

## **Health & Human Services Committee**

Wednesday, January 27, 2016 9:00 AM – 11:00 AM Morris Hall

**Action Packet** 

## Health & Human Services Committee

1/27/2016 9:00:00AM

Location: Morris Hall (17 HOB)

**Summary:** 

#### **Health & Human Services Committee**

Wednesday January 27, 2016 09:00 am

CS/HB 37 Favorable With Committee Substitute	Yeas:	14	Nays: 0
Amendment 904161 Adopted Without Objection			
Amendment 479685 Adopted Without Objection			
CS/HB 249 Favorable With Committee Substitute	Yeas:	16	Nays: 0
Amendment 342057 Adopted Without Objection			
CS/HB 315 Favorable	Yeas:	14	Nays: 2
HB 337 Favorable	Yeas:	15	Nays: 0
HB 1061 Favorable	Yeas:	16	Nays: 0
HB 1063 Favorable	Yeas:	16	Nays: 1

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#### **Health & Human Services Committee**

1/27/2016 9:00:00AM

Location: Morris Hall (17 HOB)

#### Attendance:

	Present	Absent	Excused
Jason Brodeur (Chair)	X		
Bryan Avila	×		
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	Х		
Shevrin Jones	X		
MaryLynn Magar	X		
Cary Pigman	x		<del></del>
Paul Renner	X		<del>"</del>
Kenneth Roberson	X		
Chris Sprowls	x		
Jay Trumbull	X		
Totals:	18	0	0

#### **Health & Human Services Committee**

1/27/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 37: Direct Primary Care

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
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				Х	
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: 14	Total Nays: 0	)		

#### **CS/HB 37 Amendments**

#### Amendment 904161

X Adopted Without Objection

#### Amendment 479685

X Adopted Without Objection

#### **Appearances:**

Baer, Catherine (General Public) - Waive In Support Tea Party Network Chairman 1421 Woodgate Way Tallahassee FL 32308

#### **Health & Human Services Committee**

1/27/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 37 : Direct Primary Care (continued)

Appearances: (continued)

Thomas, Mary (Lobbyist) - Waive In Support Florida Medical Association Ass. General Counsel 1430 Piedmont Dr E Tallahassee FL 32308 Phone: (850) 224-6496

Nuzzo, Sal (General Public) - Proponent The James Madison Institute VP Policy 100 N Duval Tallahassee FL 32301 Phone: (850) 322-9941

Nuland, Chris (Lobbyist) - Proponent Florida Chapter, American College of Physicians 1000 Riverside Avenue, #240 Jacksonville Florida 32204 Phone: (904) 233-3051

Nungesser, Tim (Lobbyist) - Waive In Support National Federation of Independent Business Legislative Director 110 E Jefferson St Tallahassee FL 32301 Phone: (850) 445-5367

Amendment #2
Watson, Ron (Lobbyist) - Waive In Support
Florida CHAIN
Lobbyist
3738 Mundon Way
Tallahassee FL 32309
Phone: (850) 561-1202

Print Date: 1/27/2016 10:53 am **Leagis ®** Page 4 of 11

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee:	Health & Human	Bill Nun	1ber:(110 = 5
	Services ,		<u>CS/HB 37</u>
<b>Meeting Date:</b>	1127/16	Date Rece	ived:/
Place:	Manla Half	Date Repo	rted:
Time:	9:00 pm	Sub	eject: What Vriman lane
	•		
Committee/Subcommittee A	Action:		
			Retained for Reconsideration
☐ /Favorable w/	amendments		Reconsidered
Favorable w/Commit	tee/Subcommittee Subs	stitute 🔲	Temporarily Postponed
Other Action:			Unfavorable
		1 11	l l

1	Vote	MEMBERG	ani	· ~	Compal					
	Bill	MEMBERS	N/	N.T.	<b>3</b> √	NT	<b>N</b> 7	NT	<b>X</b> 7	NT.
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
V		Brodeur, Chair	h		W	<u> </u>				
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		Berman	1	1	(P'					
		Burton	0			Ρ				
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		Edwards								
		Harrell								
1		Jones, M.								
V		Jones, S.					-			
V	-	Magar							,	
		Pigman								
i~		Renner								
1	_	Roberson								
		Sprowls								
		Trumbull								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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### **Health & Human Services Committee**

1/27/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 249 : Culinary Education Programs

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
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: 16	Total Nays: 0	)		

#### CS/HB 249 Amendments

#### Amendment 342057

X Adopted Without Objection

#### **Appearances:**

Bill and Moskwitz Amendment Goldstein, Susan (Lobbyist) - Waive In Support ARC Broward County 3158 Inverness Weston FL 33332 Phone: (954) 830-6300

Bill and Moskowitz Amendment Gonzales, Violet (General Public) - Waive In Support Mac Town (Miami Achievement Center) Community Relations Director Miami FL

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comm	nittee/Su	bcommittee: Health & Services			Bill Nu	mber:	JUR .	) H3		
	М	eeting Date: 1 2 1 Place: Mww. Time: 9:00	116 2 Hall A.Tr.		Date Rec Pate Rep		liver of	Edu	- ceteor	`
	Favorab Favorab	le w/ ameno le w/Committee/Subco		ubstitute	:	Reco Tem	nsidered	Reconsid I Postpon		
	Vote	MEMBEDS	line	-d						
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Yeas	Nays (*)	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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### **Health & Human Services Committee**

1/27/2016 9:00:00AM

Location: Morris Hall (17 HOB)
CS/HB 315 : Medical Examiners

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
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: 14	Total Nays: 2	2		

#### **Appearances:**

Wylie, James (Lobbyist) - Waive In Support Florida Funeral and Cemetery Consumer Advocacy, Inc 5359 Pembridge Place Tallahassee FL 32309 Phone: (850) 567-1705

McRay, Jack (Lobbyist) - Waive In Support AARP 200 W. College Avenue, #304 Tallahassee FL 32301

Phone: (850) 577-5187

Thomas, Mary (Lobbyist) - Waive In Support Florida Medical Association Asst. General Counsel 1430 Piedmont Dr E Tallahassee FL 32308 Phone: (850) 224-6496

## **Health & Human Services Committee**

1/27/2016 9:00:00AM

Location: Morris Hall (17 HOB)

CS/HB 315 : Medical Examiners (continued)

Appearances: (continued)

Cassini, Marty (Lobbyist) - Waive In Opposition Broward County Legislative Council 115 S Andrews Ave Fort Lauderdale FL 33301 Phone: (954) 357-7575

Harbin, Susan (Lobbyist) - Opponent Florida Association of Counties Legislative Advocate 100 S Monroe St Tallahassee FL 32301

Phone: (770) 546-8845

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comm	ittee/Sul	bcommittee:				Bill Nu	mber:	-/1163	215		
	M	eeting Date: Place: Time:		116 2 Hal		Oate Reco ate Repo Su	eived: orted: bject: [[	i estira	JEyu	- - morec	2
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	Vote										
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	1	Clarke-Reed			<u> </u>						
		Costello			-			-			
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1/	_	Cummings									
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	1	Jones, M.									
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1		Sprowls								·	
		Trumbull									
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Yeas	Nays	ТОТА	LS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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## Health & Human Services Committee

1/27/2016 9:00:00AM

**Location:** Morris Hall (17 HOB) **HB 337: Vision Care Plans** 

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
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	<del>-</del>			
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	)		

#### Appearances:

Phone: (850) 727-7087

Ramba, David (Lobbyist) - Waive In Support Florida Optometric Association Attorney 120 S Monroe St Tallahassee FL 32301

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comm	M ittee/Su Favorab Favorab	leeting Date:  Place:  Time:  Committee Actional le w/ le w/Committee/S	rvices	16 Halp Am-	D		eived: orted: _ bject: \( \sum_{\text{Z}} \) Reta Reco	ined for onsidered	Reconsid	leration	J
	Vote										
On		MEMBERS	<b>S</b>								
Yea	Nay			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
V		Brodeur, Chair									
		Avila									
	_	Berman									
i		Burton									
		Clarke-Reed									
		Costello									
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#### **Health & Human Services Committee**

1/27/2016 9:00:00AM

Location: Morris Hall (17 HOB)

**HB 1061 : Nurse Licensure Compact** 

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bryan Avila				Х	<u>-</u>
Lori Berman	X				
Colleen Burton	X				<u></u>
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			<u> </u>	
Chris Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
	Total Yeas: 16	Total Nays: (	)		

#### **Appearances:**

McRay, Jack (Lobbyist) - Waive In Support AARP 200 W College Ave, #304 Tallahassee FL 32301 Phone: (850) 577-5187

Lumpkin, Barbara (Lobbyist) - Waive In Support Baptist Health South Florida Consultant 468 Green Spring Cir Winter Springs FL 32708 Phone: (407) 227-7705

DeCastro, Martha (Lobbyist) - Waive In Support Florida Hospital Association VP of Nursing - FHA 306 E College Ave Tallahassee FL 32301 Phone: (850) 222-9800

#### **Health & Human Services Committee**

1/27/2016 9:00:00AM

Location: Morris Hall (17 HOB)

**HB 1061 : Nurse Licensure Compact (continued)** 

**Appearances:** (continued)

Lapolt, Alisa (Lobbyist) - Waive In Support FL Nurses Association Lobbyist PO Box 1344 Tallahassee FL 32302 Phone: (850) 443-1319

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

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# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Huma				n Bill Number:								
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Meeting Date: 127/16 A					Date Received:							
Time: 9:00 Am					<u>4</u> D	Date Received: Date Reported: Subject: Mos Jiconsideration						
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Comm	/ sittee/Su	bcommittee A	ction			Longact						
/	Favorab		ction.			Retained for Reconsideration						
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		le w/Committ			ubstitute		Tem	porarily	Postpon	ed		
	Other A							vorable	•			
	l Vote											
	Bill	MEMBI	ERS									
Yea	Nay			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	
		Brodeur, Cha	air									
		Avila										
i/_		Berman					·					
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Yeas	Nays	TOTAL	LS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	
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## **Health & Human Services Committee**

1/27/2016 9:00:00AM

Location: Morris Hall (17 HOB)

**HB 1063 : Public Records and Meetings/Nurse Licensure Compact** 

X Favorable

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

Print Date: 1/27/2016 10:53 am **Leagis ®** Page 11 of 11

## House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services   Date Received: Date Reported: Subject: Full & Reconsideration   Retained for Reconsideration   Reconsidered   Reconsidered   Temporarily Postponed   Other Action:   Unfavorable   Unf										
	l Vote									
On Yea	Bill	MEMBERS	Yeas	Nove	Yeas	Narva	Yeas	Navia	Yeas	Navia
1 ea	Nay	Brodeur, Chair	reas	Nays_	reas	Nays	Yeas	Nays	Yeas	Nays
	_	Avila						-		
• • •	<u> </u>	Berman								
V		Burton						-		
		Clarke-Reed								
	1	Costello						-		
سما		Cruz								
V		Cummings								
1		Edwards								
V		Harrell								
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Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 37-Direct Primary Meeting Date: 1/27/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health & Human Services Committee
Name: Catherine Baer
Title: Chair
Address: 1421 Woodgate Way
Address: 1421 Woodgate Way  City: Tallahassee State/Zip: F1 32308
Phone Number:
Representing: The Tea Party Network
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES 🔀 NO Bill Amendment
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponen
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: _	37	Meeting Date: 127/10
Fill in appropri PCB/PCS/Ame Presentation/Wo		
Committee/Sub	committee: HH	5
Name:	Mary Thoma	.5
Title: A S	is. Gen. Cou	nsel
Address:	430 Piedmor	it Or E
City:	4	State/Zip: 3 FC 32308
Phone Number:	850 774 L	.49(2
Representing:	Florida Ne	dical Association
Registered Lob	obyist: YES NO	State Employee: YES NO
	,	
I Wish To Speak:	YES NO NO	Bill Amendment
I Have Been Requ	ested to Speak: YES No	Proponent Opponent Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: Meeting Date:	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee: HHJC	
Name: Chris Doland	
Title:	
Address: 1000 Riverside Ave #240	
City: Jackson 16 State/Zip: Fl 32204	
Phone Number: 9C4-233-3C5/	
Representing: Planda Chapter, American College of Physicis	<u> </u>
Registered Lobbyist: YES NO State Employee: YES NO	
I Wish To Speak: YES NO Bill Amendment	}
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only	



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: Meeting Date: $\frac{3}{3}$
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Direct Virginian Control Contr
Committee/Subcommittee: Health + Human Services Committee
Name: Tim Nungesser
Title: Legislative Director
Address: 110 E. Jefferson St.
City: Tallahossee State/Zip: FL 3230/
Phone Number: <u>880-445-5369</u>
Representing: NFIB
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO NO Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:	37	·	Meeting Date:		07/6	
Fill in appropriate in PCB/PCS/Amendme Presentation/Worksh	ent # or	Ame		went 2 Dar cod	1470	1685
Committee/Subcomm	mittee:					
Name:	n Wat	500				
Title:	orist					
Address: 37	38 Mu	nden	Way			
City:	MADLE		State/Zip:		52309	
Phone Number:	850	561	- 1202			
Representing.	abride	CHA	HIN)	)		
Registered Lobbyist	: YES NO		State Employ	ee: YES	NO NO	
	Walve	\ \	Saport	of	amendo	nent
I Wish To Speak: YE I Have Been Requested	S NO NO	7 no □	Bill  Proponent   Info Only	Opponent	Amend	Opponent
Thave been Requested	to speak. TES		mio omy		1110 Omy	



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 249-moskowitz + Meeting Date: 1-27-16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Susan Goldstein
Title: Advocate - Consultant
Address: 3158 Inverness
City: Weston State/Zip: FL 33332
Phone Number:
Representing: (ARC Broward & Sandra DeLucca
Registered Lobbyist: YES NO State Employee: YES NO CENTER
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponent Info Only Info Onl
H-16 REVISED 2/17/14  NO Info Only I
H-16 REVISED 2/17/14 NO OTHERS



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

Bill Number: 249 Meeting Date: 17-16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Violet Gonzalez
Title: Community Relations Director
Address:
City: State/Zip:
Phone Number:
Representing: MACTOWN - (Miami Achievement center)
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On
MOSKOWITZ
moskowitz Amendment only





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: CS HB 315 Meeting Date: 01/27/16	
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  MPDicKL Efamilian	
Committee/Subcommittee:	
Name: JAMPS WYCIE	
Title:	
Address: 5359 Pembridge Place	
Address: 5359 Pembridge PLACE  City: TOllahasse State/Zip: FL 32309	
Phone Number:	
Representing: Planida Funeral Cemetery & Consumer Advac	Acc
Registered Lobbyist: YES NO State Employee: YES NO	,
I Wish To Speak: YES NO Bill Amendment	
I Have Been Requested to Speak: YES NO Info Only Info On	



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 3/5 Meeting Date: 1/27/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  MEDICAL EXAMINERS
Committee/Subcommittee: [H] H 5
Name: JACK M=RAY
Title:
Address: 200 W. COLLEGE AVE # 304
City: TLH State/Zip: FL 32301
Phone Number: <u>P50-577-5107</u>
Representing: AARP
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Proponent Opponent Opponent Opponent Opponent Opponent Opponent D
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 315	Meeting Date: //2.7/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	
Committee/Subcommittee: <u>++++5</u>	
Name: Mary Thomas	
Title: Ass Gen, Goursel	
Address: 1430 Predmont	Dr. E
City: TH	State/Zip: FC 32308
Phone Number: 850 224 (49)	16
Representing: <u>Florida Ned</u>	ical Association
Registered Lobbyist: YES NO	State Employee: YES NO
I Wish To Speak: YES NO	Bill Amendment
I Have Been Requested to Speak: YES NO	Proponent Opponent Opponent Info Only Info Only





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

Bill Number:	315	Meetin	ng Date:	-27-16	
Fill in appropriate PCB/PCS/Amend Presentation/Wor	dment # or				
Committee/Subco	ommittee:	realth and	Human	Servicus	Committee
Name: Ma	My Cas	SINI			
Title: Legis	slative (	Coursel			
Address: 115	S. And	hews Au	<u> </u>		
City: Fort	Lauderdal	<u>e</u> State/Z	ip: <u>FC</u>	33301	
Phone Number:	954-39	57-7575			
Representing: _	Browar	Count	4		
Registered Lobb	yist: YES N	O State	( e Employee: YI	ES NO	
I Wish To Speak:	YES NO	Propor	Bill nent Oppone		endment Opponent
I Have Been Reques	sted to Speak: YES			Info Only	]



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: _	315	N	leeting Date:_	1/27/1	6	
Fill in appropriate PCB/PCS/Amen Presentation/Wo	•	_ medica	nl examin	1015		
Committee/Subc	committee:	ically a	Hua.	Servicos		
Name:	Susan 1	labin				
Title:	ogislative /	tdvoca te				
Address:	loo 5.	Morro	e 51			
City: Talla	hassee	St	ate/Zip:	3530	Jz	
	770 50					
	Florde A		st C	oint-)		
Registered Lobb	byist: YES NO	)	State Employe	ee: YES	NO	
I Wish To Speak:		/	Bill Proponent	Opponent 🖸	Amend	
I Have Been Reque	sted to Speak: YES	NO   🗸	Info Only		Info Only	



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

Bill Number: _	337	Meeting Date: 1/2-	7/16
Fill in appropried PCB/PCS/Ament Presentation/Wo	ate information:	VISION CARE F	
Committee/Subo	committee:	HHS	
Name:	DAVID RAM	BA	
Title:	TTBRIVEY		····
	120 C. H		
City: TAL	<u>LANASEC</u>	State/Zip: YE 37	301
		727-7087	
Representing:	FLORID.	o OFFICERIC ASSOCIAT	الما
Registered Lob	byist: YES NO	State Employee: YES	S NO
	/	,	
I Wish To Speak:	YES NO	Bill	Amendment
I Have Been Reque	ested to Speak: YES	Proponent Opponen  NO Info Only	t  Proponent  Opponent  Info Only





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: // Meeting Date: // >7//6
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic: NuRSE LICENSURE COMPACT
Committee/Subcommittee:
Name: JACK M=RAY
Title:
Address: 200 W COLLEGE AUE. # 304
City: State/Zip:
Phone Number:
Representing: AARP
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 106/ Meeting Date: 1/27/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic: //w/se_//ce15&/e Congret
Presentation/Workshop Topic: Musse /censure Congret  Committee/Subcommittee: Health i Hun Ad Services
Name: BARbara hampkin
Title: Consultant
Address: 468 GREEN Sping CIR
City: Winter Springs State/Zip: F1 32708
Phone Number: 407 227 7705
Representing: BAPTIST Health South FARILY
Registered Lobbyist: YES NO State Employee: YES NO
Whes 436 /T
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only Info Only



# PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES TO THE COMMITTEE/SUBCOMMITTEE ADMINISTRATIVE ASSISTANT AT THE MEETING

## TYPE OR PRINT CLEARLY



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number	Date ( Date	e <u> </u>	<u>Ce :</u>	Jan (	6	
Name	Marth	a O	e C	astro		
Title	VP	0	Nin	31h5 -	FH;	<u> </u>
Address		V		<i>)</i>		·
City				State/Zip		
Phone Number	85	0 -	22	2-9	800	
Representing	Flat	OSDÍ	Lol	Lesi		
		<u>V</u>				
Lobbyist (registe	ered) YES		NO [	]		
State Employee	YES		NO 🗓	Y .		
If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.						
				and the second s	Amendment	<u>Bill</u>
I wish	to speak			Proponent		4
I have	e been requested to	speak		Opponent		
				Information		
	Subject matter:	NL	$\overline{C}$			
	-				£	
Committe	e/Subcommittee:	Heals	9C 2	) Lame	_ Ser	we



Please fill out the <u>entire</u> form and submit  $\underline{two}$  copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: Meeting Date:	27/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Www.science.	re compact
Committee/Subcommittee: 445	
Name: Alisa LaPolt (ah LEEs	a)
Title: Lobbyist	
Address:	
City: State/Zip:	
Phone Number: 443-1319	
Representing: (FL NUSSES ASSOCIATIO)	
Registered Lobbyist: YES NO State Employee: YES	NO
į.	
I Wish To Speak: YES NO Bill	Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only	Proponent Opponent Info Only





Please fill out the <u>entire</u> form and submit  $\underline{two}$  copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number:	1061		Meeting Date:	1/2	7/16	
Fill in appropriate PCB/PCS/Amen Presentation/Wo	dment # or		irse Li	censure.	Com	pact
Committee/Subc	ommittee:					
Name:	ion Wat	500				
Title:	teiveds					
Address:	3734			N/		
City:	V V V Arabassak	1	State/Zip:	423		i
Phone Number:	950	56	12(2)			
Representing:	Florid	a Re	nal (	in blood	$\overline{\gamma}$	
Registered Lob	byist: YES N	0	State Employ	ee: YES	NO NO	
	(1) alve-		SUPPORT			
I Wish To Speak:	YES NO NO		Bill		Ameno	
I Have Been Reque	sted to Speak: YES	NO 🗌	Proponent $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	Opponent	Proponent Info Only	Opponent 🔲