



Health & Human Services Committee

Thursday, January 14, 2016
8:00 AM - 10:00 AM
Morris Hall

Action Packet

Steve Crisafulli
Speaker

Jason Brodeur
Chair

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/14/2016 8:00:00AM

Location: Morris Hall (17 HOB)

Summary:

Health & Human Services Committee

Thursday January 14, 2016 08:00 am

| | | | |
|-----------|--|----------|---------|
| HB 103 | Favorable With Committee Substitute Amendment 455119 Adopted as Amended | Yeas: 11 | Nays: 0 |
| HB 107 | Favorable | Yeas: 11 | Nays: 0 |
| CS/HB 127 | Favorable | Yeas: 11 | Nays: 0 |
| CS/HB 173 | Favorable | Yeas: 11 | Nays: 0 |
| HB 241 | Favorable | Yeas: 11 | Nays: 0 |
| HB 4007 | Favorable | Yeas: 15 | Nays: 0 |
| HB 4037 | Favorable | Yeas: 12 | Nays: 0 |

Committee meeting was reported out: Thursday, January 14, 2016 2:33:19PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/14/2016 8:00:00AM

Location: Morris Hall (17 HOB)

Attendance:

| | <i>Present</i> | <i>Absent</i> | <i>Excused</i> |
|-----------------------|----------------|---------------|----------------|
| Jason Brodeur (Chair) | X | | |
| Bryan Avila | X | | |
| Lori Berman | | | X |
| Colleen Burton | X | | |
| Gwyndolen Clarke-Reed | X | | |
| Fred Costello | X | | |
| Janet Cruz | X | | |
| W. Travis Cummings | X | | |
| Katie Edwards | | | X |
| Gayle Harrell | X | | |
| Mia Jones | X | | |
| Shevrin Jones | X | | |
| MaryLynn Magar | X | | |
| Cary Pigman | X | | |
| Paul Renner | X | | |
| Kenneth Roberson | X | | |
| Chris Sprows | X | | |
| Jay Trumbull | X | | |
| Totals: | 16 | 0 | 2 |

Committee meeting was reported out: Thursday, January 14, 2016 2:33:19PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/14/2016 8:00:00AM

Location: Morris Hall (17 HOB)

HB 103 : Transactions in Fresh Produce Markets

Favorable With Committee Substitute

| | <i>Yea</i> | <i>Nay</i> | <i>No Vote</i> | <i>Absentee Yea</i> | <i>Absentee Nay</i> |
|-----------------------|------------|----------------------|----------------|-------------------------|-------------------------|
| Bryan Avila | | | | X | |
| Lori Berman | | | | X | |
| Colleen Burton | X | | | | |
| Gwyndolen Clarke-Reed | X | | | | |
| Fred Costello | X | | | | |
| Janet Cruz | X | | | | |
| W. Travis Cummings | X | | | | |
| Katie Edwards | | | X | | |
| Gayle Harrell | X | | | | |
| Mia Jones | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Cary Pigman | | | X | | |
| Paul Renner | X | | | | |
| Kenneth Roberson | | | | X | |
| Chris Spowls | | | X | | |
| Jay Trumbull | | | X | | |
| Jason Brodeur (Chair) | X | | | | |
| Total Yeas: 11 | | Total Nays: 0 | | | |

HB 103 Amendments

Amendment 455119

Adopted as Amended

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health & Human Services

Bill Number: HB 103

Meeting Date: 1/14/16

Date Received: _____

Place: Marine Hall

Date Reported: _____

Time: 8:00 AM

Subject: Transactions in Fresh Produce Markets

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

| Final Vote On Bill | | MEMBERS | <i>10/1</i> | | | | | | | |
|-------------------------------------|--------------------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Yea | Nay | | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| <input checked="" type="checkbox"/> | | Brodeur, Chair | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Avila | <i>W/O</i> | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Berman | <i>8/7</i> | | | | | | | |
| <input checked="" type="checkbox"/> | | Burton | | | | | | | | |
| <input checked="" type="checkbox"/> | | Clarke-Reed | | | | | | | | |
| <input checked="" type="checkbox"/> | | Costello | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cruz | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Cummings | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Edwards | | | | | | | | |
| <input checked="" type="checkbox"/> | | Harrell | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Jones, M. | | | | | | | | |
| <input checked="" type="checkbox"/> | | Jones, S. | | | | | | | | |
| <input checked="" type="checkbox"/> | | Magar | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pigman | | | | | | | | |
| <input checked="" type="checkbox"/> | | Renner | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Roberson | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Sprowls | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Trumbull | | | | | | | | |
| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| <i>11</i> | <i>0</i> | | | | | | | | | |

*Rep Avila - Yea after roll call
Roberson - Yea after roll call
Berman - Absent Yea*

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/14/2016 8:00:00AM

Location: Morris Hall (17 HOB)

HB 107 : Physical Therapy

Favorable

| | <i>Yea</i> | <i>Nay</i> | <i>No Vote</i> | <i>Absentee Yea</i> | <i>Absentee Nay</i> |
|-----------------------|------------|----------------------|----------------|-------------------------|-------------------------|
| Bryan Avila | | | | X | |
| Lori Berman | | | | X | |
| Colleen Burton | X | | | | |
| Gwyndolen Clarke-Reed | X | | | | |
| Fred Costello | X | | | | |
| Janet Cruz | X | | | | |
| W. Travis Cummings | X | | | | |
| Katie Edwards | | | X | | |
| Gayle Harrell | X | | | | |
| Mia Jones | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Cary Pigman | | | X | | |
| Paul Renner | X | | | | |
| Kenneth Roberson | | | | X | |
| Chris Sprowls | | | X | | |
| Jay Trumbull | | | X | | |
| Jason Brodeur (Chair) | X | | | | |
| Total Yeas: 11 | | Total Nays: 0 | | | |

Appearances:

Daly, Melissa K. (General Public) - Waive In Support
 Florida Physical Therapy Assoc.
 Physical Therapist, Florida Physical Therapy Association
 2104 Delta Way, Ste 7
 Tallahassee Fl 32303
 Phone: (850) 222-1243

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services

Bill Number: HB 107

Meeting Date: 1/14/16
Place: House Hall
Time: 8:00 AM

Date Received: _____
Date Reported: _____
Subject: Physical Therapy

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

| Final Vote On Bill | | MEMBERS | | | | | | | | |
|-------------------------------------|-------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Yea | Nay | | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| <input checked="" type="checkbox"/> | | Brodeur, Chair | | | | | | | | |
| <input checked="" type="checkbox"/> | | Avila | | | | | | | | |
| <input checked="" type="checkbox"/> | | Berman | | | | | | | | |
| <input checked="" type="checkbox"/> | | Burton | | | | | | | | |
| <input checked="" type="checkbox"/> | | Clarke-Reed | | | | | | | | |
| <input checked="" type="checkbox"/> | | Costello | | | | | | | | |
| <input checked="" type="checkbox"/> | | Cruz | | | | | | | | |
| <input checked="" type="checkbox"/> | | Cummings | | | | | | | | |
| <input checked="" type="checkbox"/> | | Edwards | | | | | | | | |
| <input checked="" type="checkbox"/> | | Harrell | | | | | | | | |
| <input checked="" type="checkbox"/> | | Jones, M. | | | | | | | | |
| <input checked="" type="checkbox"/> | | Jones, S. | | | | | | | | |
| <input checked="" type="checkbox"/> | | Magar | | | | | | | | |
| <input checked="" type="checkbox"/> | | Pigman | | | | | | | | |
| <input checked="" type="checkbox"/> | | Renner | | | | | | | | |
| <input checked="" type="checkbox"/> | | Roberson | | | | | | | | |
| <input checked="" type="checkbox"/> | | Sprowls | | | | | | | | |
| <input checked="" type="checkbox"/> | | Trumbull | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 11 | 0 | | | | | | | | | |

Ref Aute - Yea after roll call
Roberson - Yea after roll call
Berman - Absentee Yea

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/14/2016 8:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 127 : Continuing Care Facilities

Favorable

| | <i>Yea</i> | <i>Nay</i> | <i>No Vote</i> | <i>Absentee Yea</i> | <i>Absentee Nay</i> |
|-----------------------|------------|----------------------|----------------|-------------------------|-------------------------|
| Bryan Avila | | | | X | |
| Lori Berman | | | | X | |
| Colleen Burton | X | | | | |
| Gwyndolen Clarke-Reed | X | | | | |
| Fred Costello | X | | | | |
| Janet Cruz | X | | | | |
| W. Travis Cummings | X | | | | |
| Katie Edwards | | | X | | |
| Gayle Harrell | X | | | | |
| Mia Jones | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Cary Pigman | | | X | | |
| Paul Renner | X | | | | |
| Kenneth Roberson | | | | X | |
| Chris Sprowls | | | X | | |
| Jay Trumbull | | | X | | |
| Jason Brodeur (Chair) | X | | | | |
| Total Yeas: 11 | | Total Nays: 0 | | | |

Appearances:

Arnold, Melody (Lobbyist) - Waive In Support
 Florida Healthcare Association
 Gov't Affairs Mngr
 307 W Park Ave
 Tallahassee FL 32301
 Phone: (850) 224-3907

Langston, Susan (Lobbyist) - Waive In Support
 Leading Age Florida
 VP of Advocacy
 1812 Riggins Rd
 Tallahassee FL 32308
 Phone: (850) 671-3700

Committee meeting was reported out: Thursday, January 14, 2016 2:33:19PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services
Meeting Date: 1/14/16
Place: Income Hall
Time: 8:00AM

Bill Number: CS/HB 127
Date Received: _____
Date Reported: _____
Subject: Continuing Care Facilities

Committee/Subcommittee Action:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

| Final Vote On Bill | | MEMBERS | | | | | | | | |
|-------------------------------------|-------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Yea | Nay | | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| <input checked="" type="checkbox"/> | | Brodeur, Chair | | | | | | | | |
| <input checked="" type="checkbox"/> | | Avila | | | | | | | | |
| <input checked="" type="checkbox"/> | | Berman | | | | | | | | |
| <input checked="" type="checkbox"/> | | Burton | | | | | | | | |
| <input checked="" type="checkbox"/> | | Clarke-Reed | | | | | | | | |
| <input checked="" type="checkbox"/> | | Costello | | | | | | | | |
| <input checked="" type="checkbox"/> | | Cruz | | | | | | | | |
| <input checked="" type="checkbox"/> | | Cummings | | | | | | | | |
| <input checked="" type="checkbox"/> | | Edwards | | | | | | | | |
| <input checked="" type="checkbox"/> | | Harrell | | | | | | | | |
| <input checked="" type="checkbox"/> | | Jones, M. | | | | | | | | |
| <input checked="" type="checkbox"/> | | Jones, S. | | | | | | | | |
| <input checked="" type="checkbox"/> | | Magar | | | | | | | | |
| <input checked="" type="checkbox"/> | | Pigman | | | | | | | | |
| <input checked="" type="checkbox"/> | | Renner | | | | | | | | |
| <input checked="" type="checkbox"/> | | Roberson | | | | | | | | |
| <input checked="" type="checkbox"/> | | Sproles | | | | | | | | |
| <input checked="" type="checkbox"/> | | Trumbull | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 11 | 0 | | | | | | | | | |

Rep Avila - Yes after roll call
 Roberson - Yes after roll call
 Berman - Absentee Yes

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/14/2016 8:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 173 : Medical Faculty Certification

Favorable

| | <i>Yea</i> | <i>Nay</i> | <i>No Vote</i> | <i>Absentee Yea</i> | <i>Absentee Nay</i> |
|-----------------------|------------|----------------------|----------------|-------------------------|-------------------------|
| Bryan Avila | | | | X | |
| Lori Berman | | | | X | |
| Colleen Burton | X | | | | |
| Gwyndolen Clarke-Reed | X | | | | |
| Fred Costello | X | | | | |
| Janet Cruz | X | | | | |
| W. Travis Cummings | X | | | | |
| Katie Edwards | | | X | | |
| Gayle Harrell | X | | | | |
| Mia Jones | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Cary Pigman | | | X | | |
| Paul Renner | X | | | | |
| Kenneth Roberson | | | | X | |
| Chris Sprowls | | | X | | |
| Jay Trumbull | | | X | | |
| Jason Brodeur (Chair) | X | | | | |
| Total Yeas: 11 | | Total Nays: 0 | | | |

Appearances:

Diaz Lyon, Aimee (Lobbyist) - Waive In Support
 Mayo Clinic
 119 S Monroe St, Ste 200
 Tallahassee FL 32301
 Phone: (850) 205-9000

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HB 173

Meeting Date: 11/14/16

Date Received: _____

Place: Monte Hall

Date Reported: _____

Time: 8:00 AM

Subject: Medical Faculty Certification

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

| Final Vote On Bill | | MEMBERS | | | | | | | | |
|-------------------------------------|--------------------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Yea | Nay | | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| <input checked="" type="checkbox"/> | | Brodeur, Chair | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Avila | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Berman | | | | | | | | |
| <input checked="" type="checkbox"/> | | Burton | | | | | | | | |
| <input checked="" type="checkbox"/> | | Clarke-Reed | | | | | | | | |
| <input checked="" type="checkbox"/> | | Costello | | | | | | | | |
| <input checked="" type="checkbox"/> | | Cruz | | | | | | | | |
| <input checked="" type="checkbox"/> | | Cummings | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Edwards | | | | | | | | |
| <input checked="" type="checkbox"/> | | Harrell | | | | | | | | |
| <input checked="" type="checkbox"/> | | Jones, M. | | | | | | | | |
| <input checked="" type="checkbox"/> | | Jones, S. | | | | | | | | |
| <input checked="" type="checkbox"/> | | Magar | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pigman | | | | | | | | |
| <input checked="" type="checkbox"/> | | Renner | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Roberson | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Sprowls | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Trumbull | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 11 | 0 | | | | | | | | | |

Rep. Burke - Yes after roll call
 Roberson - Yes after roll call
 Berman - Absentee Yes

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/14/2016 8:00:00AM

Location: Morris Hall (17 HOB)

HB 241 : Children and Youth Cabinet

Favorable

| | <i>Yea</i> | <i>Nay</i> | <i>No Vote</i> | <i>Absentee Yea</i> | <i>Absentee Nay</i> |
|-----------------------|------------|----------------------|----------------|-------------------------|-------------------------|
| Bryan Avila | | | | X | |
| Lori Berman | | | | X | |
| Colleen Burton | X | | | | |
| Gwyndolen Clarke-Reed | X | | | | |
| Fred Costello | X | | | | |
| Janet Cruz | X | | | | |
| W. Travis Cummings | X | | | | |
| Katie Edwards | | | X | | |
| Gayle Harrell | X | | | | |
| Mia Jones | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Cary Pigman | | | X | | |
| Paul Renner | X | | | | |
| Kenneth Roberson | | | | X | |
| Chris Sprowls | | | X | | |
| Jay Trumbull | | | X | | |
| Jason Brodeur (Chair) | X | | | | |
| Total Yeas: 11 | | Total Nays: 0 | | | |

Committee meeting was reported out: Thursday, January 14, 2016 2:33:19PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health & Human Services
 Meeting Date: 1/14/16
 Place: Minister Hall
 Time: 8:00 AM

Bill Number: HB 241
 Date Received: _____
 Date Reported: _____
 Subject: Children and Youth Cabinet

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____
- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

| Final Vote On Bill | | MEMBERS | | | | | | | | |
|-------------------------------------|--------------------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Yea | Nay | | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Brodeur, Chair | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Avila | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Berman | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Burton | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Clarke-Reed | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Costello | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cruz | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cummings | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Edwards | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Harrell | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Jones, M. | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Jones, S. | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Magar | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Pigman | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Renner | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Roberson | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Sproles | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Trumbull | | | | | | | | |
| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 11 | 0 | | | | | | | | | |

Rep Avila - Yes after roll call
 Roberson - Yes after roll call
 Berman. Absentee

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/14/2016 8:00:00AM

Location: Morris Hall (17 HOB)

HB 4007 : Medical Assistant Certification

Favorable

| | <i>Yea</i> | <i>Nay</i> | <i>No Vote</i> | <i>Absentee Yea</i> | <i>Absentee Nay</i> |
|-----------------------|------------|----------------------|----------------|-------------------------|-------------------------|
| Bryan Avila | X | | | | |
| Lori Berman | | | | X | |
| Colleen Burton | X | | | | |
| Gwyndolen Clarke-Reed | X | | | | |
| Fred Costello | X | | | | |
| Janet Cruz | X | | | | |
| W. Travis Cummings | X | | | | |
| Katie Edwards | | | X | | |
| Gayle Harrell | X | | | | |
| Mia Jones | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Cary Pigman | X | | | | |
| Paul Renner | X | | | | |
| Kenneth Roberson | | | | X | |
| Chris Sprowls | X | | | | |
| Jay Trumbull | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| Total Yeas: 15 | | Total Nays: 0 | | | |

Committee meeting was reported out: Thursday, January 14, 2016 2:33:19PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health & Human Services
 Meeting Date: 11/14/16
 Place: Mohegan Hall
 Time: 8:00 AM

Bill Number: HB 4007
 Date Received: _____
 Date Reported: _____
 Subject: Medical Assistant Certification

Committee/Subcommittee Action:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

| Final Vote On Bill | | MEMBERS | | | | | | | | |
|-------------------------------------|-------------------------------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Yea | Nay | | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Brodeur, Chair | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Avila | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Berman | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Burton | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Clarke-Reed | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Costello | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Cruz | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Cummings | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Edwards | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Harrell | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Jones, M. | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Jones, S. | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Magar | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Pigman | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Renner | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Roberson | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Sprowls | | | | | | | | |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Trumbull | | | | | | | | |
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| | | | | | | | | | | |
| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 15 | 0 | | | | | | | | | |

*Rep Roberson - Yes after roll call
 Berman - Absentee Yes*

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/14/2016 8:00:00AM

Location: Morris Hall (17 HOB)

HB 4037 : Licensure of Facilities and Programs for Persons with Developmental Disabilities

Favorable

| | <i>Yea</i> | <i>Nay</i> | <i>No Vote</i> | <i>Absentee Yea</i> | <i>Absentee Nay</i> |
|-----------------------|------------|----------------------|----------------|-------------------------|-------------------------|
| Bryan Avila | | | | X | |
| Lori Berman | | | | X | |
| Colleen Burton | X | | | | |
| Gwyndolen Clarke-Reed | X | | | | |
| Fred Costello | X | | | | |
| Janet Cruz | X | | | | |
| W. Travis Cummings | X | | | | |
| Katie Edwards | | | X | | |
| Gayle Harrell | X | | | | |
| Mia Jones | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Cary Pigman | | | X | | |
| Paul Renner | X | | | | |
| Kenneth Roberson | | | | X | |
| Chris Sprowls | | | X | | |
| Jay Trumbull | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| Total Yeas: 12 | | Total Nays: 0 | | | |

Committee meeting was reported out: Thursday, January 14, 2016 2:33:19PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health & Human Services
 Meeting Date: 1/14/16
 Place: Moore Hall
 Time: 8:00 AM

Bill Number: HB 4037
 Date Received: _____
 Date Reported: _____
 Subject: Increase of facilities at Prisma for Pres W/ Dev. Disabilities

Committee/Subcommittee Action:
 Favorable
 Favorable w/ _____ amendments
 Favorable w/Committee/Subcommittee Substitute
 Other Action: _____

Retained for Reconsideration
 Reconsidered
 Temporarily Postponed
 Unfavorable

| Final Vote On Bill | | MEMBERS | | | | | | | | |
|-------------------------------------|--------------------------|----------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Yea | Nay | | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Brodeur, Chair | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Avila | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Berman | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Burton | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Clarke-Reed | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Costello | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cruz | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Cummings | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Edwards | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Harrell | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Jones, M. | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Jones, S. | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Magar | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pigman | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Renner | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Roberson | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sprowls | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Trumbull | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 12 | 0 | | | | | | | | | |

*Rep Roberson. Yes after roll call
 Berman. Absentee Yes*

COMMITTEE MEETING REPORT
Health & Human Services Committee

1/14/2016 8:00:00AM

Location: Morris Hall (17 HOB)

Presentation/Workshop/Other Business Appearances:

Senior, Justin (Lobbyist) (State Employee) (At Request Of Chair) - Information Only
Agency for Health Care Administration
Deputy Secretary for Medicaid
2727 Mahan Dr
Tallahassee FL 32308
Phone: (850) 412-3600

Tschetter, Jennifer (Lobbyist) (State Employee) (At Request Of Chair) - Information Only
Department of Health
Chief Operating Officer
2585 Merchants Row Blvd
Tallahassee FL 32399
Phone: (850) 245-4321



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

W/S

Bill Number: HB107 Meeting Date: 1/14/14

Fill in appropriate information:

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

Committee/Subcommittee: Health & Human Services

Name: Melissa K. Daly

Title: Physical Therapist, Florida Physical Therapy Assoc.

Address: 2104 Delta Way Suite 7

City: Tallahassee State/Zip: FL, 32303

Phone Number: 850 222 1243

Representing: Florida Physical Therapy Assoc

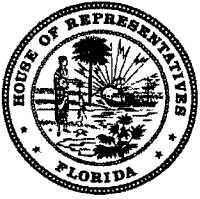
Registered Lobbyist: YES NO

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"/> | |



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

W/S

Bill Number: HB 127 Meeting Date: 1/14/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Continuing Care Communities

Committee/Subcommittee: HHS

Name: Susan Langston

Title: VP of Advocacy

Address: 1812 Biggins Rd

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 671-3700

Representing: Leading Age Florida

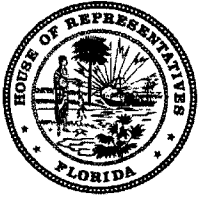
Registered Lobbyist: YES NO

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"/> | |



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

W/S

Bill Number: 27 Meeting Date: 1/14/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Continuing Care Communities

Committee/Subcommittee: HHS

Name: Melody Arnold

Title: Govt Affairs Mgr

Address: 307 West Park Ave

City: TLH State/Zip: FL 32301

Phone Number: (850) 224-3907

Representing: Florida Health Care 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 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"/> | |



58616916

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.

Bill Number: **CS/HB 173 : Medical Faculty Certification** Meeting Date: **Jan 14 2016 8:00AM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

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

Name: **Diaz Lyon, Aimee**

Title:

Address: **Metz Husband & Daughton, P.A., 119 South Monroe St., Suite 200**

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

Phone Number: **850-205-9000**

Representing: **Mayo Clinic**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **Yes**

I Have Been Requested To Speak: **No**

| | | |
|------------------|-------------|------------------|
| | Bill | Amendment |
| Proponent | | N/A |



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: 1/14/16

Fill in appropriate information:

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

Committee/Subcommittee: Health & Human Services Comm

Name: Justin Senior

Title: Deputy Secretary for Medicaid

Address: 2727 Mahan Drive

City: Tallahassee State/Zip: FL

Phone Number: 850-412-3600

Representing: Agency for Health Care Administration

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: 1/A Meeting Date: 1-14-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Children Medical Service

Committee/Subcommittee: Health & Human Services

Name: Jennifer Tschetter

Title: Chief Operating Officer

Address: 2585 Merchants Row Blvd.

City: Tallahassee State/Zip: FL 32399

Phone Number: 950-245-4321

Representing: Dept. of Health

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"/> | |