



Health Care Appropriations Subcommittee

January 28, 2016
3:30 PM – 5:30 PM
Webster Hall (212 Knott)

Action Packet

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Care Appropriations Subcommittee

Start Date and Time: Thursday, January 28, 2016 03:30 pm
End Date and Time: Thursday, January 28, 2016 05:30 pm
Location: Webster Hall (212 Knott)
Duration: 2.00 hrs

Consideration of the following bill(s):

HB 89 Florida Kidcare Program by Diaz, J., Santiago
CS/CS/HB 259 Temporary Care of a Minor Child Pursuant to a Power of Attorney by Civil Justice Subcommittee, Children, Families & Seniors Subcommittee, Rodrigues, R.
CS/HB 403 Guardianship by Children, Families & Seniors Subcommittee, Ahern

Consideration of the following proposed committee bill(s):

PCB HCAS 16-01 -- Trust Funds
PCB HCAS 16-02 -- Medicaid
PCB HCAS 16-03 -- Alzheimer's Disease Research

Chair's Budget Proposal for FY 2016-17

Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m., Wednesday, January 27, 2016.

By request of the chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Wednesday, January 27, 2016.

NOTICE FINALIZED on 01/26/2016 4:16PM by LAL

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2016 3:30:00PM

Location: Webster Hall (212 Knott)

Summary:

Health Care Appropriations Subcommittee

Thursday January 28, 2016 03:30 pm

HB 89	Favorable With Committee Substitute	Yeas: 12	Nays: 0
	Amendment 438723 Adopted Without Objection		
CS/CS/HB 259	Favorable	Yeas: 9	Nays: 3
CS/HB 403	Favorable With Committee Substitute	Yeas: 12	Nays: 0
	Amendment 311565 Adopted Without Objection		
PCB HCAS 16-01	Favorable With Amendment(s)	Yeas: 12	Nays: 0
	Amendment PCB HCAS 16-01 a1 Adopted Without Objection		
PCB HCAS 16-02	Favorable	Yeas: 10	Nays: 2
PCB HCAS 16-03	Favorable	Yeas: 12	Nays: 0

Committee meeting was reported out: Thursday, January 28, 2016 7:17:07PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2016 3:30:00PM

Location: Webster Hall (212 Knott)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Matt Hudson (Chair)	X		
Michael Bileca	X		
Jason Brodeur	X		
Janet Cruz	X		
W. Travis Cummings	X		
Gayle Harrell	X		
Shawn Harrison	X		
MaryLynn Magar	X		
Jared Moskowitz	X		
Amanda Murphy	X		
Cary Pigman	X		
David Richardson	X		
Kenneth Roberson	X		
Totals:	13	0	0

Committee meeting was reported out: Thursday, January 28, 2016 7:17:07PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2016 3:30:00PM

Location: Webster Hall (212 Knott)

HB 89 : Florida Kidcare Program

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz	X				
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson				X	
Matt Hudson (Chair)	X				
Total Yeas: 12		Total Nays: 0			

HB 89 Amendments

Amendment 438723

Adopted Without Objection

Appearances:

McQuone, Michael (Lobbyist) - Waive In Support
 Florida Conference of Catholic Bishops
 201 W Park Ave
 Tallahassee FL 32301
 Phone: 850-284-9130

McCarty, Jess (Lobbyist) - Waive In Support
 Miami-Dade County
 111 NW 1st St 2810
 Miami FL 33128
 Phone: (305) 375-1634

Liem, Amy (Lobbyist) - Waive In Support
 Florida Legal Services
 2425 Torreya Dr
 Tallahassee Fl 32304
 Phone: (850) 385-7900

Committee meeting was reported out: Thursday, January 28, 2016 7:17:07PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2016 3:30:00PM

Location: Webster Hall (212 Knott)

HB 89 : Florida Kidcare Program (continued)

Appearances: (continued)

Scher, Jessica (Lobbyist) - Waive In Support
United Way of Miami-Dade
3250 S.W. 3rd Avenue
Miami FL 33129
Phone: 305-322-6143

Watson, Ron (Lobbyist) - Waive In Support
Florida CHAIN
Lobbyist
3738 Munden Way
Tallahassee FL 32309
Phone: (850) 561-1202

Woodall, Karen (Lobbyist) - Waive In Support
Florida Center for Fiscal & Economic Policy
Executive Director
579 E Call St
Tallahassee FL 32301
Phone: (850) 321-9386

Curva, Felicidad (Lobbyist) - Waive In Support
FL IMPACT; Bud Bell Clearinghouse on Human Services
Partner, Curva & Associates LLC
1212 Piedmont Dr.
Tallahassee FL 32312
Phone: (850) 508-2256

Ragbeer, Diana (Lobbyist) - Waive In Support
The Children's Trust
Director of Public Policy
3150 SW 3rd Ave. 8th Floor
Miami FL 33129
Phone: (305) 571-5700

Bell, Doug (Lobbyist) - Waive In Support
Florida Chapter American Academy of Pediatrics
101 N. Monroe Street
Tallahassee FL
Phone: (850) 681-3241

Committee meeting was reported out: Thursday, January 28, 2016 7:17:07PM

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 Care Appropriations
2 Subcommittee

3 Representative Diaz, J. offered the following:

4
5 **Amendment (with title amendment)**

6 Between lines 85 and 86, insert:

7 Section 5. For the 2016-2017 fiscal year, the sums of
8 \$28,538,785 in recurring funds from the Medical Care Trust Fund
9 and \$296,429 in recurring funds from the Grants and Donations
10 Trust Fund is appropriated to the Agency for Health Care
11 Administration for the purpose of implementing this act.

12
13 -----

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

15 Remove line 16 and insert:

16 changes made by the act; providing an appropriation; providing
17 an effective date.

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2016 3:30:00PM

Location: Webster Hall (212 Knott)

CS/CS/HB 259 : Temporary Care of a Minor Child Pursuant to a Power of Attorney

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz		X			
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz	X				
Amanda Murphy		X			
Cary Pigman	X				
David Richardson		X			
Kenneth Roberson				X	
Matt Hudson (Chair)	X				
Total Yeas: 9		Total Nays: 3			

Appearances:

Butters, Sarah (General Public) - Information Only
 Real Property, Probate, and Trust section of FL Bar
 Attorney
 4049 Shady View Lane
 Tallahassee FL 32311
 Phone: (850) 425-5648

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2016 3:30:00PM

Location: Webster Hall (212 Knott)

CS/HB 403 : Guardianship

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz	X				
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson				X	
Matt Hudson (Chair)	X				
Total Yeas: 12		Total Nays: 0			

CS/HB 403 Amendments

Amendment 311565

Adopted Without Objection

Appearances:

Franks, Doug (General Public) - Proponent
 1034 Justice Lane NW
 Acworth GA 30102
 Phone: (678) 570-3010

McQuone, Michael (Lobbyist) - Waive In Support
 Florida Conference of Catholic Bishops
 201 W Park Ave
 Tallahassee FL 32301
 Phone: 850-284-9130

Committee meeting was reported out: Thursday, January 28, 2016 7:17:07PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	—	(Y/N)
ADOPTED AS AMENDED	—	(Y/N)
ADOPTED W/O OBJECTION	✓	(Y/N)
FAILED TO ADOPT	—	(Y/N)
WITHDRAWN	—	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
 2 Subcommittee

3 Representative Ahern offered the following:

4
 5 **Amendment (with title amendment)**

6 Between lines 1307 and 1308, insert:

7 Section 38. For the 2016-2017 fiscal year, six full-time
 8 equivalent positions, with associated salary rate of 242,345,
 9 are authorized and the sums of \$698,153 in recurring funds and
 10 \$123,517 in nonrecurring funds from the General Revenue Fund are
 11 hereby appropriated to the Department of Elder Affairs for the
 12 purpose of implementing the requirements of the act.

13
 14
 15 -----

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

17 Remove line 89 and insert:

Amendment No. 1

18 | cross-references; making technical changes; providing an
19 | appropriation; providing

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/28/2016 3:30:00PM

Location: Webster Hall (212 Knott)

PCB HCAS 16-01 : Trust Funds

Favorable With Amendment(s)

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz	X				
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson				X	
Matt Hudson (Chair)	X				
Total Yeas: 12		Total Nays: 0			

PCB HCAS 16-01 Amendments

Amendment PCB HCAS 16-01 a1

Adopted Without Objection

Committee meeting was reported out: Thursday, January 28, 2016 7:17:07PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. PCB HCAS 16-01 (2016)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED (Y/N)

ADOPTED AS AMENDED (Y/N)

ADOPTED W/O OBJECTION (Y/N)

FAILED TO ADOPT (Y/N)

WITHDRAWN (Y/N)

OTHER _____

1 Committee/Subcommittee hearing bill: Health Care Appropriations
2 Subcommittee

3 Representative Hudson offered the following:

4

5 **Amendment**

6 Remove line 34 and insert:

7 within the Department of Health, FLAIR number 20-2-516004, is

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/28/2016 3:30:00PM

Location: Webster Hall (212 Knott)

PCB HCAS 16-02 : Medicaid

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz		X			
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz	X				
Amanda Murphy		X			
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson				X	
Matt Hudson (Chair)	X				
	Total Yeas: 10	Total Nays: 2			

Committee meeting was reported out: Thursday, January 28, 2016 7:17:07PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/28/2016 3:30:00PM

Location: Webster Hall (212 Knott)

PCB HCAS 16-03 : Alzheimer's Disease Research

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz	X				
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson				X	
Matt Hudson (Chair)	X				
Total Yeas: 12		Total Nays: 0			

Appearances:

Kelly, Natalie (Lobbyist) - Waive In Support
 Alzheimer's Association
 1984-B Nicklaus Drive
 Tallahassee FL 32301
 Phone: (850) 570-5707

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/28/2016 3:30:00PM

Location: Webster Hall (212 Knott)

Presentation/Workshop/Other Business Appearances:

Chair's Budget Proposal for FY 2016-17
Clinton, Kathy (General Public) - Information Only
Florida Association of Home Care Providers
Chair
5650 S. Washington Ave.
Titusville FL 32780
Phone: (321) 543-4431

Committee meeting was reported out: Thursday, January 28, 2016 7:17:07PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: _____ Meeting Date: 1/28/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: APD - Chair's proposal

Committee/Subcommittee: HealthCare Appropriations Subcommittee

Name: Kathy Clinton

Title: Chair - Florida Association of Home Care Providers

Address: 5650 S. Washington Ave.

City: Titusville State/Zip: FL 32780

Phone Number: 321-543-4431

Representing: Florida Association of Home Care Providers

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

→ There ~~will~~ be some BOB language that maybe of some help here. E



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: PCB HCAS 16-03 Meeting Date: 1/28/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: ALZHEIMER'S DISEASE RESEARCH

Committee/Subcommittee: HEALTH & HUMAN SERVICES APPROPRIATIONS

Name: NATALIE KELLY

Title: _____

Address: 1984 - RICKLAUS DRIVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850 570-5747

Representing: ALZHEIMER'S ASSOCIATION

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 259 Meeting Date: 1/28/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Sarah Butkers

Title: attorney / RPPTL section of FL Bar

Address: 4049 Shady View Lane

City: Tallahassee State/Zip: FL 32311

Phone Number: 850 425-5648

Representing: RPPTL

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Real Property, Probate & Trust



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 403 Meeting Date: 1-28-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: DOUGLAS FRANKS

Title: SON OF Ernestine Franks

Address: 1034 Justice Ln NW

City: Acworth State/Zip: GA 30102

Phone Number: 678 570 3010

Representing: Ernestine Franks & AAAPG.net

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 403 Meeting Date: 1/28/16

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: GUARDIANSHIP

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS

Name: MICHAEL MCQUONE (MICK-CUE-ONE)

Title: ASSOCIATE DIRECTOR OF HEALTH

Address: 201 W. PARK AVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850-284-9130

Representing: FLORIDA CONFERENCE OF CATHOLIC BISHOPS

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 89 Meeting Date: 1/28/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: FLORIDA KID CARE PROGRAM

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS SUBCOMMITTEE

Name: MICHAEL MCQUONE (MICK-CUE-ONE)

Title: ASSOCIATE DIRECTOR FOR HEALTH

Address: 201 W. PARK AVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850-284-9130

Representing: FLORIDA CONFERENCE OF CATHOLIC BISHOPS

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 89 Meeting Date: _____

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: JESS McCARTY

Title: _____

Address: 111 NW 1st St 2810

City: MIAMI State/Zip: 33128

Phone Number: 305-979-7110

Representing: MIAMI - DADE COUNTY

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 89 Meeting Date: Jan. 28, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Care Appropriations

Name: Amy Liem

Title: _____

Address: 2425 Torrey Dr.

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-385-7900

Representing: Florida Legal Services

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 89 Meeting Date: 1/28/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: (Kid Care bill)

Committee/Subcommittee: Health Care Appropriations

Name: JESSICA SCHER

Title: Director, Public Policy

Address: 3250 SW 3rd Ave

City: MIAMI State/Zip: FL 33129

Phone Number: 305 322 6143

Representing: United Way of Miami-Dade

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 89 Meeting Date: 1/28/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: lawfully residing children / kid care

Committee/Subcommittee: _____

Name: Ron Watson

Title: Lobbyist

Address: 3738 Mardon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: (850) 567-1202

Representing: Florida CHAIN

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in Support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Did Not Appear

WIS
Michael McGivone



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 89 Meeting Date: 1/28/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Florida Kidcare

Committee/Subcommittee: Health Care Approps

Name: Ingrid Delgado

Title: Associate for Social Concerns & Respect Life

Address: 201 W Park Av

City: Tallahassee State/Zip: FL 32301

Phone Number: _____

Representing: Florida Conference of Catholic Bishops

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 89 Meeting Date: 1/28/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Florida Kidcare

Committee/Subcommittee: _____

Name: Karen Woodall

Title: Executive Director

Address: 579 E. Call St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-321-9386

Representing: Florida Center for Fiscal + Economic Policy

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WLS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 89 Meeting Date: 1/28/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Florida KidCare Program

Committee/Subcommittee: Health Care Approp. Subcommittee

Name: FELY CURVA

Title: Partner, Curva Associates LLC

Address: 1212 Piedmont Dr.

City: Tallahassee State/Zip: FL 32312

Phone Number: (850) 508-2256

Representing: FL IMPACT (Council of Churches), Budd Bell Clearinghouse on Human Services

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE IN SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 89 Meeting Date: 1/28/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: KIDCARE

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS

Name: DIANA RAGBEER

Title: DIRECTOR, PUBLIC POLICY

Address: 3150 SW 3RD AVE, 8TH FLOOR

City: MIAMI State/Zip: 33129

Phone Number: 305 571 5700

Representing: THE CHILDREN'S TRUST

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



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Bill Number: 89 Meeting Date: 1/28/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Kidcare

Committee/Subcommittee: Healthcare Approps

Name: Doug Bell

Title: _____

Address: 101 N. Monroe

City: Tall State/Zip: _____

Phone Number: 681-3241

Representing: FL Chapter American Academy of Pediatrics

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	