

Children, Families & Seniors Subcommittee

Wednesday, November 15, 2023 1:00 PM Reed Hall (102 HOB)

Action Packet

Committee Meeting Notice HOUSE OF REPRESENTATIVES

Children, Families & Seniors Subcommittee

Start Date and Time: Wednesday, November 15, 2023 01:00 pm

End Date and Time: Wednesday, November 15, 2023 02:30 pm

Location: Reed Hall (102 HOB)

Duration: 1.50 hrs

Presentations on behavioral health in the workplace:

- -Julie Serovich, Ph.D., Dean and Professor, College of Behavioral and Community Sciences, University of South Florida
- -Robert Roncska, Senior Vice President, Florida Chamber Health Council

To submit an electronic appearance form, and for information about attending or testifying at a committee meeting, please see the "Visiting the House" tab at www.myfloridahouse.gov.

NOTICE FINALIZED on 11/08/2023 3:13PM by Clenord.Judeline

COMMITTEE MEETING REPORT

Children, Families & Seniors Subcommittee

11/15/2023 1:00PM

Location: Reed Hall (102 HOB)

Summary: No Bills Considered

COMMITTEE MEETING REPORT

Children, Families & Seniors Subcommittee

11/15/2023 1:00PM

Location: Reed Hall (102 HOB)

Attendance:

	Present	Absent	Excused
Traci Koster (Chair)	X		
Fabián Basabe	X		
Kimberly Berfield	X		
Dean Black	X		
David Borrero	X		
Peggy Gossett-Seidman	X		
Jennifer Harris	X		
Dotie Joseph	X		
Sam Killebrew	X		
Vicki Lopez	X		
Patt Maney	X		
Kiyan Michael	X		
Michele Rayner			X
Spencer Roach	X		
Felicia Simone Robinson			X
Chase Tramont	X		
Patricia Williams	X		
Marie Woodson	X		
Totals:	16	0	2

COMMITTEE MEETING REPORT

Children, Families & Seniors Subcommittee

11/15/2023 1:00PM

Location: Reed Hall (102 HOB)

Presentation/Workshop/Other Business Appearances:

Serovich, Julianne (At Request Of Chair) - Information Only University of South Florida Dean 13301 Bruce B. Downs Blvd

Tampa FL 33612 Phone: 813-440-7874

Rancska, Robert (At Request Of Chair) - Information Only Florida Chamber Health Council SUP 136 S. Bronough St. Tallahassee FL

Phone: 850-521-1200

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

Bill Amendment				
Bill/PCS/PCB Number:				
Amendment Barcode Number:				
Name: Julianné Serourch (Julie)				
Representing: USF				
Title:Dean				
Address: 13301 Bruce B. Downs BLUD				
City:				
Phone Number: 813 - 440 - 7874 Meeting Date: 11-15-23				
Committee/Subcommittee: Childre, Jany & Sarac				
Presentation/Workshop Topic: MENLO Health				
Registered Lobbyist: YES NO X				
State Employee: YES NO 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.)				
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 $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

LOBIDA					
	Bill Amendment				
	Bill/PCS/PCB Number:				
	Amendment Barcode Number:				
Name: RoberT RancsKA					
Representing: FL chamber Health Council					
Title: SVP					
Address: 136 S But	eoNough St				
City: Takhassee State/Zip: FC					
Phone Number:					
Committee/Subcommittee: Childrens/PAM/Ker / Senion					
Presentation/Workshop Topic: Mental Heath					
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 Oppor	nent Waive in Support Waive in Oppositi	ion Info only			
Amendment: Proponent Oppor	nent Waive in Support Waive in Oppositi	ion Info only			