop Topic: PBM Reform

Registered Lobbyist: YES NO

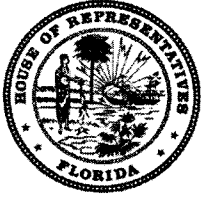
State Employee: YES NO

- 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:	<u>7045</u>		
Amendment Number:	<u>917373</u>		



Name: Audrey Brown

Representing: Florida Assoc. of Health Plans

Title: President/CEO

Address: 201 W. College Ave.

City: Fallahassae State/Zip: FL 32301

Phone Number: 850-527-9761 Meeting Date: 2-18-2020

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.)

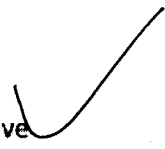
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

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.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7045</u>	
Amendment Number: <u>917373</u>	

Name: Barney Bishop

Representing: SPAR - Small Business Pharmacy Aligned for Reform

Title: Lobbyist

Address: 2215 Thomasville Rd

City: Tallahassee State/Zip: FL 32308

Phone Number: 850.510.9922 Meeting Date: 18 Feb 20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Prescription Drug Price Transparency

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

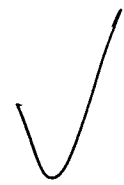
Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>7045</u>			
Amendment Barcode Number: _____			



Name: Mark Delegal

Representing: Pharmaceutical Research and Manufactures of America

Title: Retained Counsel

Address: 315 S. Calhoun St. #600

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-774-7000 Meeting Date: 2/18/2020

Committee/Subcommittee: ~~Health~~ 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



89743463



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 7045 : Prescription Drug Price Transparency Amendment Barcode Number: N/A

Name: **Kottkamp, Jeffrey**

Representing: **Small Business Pharmacies Aligned for Reform, Inc.**

Title:

Address: **3311 Dartmoor Dr**

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

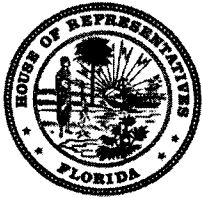
Phone Number: **(239) 297-9741** Meeting Date: **February 18, 2020 3:00 PM**

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

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

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

Proponent	<u>Bill</u>
	<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: <u>7045</u>	
Amendment Barcode Number: _____	

Name: Cynthia Henderson

Representing: EPIC Pharmacy

Title: _____

Address: 108 E Jefferson St. Suite A

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 559 0855 Meeting Date: 2/18/20

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.

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>7045</u>	
Amendment Barcode Number: _____	

w/o

Name: Nancy Stewart

Representing: Manufacturers Association of Florida

Title: _____

Address: 200 W College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850385 7805 Meeting Date: 2/18/20

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Prescription Drug Price Transparency

Registered Lobbyist: YES NO

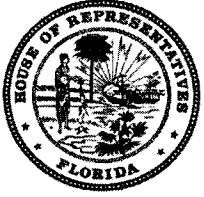
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
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- 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>7045</u>			
Amendment Number: _____			

Name: James Wright

Representing: SELF

Title: Pharmacist/Pharmacy Owner

Address: 1108 Luke Drive

City: Lucas State/Zip: FL / 32922

Phone Number: 321-406-3951 Meeting Date: 2/18/2020

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



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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: HB 7045 : Prescription Drug Price Transparency Amendment Barcode Number: N/A

Name: **Jackson, Michael**

Representing: **Florida Pharmacy Association**

Title:

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

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

Phone Number: **(850) 222-2400** Meeting Date: **February 18, 2020 3:00 PM**

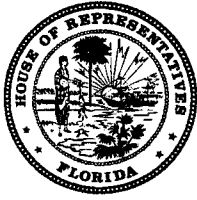
Committee/Subcommittee: **Health & Human Services Committee**

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

<input checked="" type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input checked="" 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>N/A</td> </tr> </table>	<u>Bill</u>	Proponent	<u>Amendment</u>	N/A
<u>Bill</u>					
Proponent					
<u>Amendment</u>					
N/A					



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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.

W/S

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 7045 : Prescription Drug Price Transparency Amendment Barcode Number: N/A

Name: **Poole, David**

Representing: **AIDS HealthCare Foundation**

Title:

Address: **1825 Country Club Dr**

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

Phone Number: **(850) 766-3323** Meeting Date: **February 18, 2020 3:00 PM**

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

Presentation/Workshop Topic: **Prescription Drug Price Transparency**

<input checked="" type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input checked="" 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>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					



56000136

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 7045 : Prescription Drug Price Transparency Amendment Barcode Number: N/A

Name: **Bishop, Barney**

Representing: **Small Business Pharmacies Aligned for Reform, Inc.**

Title: **CEO**

Address: **2215 Thomasville Rd, Ste 201**

City: **Tallahassee** State/Zip: **F**

Phone Number: **(850) 510-9922** Meeting Date: **February 18, 2020 3:00 PM**

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

Presentation/Workshop Topic: **Health Care**

- 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.



Bill

Amendment

Bill/PCS/PCB Number: 7045

Amendment Number: 882603

Name: Barney Bishop

Representing: SPAR - small Business Pharmacy Aligned for Reform

Title: Lobbyist

Address: 2215 Thomasville Road

City: Tallahassee State/Zip: FL 32308

Phone Number: 850.510.9922 Meeting Date: 18 Feb 20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Prescription Drug Price Transparency

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>7045</u>			
Amendment Barcode Number: _____			

Name: Greg Pounce

Representing: Saving Families

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: FL, 33773

Phone Number: _____ Meeting Date: 2-18-20

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