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# Health & Human Services Committee

Wednesday, February 17, 2016  
9:00 AM – 12:00 PM  
Morris Hall

## Action Packet

Steve Crisafulli  
Speaker

Jason Brodeur  
Chair

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**Summary:**

**Health & Human Services Committee**

*Wednesday February 17, 2016 09:00 am*

CS/CS/HB 81	Favorable	Yeas: 17	Nays: 0
CS/CS/HB 139	Favorable	Yeas: 17	Nays: 0
CS/CS/HB 221	Favorable With Committee Substitute	Yeas: 12	Nays: 1
Representative Costello voted Nay on CS/CS/HB 221 and the bill passed. However, later in the meeting he made an announcement that he would like to change his Nay vote to a Yea.			
Amendment 286039 Adopted Without Objection			
CS/CS/HB 259	Favorable With Committee Substitute	Yeas: 15	Nays: 1
Amendment 603829 Adopted Without Objection			
CS/HB 363	Favorable	Yeas: 16	Nays: 0
CS/CS/HB 517	Favorable With Committee Substitute	Yeas: 16	Nays: 1
Amendment 086043 Adopted Without Objection			
Amendment 369949 Adopted Without Objection			
Amendment 898851 Adopted as Amended			
HB 543	Favorable	Yeas: 13	Nays: 0
CS/HB 599	Favorable With Committee Substitute	Yeas: 14	Nays: 0
Amendment 006441 Adopted Without Objection			
HB 657	Favorable	Yeas: 15	Nays: 0
CS/HB 941	Favorable With Committee Substitute	Yeas: 12	Nays: 1
Amendment 885329 Adopted Without Objection			
Amendment 885751 Adopted			
Amendment 893511 Adopted Without Objection			
CS/HB 951	Favorable With Committee Substitute	Yeas: 17	Nays: 0
Amendment 104567 Adopted Without Objection			
Amendment 209907 Adopted Without Objection			
CS/HB 965	Favorable With Committee Substitute	Yeas: 16	Nays: 0
Amendment 127663 Adopted Without Objection			

**Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**Summary: (continued)**

**Health & Human Services Committee**

*Wednesday February 17, 2016 09:00 am*

Amendment 698777	Adopted Without Objection		
CS/CS/HB 1125	Favorable With Committee Substitute	Yeas: 16	Nays: 0
Amendment 230575	Adopted Without Objection		
CS/HB 1175	Favorable With Committee Substitute	Yeas: 17	Nays: 0
Amendment 466161	Adopted Without Objection		
CS/HB 1211	Favorable With Committee Substitute	Yeas: 14	Nays: 0
Amendment 005391	Adopted Without Objection		
Amendment 214363	Adopted Without Objection		
Amendment 417005	Adopted Without Objection		
Amendment 653989	Adopted Without Objection		
CS/HB 1381	Favorable	Yeas: 13	Nays: 0
CS/HB 7087	Favorable With Committee Substitute	Yeas: 17	Nays: 0
Amendment 551279	Adopted Without Objection		
CS/HB 7097	Favorable With Committee Substitute	Yeas: 17	Nays: 0
Amendment 668531	Adopted as Amended		
Amendment 420117	Adopted		
PCSMB for CS/CS/HB 307 & HB 1313	Favorable With Amendment(s)	Yeas: 17	Nays: 0
Amendment PCSMB for CSCSHB 307 a1	Adopted Without Objection		
Amendment PCSMB for CSCSHB 307 a2	Adopted Without Objection		
Amendment PCSMB for CSCSHB 307 a3	Adopted Without Objection		

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**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**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		
<b>Totals:</b>	<b>17</b>	<b>0</b>	<b>1</b>

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 81 : Infectious Disease Elimination Pilot Program**

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 Clärke-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				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**Appearances:**

Fishman, Joy (General Public) - Proponent  
 Self  
 Harm Reduction Advocate  
 10225 Collins Ave  
 Bal Harbor FL 33154  
 Phone: (305) 989-4901

Nuland, Chris (Lobbyist) - Waive In Support  
 FI Public Health Association  
 1000 Riverside Ave  
 Jacksonville FL 32204  
 Phone: (904) 233-3051

Winn, Stephen (Lobbyist) - Waive In Support  
 Florida Osteopathic Medical Association  
 Executive Director  
 2544 Blairstone Pines Dr  
 Tallahassee FL 32301  
 Phone: (850) 878-7364

Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 81 : Infectious Disease Elimination Pilot Program (continued)**

**Appearances: (continued)**

Doyle, Kate (Lobbyist) - Waive In Support

Florida Hospital Association  
Vice President  
306 E College Ave  
Tallahassee FL 32301  
Phone: (850) 222-9800

Fontaine, Mark (Lobbyist) - Waive In Support

Florida Alcohol & Drug Abuse Association, Inc  
2868 Mahan Dr  
Tallahassee FL 32308  
Phone: (850) 878-2196

Pitts, Brian (General Public) - Information Only

Justice-2-Jesus  
1119 Newton Ave. S.  
St. Petersburg FL 33705  
Phone: (727) 897-9291

McCarty, Jess (Lobbyist) - Waive In Support

Miami-Dade County  
111 NW 1st St  
Miami FL 33128  
Phone: (305) 979-7110

Bishop, Barney (Lobbyist) - Waive In Support

Florida Smart Justice Alliance  
President & CEO  
204 S Monroe St  
Tallahassee FL 32301  
Phone: (850) 577-3032

Bill & Amendment

Dudley, John (General Public) - Waive In Support

Self  
FSU Medical Student  
1020 Village Circle  
Sarasota FL 34237

Watson, Ron (Lobbyist) - Waive In Support

Florida CHAIN  
Lobbyist  
3738 Mundon Way  
Tallahassee FL 32309  
Phone: (850) 561-1202

**Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 81 : Infectious Disease Elimination Pilot Program (continued)**

**Appearances: (continued)**

Poole, David (Lobbyist) - Waive In Support  
AIDS Healthcare Foundation  
Director of Legislative Affairs  
1825 Country Club Dr  
Tallahassee FL 32311  
Phone: (850) 766-3323

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

Diaz, Chanelle (General Public) - Waive In Support  
Self  
Medical Student - University of Miami  
1555 N Treasure Dr  
Miami FL 33126  
Phone: (305) 529-1813

Lyon, Aimee (Lobbyist) - Waive In Support  
AIDS Institute, Inc, The  
Lobbyist  
119 South Monroe St  
Tallahassee FL 32301  
Phone: (850) 251-4300

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)  
**CS/CS/HB 139 : Dental Care**

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				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**Appearances:**

Smith, Zayne (Lobbyist) - Waive In Support  
 AARP  
 Associate State Director  
 200 W College Ave  
 Tallahassee FL 32301  
 Phone: (850) 228-4243

Pitts, Brian (General Public) - Information Only  
 Justice-2-Jesus  
 1119 Newton Ave. S.  
 St. Petersburg FL 33705  
 Phone: (727) 897-9291

Stoutamire, Casey (Lobbyist) - Waive In Support  
 Florida Dental Association  
 118 E. Jefferson St.  
 Tallahassee FL 32301  
 Phone: (850) 224-1089

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**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 221 : Out-of-network Health Insurance Coverage**

*Favorable With Committee Substitute* - Representative Costello voted Nay on CS/CS/HB 221 and the bill passed. However, later in the meeting he made an announcement that he would like to change his Nay vote to a Yea.

	<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				
<b>Total Yeas: 12</b>		<b>Total Nays: 1</b>			

**CS/CS/HB 221 Amendments**

**Amendment 286039**

*Adopted Without Objection*

**Appearances:**

Nuland, Chris (Lobbyist) - Waive In Support  
 Florida Chapter, American College of Physicians  
 1000 Riverside Avenue  
 Jacksonville FL 32204  
 Phone: (904) 233-3051

Winn, Stephen (Lobbyist) - Waive In Support  
 Florida Osteopathic Medical Association  
 Executive Director  
 2544 Blainstone Pines Dr  
 Tallahassee FL 32301  
 Phone: (850) 878-7364

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**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 221 : Out-of-network Health Insurance Coverage (continued)**

**Appearances: (continued)**

Murray, Caitlin (Lobbyist) (State Employee) - Waive In Support

Office of Insurance Regulation  
Director of Government Affairs  
200 E. Gaines St.  
Tallahassee FL 32399  
Phone: (850) 413-5005

Nungesser, Tim (Lobbyist) - Waive In Support

National Federation of Independent Business  
Legislative Director  
110 E Jefferson St  
Tallahassee FL 32301  
Phone: (850) 445-5367

Perdue, Tammy (Lobbyist) - Waive In Support

Associated Industries of Florida  
506 N Adams St  
Tallahassee FL 32302  
Phone: (850) 224-7173

Large, Toni (Lobbyist) - Waive In Support

Florida College of Emergency Physicians & Florida Othropic Society  
519 E Park Ave  
Tallahassee FL 32308  
Phone: (850) 556-1461

Watson, Ron (Lobbyist) - Waive In Support

Florida CHAIN  
Lobbyist  
3738 Mundon Way  
Tallahassee FL 32309  
Phone: (850) 561-1202

Scott, Jeff (Lobbyist) - Waive In Support

Florida Medical Association  
Lobbyist  
1430 E. Piedmont Dr E  
Tallahassee FL 32308  
Phone: (850) 224-6496

Troncoso, Wences (Lobbyist) - Waive In Support

Florida Association of Health Plans, Inc  
Vice President & General Counsel  
200 W College Ave Ste 104  
Tallahassee FL 32301  
Phone: (850) 386-2904

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**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 221 : Out-of-network Health Insurance Coverage (continued)**

**Appearances: (continued)**

James, Sha' Ron (Lobbyist) - Waive In Support

Department of Financial Services

Insurance Consumer Advocate

200 E Gaines St

Tallahassee FL 32399

Phone: (850) 413-5923

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

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

*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 Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 1</b>			

**CS/CS/HB 259 Amendments**

**Amendment 603829**

*Adopted Without Objection*

**Appearances:**

**Bill & Amendment**

Rose, Megan (General Public) - Waive In Support  
 Safe Families for Children  
 Director(Host Mom)  
 4937 Del Prado St  
 Cape Coral FL 33904  
 Phone: (941) 286-9515

Pound, Greg (General Public) - Information Only  
 Pinellas County Florida Government Corruption  
 9166 Sunrise Dr  
 Largo FL 33773

Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 259 : Temporary Care of a Minor Child Pursuant to a Power of Attorney (continued)**

**Appearances: (continued)**

Pitts, Brian (General Public) - Information Only

Justice-2-Jesus

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: (727) 897-9291

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 363 : Health Insurance Coverage for Opioids**

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				
<b>Total Yeas: 16</b>		<b>Total Nays: 0</b>			

**Appearances:**

Winn, Stephen (Lobbyist) - Waive In Support  
 Florida Osteopathic Medical Association  
 Executive Director  
 2544 Blainstone Pines Dr  
 Tallahassee FL 32301  
 Phone: (850) 878-7463

Fontaine, Mark (Lobbyist) - Waive In Support  
 Florida Alcohol & Drug Abuse Association  
 2868 Mahan Dr  
 Tallahassee FL 32308  
 Phone: (850) 878-2196

Gonzalez, Larry (Lobbyist) - Waive In Support  
 Florida Occupational Therapy Association  
 General Counsel  
 223 S Gadsden St  
 Tallahassee FL 32301  
 Phone: (850) 570-6307

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**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 363 : Health Insurance Coverage for Opioids (continued)**

**Appearances: (continued)**

Langford, Pam (General Public) - Waive In Support

H.E.A.L.S of the South -Hepatitis Education, Awareness and Liver Support

President

PO Box 180813

Tallahassee Fl 32318

Phone: (850) 443-8029

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 517 : Certificates of Public Convenience and Necessity for Life Support or Air Ambulance Services**

*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 Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
<b>Total Yeas: 16</b>		<b>Total Nays: 1</b>			

**CS/CS/HB 517 Amendments**

**Amendment 086043**

*Adopted Without Objection*

**Amendment 369949**

*Adopted Without Objection*

**Amendment 898851**

*Adopted as Amended*

Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM



**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 517 : Certificates of Public Convenience and Necessity for Life Support or Air Ambulance Services (continued)**

**Appearances:**

Amendment

Cunningham, James (General Public) - Proponent

North Collier Fire  
Fire Chief  
1885 Veteran Park Dr  
Naples FL 34109  
Phone: (239) 597-3222

Amendment

Aguilera, Jorge (General Public) - Waive In Support

North Collier Fire Control & Rescue District  
Deputy of EMS  
1885 Veterans Park Dr  
Naples FL 34116  
Phone: (239) 597-3222

Lyon, Chris (Lobbyist) - Waive In Support

Bonita Springs Fire Control District  
Attorney  
315 S Calhoun St  
Tallahassee FL 32301  
Phone: (850) 222-5702

Pitts, Brian (General Public) - Waive In Support

Justice-2-Jesus  
1119 Newton Ave. S.  
St. Petersburg FL 33705  
Phone: (727) 897-9291

Bill & Amendment

Roth, Cari (Lobbyist) - Opponent

Manatee County; FL Ambulance Association  
215 S Monroe St  
Tallahassee FL 32301  
Phone: (850) 999-4100

Bill & Amendment

Chao, R. Eliseo (General Public) - Waive In Support

North Collier Fire  
Fire Commissioner  
621 2014 Ave NW  
Naples FL 34120  
Phone: (239) 250-9528

Kopka, Walter (General Public) - Opponent

Collier County Board of Commissioners  
Chief  
8075 Lely Cultural Pkwy  
Naples FL 34113  
Phone: (239) 252-3757

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**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 517 : Certificates of Public Convenience and Necessity for Life Support or Air Ambulance Services (continued)**

**Appearances: (continued)**

Bacot, Brett (Lobbyist) - Waive In Opposition

Collier County

Lobbyist

101 N Monroe St

Tallahassee FL 32301

Phone: (850) 681-4269

Harbin, Susan (Lobbyist) - Opponent

Florida Association of Counties

100 S Monroe

Tallahassee FL 32301

Phone: (770) 546-8845

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**HB 543 : Small Group Health Insurance**

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				
<b>Total Yeas: 13</b>		<b>Total Nays: 0</b>			

**Appearances:**

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

Murray, Caitlin (Lobbyist) (State Employee) - Waive In Support  
 Office of Insurance Regulation  
 Director of Government Affairs  
 200 E. Gaines St.  
 Tallahassee FL 32399  
 Phone: (850) 413-5005

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 599 : Child Welfare**

*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 Sprowls	X				
Jay Trumbull			X		
Jason Brodeur (Chair)	X				
<b>Total Yeas: 14</b>		<b>Total Nays: 0</b>			

**CS/HB 599 Amendments**

**Amendment 006441**

*Adopted Without Objection*

**Appearances:**

Bishop, Barney (Lobbyist) - Waive In Support  
 Florida Smart Justice Alliance  
 President & CEO  
 204 S Monroe St  
 Tallahassee FL 32301  
 Phone: (850) 577-3032

Pitts, Brian (General Public) - Information Only  
 Justice-2-Jesus  
 1119 Newton Ave. S.  
 St. Petersburg FL 33705  
 Phone: (727) 897-9291

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**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 599 : Child Welfare (continued)**

**Appearances: (continued)**

Zepp, Victoria (Lobbyist) - Waive In Support

Florida Coalition for Children

Executive Director of Government Affairs

411 E College Ave

Tallahassee FL 32301

Phone: (850) 241-6309

Pfeiffer, Summer (Lobbyist) - Waive In Support

Children's Home Society of Florida, The

VP of Government Relations

1801 Miccosukee Commons Dr

Tallahassee FL 32308

Phone: (850) 339-5463

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**HB 657 : Foster Family Appreciation Week**

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				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**Appearances:**

Pitts, Brian - Waive In Support  
 Justice-2-Jesus  
 1119 Newton Ave S  
 St. Petersburg FL 33705  
 Phone: (727) 897-9291

Zepp, Victoria (Lobbyist) - Waive In Support  
 Florida Coalition for Children  
 Executive Director of Government Affairs  
 411 E College Ave  
 Tallahassee FL 32301  
 Phone: (850) 241-6309

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 941 : Department of Health**

*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 Sprows	X				
Jay Trumbull			X		
Jason Brodeur (Chair)	X				
<b>Total Yeas: 12</b>		<b>Total Nays: 1</b>			

**CS/HB 941 Amendments**

**Amendment 885329**

*Adopted Without Objection*

**Amendment 885751**

*Adopted*

**Amendment 893511**

*Adopted Without Objection*

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)  
**CS/HB 941 : Department of Health (continued)**

**Appearances:**

Amendment #885751  
Harbin, Susan (Lobbyist) - Opponent  
Florida Association of Counties  
Legislative Advocate  
100 S Monroe St  
Tallahassee FL 32301  
Phone: (770) 596-8895

Amendment #885751  
Cassini, Marty (Lobbyist) - Waive In Opposition  
Broward County  
Legislative Counsel  
115 S Andrews Ave  
Ft Lauderdale FL 33301  
Phone: (954) 357-7575

Gonzalez, Larry (Lobbyist) - Waive In Support  
Florida Occupational Therapy Association  
General Counsel  
223 S Gadsden St.  
Tallahassee FL 32301  
Phone: (850) 570-6307

Roberson Amendment #2  
McCarty, Jess (Lobbyist) - Opponent  
Miami-Dade County  
111 NW 1st St  
Miami FL 33128  
Phone: (305) 979-7110

Amendment #893511(Gonzalez)  
Friall, Andrea K. (General Public) - Waive In Support  
American Congress of OB-GYNs  
Physician, OB-GYN  
North Florida Women's Care Center - TMH  
Tallahassee FL 32312

Runk, Paul (Lobbyist) - Waive In Support  
Department of Health  
Deputy Director of Legislative Planning  
2585 Merchants Row  
Tallahassee FL 32399  
Phone: 850) 245-4006

Smith, Arlene (General Public) - Waive In Opposition  
Volusia County  
Legislative Affairs  
123 W Indiana Ave  
Deland FL 32720  
Phone: (386) 405-1552

Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM



**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 941 : Department of Health (continued)**

**Appearances: (continued)**

Pitts, Brian (General Public) - Information Only

Justice-2-Jesus

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: (727) 897-9291

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 951 : Health Plan Regulatory Administration**

*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 Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**CS/HB 951 Amendments**

**Amendment 104567**

*Adopted Without Objection*

**Amendment 209907**

*Adopted Without Objection*

**Appearances:**

Pitts, Brian (General Public) - Waive In Support  
 Justice-2-Jesus  
 1119 Newton Ave. S.  
 St. Petersburg FL 33705  
 Phone: (727) 897-9291

Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 951 : Health Plan Regulatory Administration (continued)**

**Appearances: (continued)**

Troncoso, Wences (Lobbyist) - Waive In Support

Florida Association of Health Plans, Inc

Vice President & General Counsel

200 W College Ave

Tallahassee FL 32301

Phone: (850) 386-2904

Amendment #104567

Peebles, William (Lobbyist) - Waive In Support

Florida Municipal Insurance Trust

PO Box 10930

Tallahassee FL 32302

Phone: (850) 566-3029

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 965 : Firesaftey**

*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 Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
<b>Total Yeas: 16</b>		<b>Total Nays: 0</b>			

**CS/HB 965 Amendments**

**Amendment 127663**

*Adopted Without Objection*

**Amendment 698777**

*Adopted Without Objection*

**Appearances:**

Smith, Zayne (Lobbyist) - Waive In Support  
 AARP  
 Associate State Director  
 200 W College Ave  
 Tallahassee FL 32301  
 Phone: (850) 228-4243

Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 965 : Firesaftey (continued)**

**Appearances: (continued)**

Murphy, BG (Lobbyist) - Waive In Support

Department of Financial Services  
Deputy Legislative Affairs Director  
400 N Monroe St  
Tallahassee FL 32399  
Phone: (850) 413-2863

Anderson, Susan (Lobbyist) (State Employee) - Waive In Support

FL ALFA  
VP of Public Policy  
2583 Halleck Ln  
Tallahassee FL 32312  
Phone: 850) 708-4971

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 1125 : Eligibility for Employment as Child Care Personnel**

*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				
<b>Total Yeas: 16</b>		<b>Total Nays: 0</b>			

**CS/CS/HB 1125 Amendments**

**Amendment 230575**

*Adopted Without Objection*

**Appearances:**

Pound, Greg (General Public) - Information Only  
 Pinellas County Florida Government Corruption  
 9166 Sunrise Dr  
 Largo FL 33773

Bishop, Barney (Lobbyist) - Waive In Support  
 Florida Smart Justice Alliance  
 President & CEO  
 204 S Monroe St  
 Tallahassee FL 32301  
 Phone: (850) 577-3032

Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 1175 : Transparency in Health Care**

*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 Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**CS/HB 1175 Amendments**

**Amendment 466161**

*Adopted Without Objection*

**Appearances:**

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

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

Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 1211 : Drugs, Devices, and Cosmetics**

*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				
<b>Total Yeas: 14</b>		<b>Total Nays: 0</b>			

**CS/HB 1211 Amendments**

**Amendment 005391**

*Adopted Without Objection*

**Amendment 214363**

*Adopted Without Objection*

**Amendment 417005**

*Adopted Without Objection*

**Amendment 653989**

*Adopted Without Objection*



**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 1211 : Drugs, Devices, and Cosmetics (continued)**

**Appearances:**

Bill & Amendment # 005391 (#3)

Watson, Ron (Lobbyist) - Waive In Support

Florida Renal Administrators Association

Lobbyist

3738 Mundon Way

Tallahassee FL 32309

Phone: (850) 567-1202

Madill, Colton (Lobbyist) - Waive In Support

Department of Business & Professional Regulation

Deputy Legislative Affairs Director

1940 N Monroe St

Tallahassee FL 32399

Phone: (850) 487-4827

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 1381 : Licensure of Residential Treatment Centers for Children and Adolescents**

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				
<b>Total Yeas: 13</b>		<b>Total Nays: 0</b>			

**Appearances:**

Bishop, Barney (Lobbyist) - Waive In Support  
 Florida Smart Justice Alliance  
 President & CEO  
 204 S Monroe St  
 Tallahassee FL 32301  
 Phone: (850) 577-3032

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 7087 : Telehealth**

*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 Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**CS/HB 7087 Amendments**

**Amendment 551279**

*Adopted Without Objection*

**Appearances:**

Smith, Zayne (Lobbyist) - Waive In Support  
 AARP  
 Associate State Director  
 200 W College Ave  
 Tallahassee FL 32301  
 Phone: (850) 228-4243

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

Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 7087 : Telehealth (continued)**

**Appearances: (continued)**

Bill & Amendment(551279)

Schoonover, Christopher (Lobbyist) - Waive In Support

Consumer Health Alliance  
101 E College Ave  
Tallahassee FL 32301  
Phone: (850) 222-9075

Pitts, Brian (General Public) - Information Only

Justice-2-Jesus  
1119 Newton Ave. S.  
St. Petersburg FL 33705  
Phone: (727) 897-9291

Chaney, Chris (Lobbyist) - Waive In Support

Associated Industries of Florida  
506 N Adams St  
Tallahassee FL 32302  
Phone: (850) 224-7173

Whitaker, Stan (General Public) - Waive In Support

FL Association of Nurse Practitioner  
101 E College Ave  
Tallahassee FL 32301  
Phone: (850) 545-8301

Floyd, Chris (Lobbyist) - Waive In Support

Florida Association of Nurse Practitioners  
Consultant  
101 E College Ave  
Tallahassee FL 32301  
Phone: (813) 624-5117

Gonzalez, Larry (Lobbyist) - Waive In Support

Florida Occupational Therapy Association  
General Counsel  
223 S Gadsden St  
Tallahassee FL 32301  
Phone: (850) 570-6307

Yapo, Jon (Lobbyist) - Waive In Support

Telehealth Association of Florida  
Lobbyist  
210 S Thurston Ave  
Orlando FL 32801  
Phone: (407) 383-3470

Lambert, Paul (Lobbyist) - Waive In Support

Florida Chiropractic Association, Inc  
263 Rosehill Dr N  
Tallahassee FL 32312  
Phone: (850) 597-2696

**Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 7097 : Mental Health and Substance Abuse**

*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 Sprowls	X				
Jay Trumbull	X				
Jason Brodeur (Chair)	X				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**CS/HB 7097 Amendments**

**Amendment 668531**

*Adopted as Amended*

**Amendment 420117**

*Adopted*

**Appearances:**

Fontaine, Mark (Lobbyist) - Waive In Support  
 Florida Alcohol & Drug Abuse Association  
 2868 Mahan Dr  
 Tallahassee FL 32308  
 Phone: (850) 878-2196

Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 7097 : Mental Health and Substance Abuse (continued)**

**Appearances: (continued)**

Bill & Amendment

Hendrickson, Dan (General Public) - Waive In Opposition  
Big Bend Mental Health Coalition, NAMI Tallahassee  
Legislative Liasion  
319 E Park Ave  
Tallahassee FL 32302  
Phone: (850) 570-1967

Amendment #420117

Hoza, Meghan (Lobbyist) - Opponent  
Alzheimer's Community Care  
225 S Adams St  
Tallahassee FL 32301  
Phone: (772) 485-0693

Strike All Amendment(# 668531) Proponent

Kelly, Natalie (Lobbyist) - Waive In Support  
Florida Association of Managing Entities  
Executive Director  
411 E. College Ave  
Tallahassee FL 32301  
Phone: (850) 570-5747

Waive in Support of the Delete All Amendment by Rep Harrell

Brown Woofter, Melanie (Lobbyist) - Waive In Support  
Florida Council Community Mental Health  
Senior Medicaid Policy Director  
316 E Park Ave  
Tallahassee FL 32301  
Phone: (850) 224-6048

Bishop, Barney (Lobbyist) - Waive In Support

Florida Smart Justice Alliance  
President & CEO  
204 S Monroe St  
Tallahassee FL 32301  
Phone: (850) 577-3032

Lowrey, Thad (Lobbyist) - Waive In Support

Operation PAR  
VP Governmental Relation  
7720 Washington St  
Port Richey FL 34668  
Phone: (727) 992-8508

Watson, Ron (Lobbyist) - Waive In Support

Florida CHAIN  
Lobbyist  
3738 Mundon Way  
Tallahassee FL 32309  
Phone: (850) 561-1202

**Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 7097 : Mental Health and Substance Abuse (continued)**

**Appearances: (continued)**

Harbin, Susan (Lobbyist) - Waive In Support

Florida Association of Counties

110 S Monroe

Tallahassee FL 32301

Phone: (770) 546-8895

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**PCSMB for CS/CS/HB 307 & HB 1313 : Medical Use of Cannabis**

CS/CS/HB 307 laid on table under Rule 7.19; Refer to CS for CS/CS/HB 307 & HB 1313

HB 1313 laid on table under Rule 7.19; Refer to CS for CS/CS/HB 307 & HB 1313

*Favorable With Amendment(s)*

	<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				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**PCSMB for CS/CS/HB 307 & HB 1313 Amendments**

**Amendment PCSMB for CSCSHB 307 a1**

*Adopted Without Objection*

**Amendment PCSMB for CSCSHB 307 a2**

*Adopted Without Objection*

**Amendment PCSMB for CSCSHB 307 a3**

*Adopted Without Objection*

Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM



**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**PCSMB for CS/CS/HB 307 & HB 1313 : Medical Use of Cannabis (continued)**

**Appearances:**

HB 307

Sharkey, Jeffrey (Lobbyist) - Proponent

Medical Marijuana Business Association of Florida  
106 E College Ave  
Tallahassee FL 32301  
Phone: (850) 224-1660

James, Jodi (General Public) - Information Only

Florida Cannabis Action Network  
Executive Director  
1375 Cypress Ave  
Melbourne FL 32935  
Phone: (321) 890-7302

Cannella-Krehl, Josephine (General Public) - Information Only

United for Compassion  
Licensed Clinical Social Worker  
3784 Wentworth Way  
Tallahassee FL 32311  
Phone: (850) 653-6928

Wallace, Robert D. (General Public) - Waive In Support

Chestnut Hill Tree Farm  
President  
15105 NW 94 Ave  
Alachua FL 32615  
Phone: (352) 215-5825

Pitts, Brian (General Public) - Information Only

Justice-2-Jesus  
1119 Newton Ave. S.  
St. Petersburg FL 33705  
Phone: (727) 897-9291

Bishop, Barney (Lobbyist) - Waive In Support

Florida Smart Justice Alliance  
President & CEO  
204 S Monroe St  
Tallahassee FL 32301  
Phone: (850) 577-3032

Kottkamp, Jeff (Lobbyist) - Proponent

AltMed  
Lobbyist  
3311 Dartmoor Drive  
Tallahassee FL 32312  
Phone: (239) 297-9141

**Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**2/17/2016 9:00:00AM**

**Location:** Morris Hall (17 HOB)

**PCsMB for CS/CS/HB 307 & HB 1313 : Medical Use of Cannabis (continued)**

**Appearances: (continued)**

Pernell, Jason (General Public) - Waive In Support

Hackney Nursery

COO

6749 Ben Bostic Rd

Quincy FL 32359

Phone: (850) 544-5284

Rivers, Kim (General Public) - Waive In Support

Hackney Nursery

Board Member

6749 Ben Bostic Rd

Quincy FL 32351

Rotundo, Louis (Lobbyist) - Proponent

Florida Medical Cannabis Association

302 Pinestraw Circle

Altamonte Springs FL 32714

Phone: (407) 699-9361

Chamizo, Jorge (Lobbyist) - Waive In Support

Knox Nursery

108 S. Monroe St

Tallahassee FL 32301

Phone: (850) 681-0024

Watson, Ron (Lobbyist) - Proponent

Florida CHAIN

Lobbyist

3738 Mundon Way

Tallahassee FL 32309

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Committee meeting was reported out: Wednesday, February 17, 2016 7:22:51PM

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

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 2/19/16  
**Place:** Amos Hall  
**Time:** 9:00 AM

**Bill Number:** 05/C/4881  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Infectious Disease Elimination Pilot Program

**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
✓		Brodeur, Chair								
✓		Avila								
<del>✓</del>		Berman								
✓		Burton								
✓		Clarke-Reed								
✓		Costello								
✓		Cruz								
✓		Cummings								
✓		Edwards								
✓		Harrell								
✓		Jones, M.								
✓		Jones, S.								
✓		Magar								
✓		Pigman								
✓		Renner								
✓		Roberson								
✓		Sprowls								
✓		Trumbull								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
17	0									

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/CS/AB139

Meeting Date: 2/19/16

Date Received: \_\_\_\_\_

Place: Robins Hall

Date Reported: \_\_\_\_\_

Time: 7:00 AM

Subject: Dental Care

**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"/>		Sprowls								
<input checked="" type="checkbox"/>		Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
17	0									

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/CS/HB 221

Meeting Date: 2/19/19  
Place: Moore Hall  
Time: 9:00 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Out of Network Health Insurance Coverage

**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>Struck all</i>							
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"/>							
<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"/>	<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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
12	1									

*Rep Burton - Yes after roll call*  
*Rep Magar - Yes after roll call*

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

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

Bill Number: CS/US/HB 259

Meeting Date: 2/17/16  
 Place: Thomas Hall  
 Time: 9:00 AM

Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_

Subject: Temporary Care for Minors  
 Child Placement to a Parent of  
 Attorney

**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>Strike all</i>							
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"/>							
<input checked="" type="checkbox"/>		Berman	<input checked="" type="checkbox"/>							
<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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
15	1									

*Rep Magar - Yes after roll call*

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

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 2/13/16  
**Place:** Moore Hall  
**Time:** 9:00 AM

**Bill Number:** CS/HR 363  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Health Insurance Coverage for Offsets

**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 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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
16	0									

*Rep Magar - Yea after roll call*

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

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 2/17/16  
**Place:** Moore Hall  
**Time:** 9:00 AM

**Bill Number:** CS/CS/HB 517  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_

**Subject:** Centuries of Public Government - Necessary for Life Support on the Unbalance Services

**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>Strike all</i>		<i>one both and 2</i>					
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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
16	1									



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

Committee/Subcommittee: Health & Human Services

Bill Number: HB 543

Meeting Date: 2/19/16

Date Received: \_\_\_\_\_

Place: Monter Hall

Date Reported: \_\_\_\_\_

Time: 9:00 AM

Subject: Small Group  
Health Insurance

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 type="checkbox"/>	<input type="checkbox"/>	Berman								
<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	Jones, S.								
<input type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Renner								
<input checked="" type="checkbox"/>		Roberson								
<input checked="" type="checkbox"/>		Sprowls								
<input type="checkbox"/>	<input type="checkbox"/>	Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
13	0									

Rep Magar - Yes after roll call  
Rep Burton - Yes after roll call

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

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

Bill Number: CS/HB 599

Meeting Date: 2/17/16  
 Place: Monroe Hall  
 Time: 9:00 AM

Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Child Welfare

**Committee/Subcommittee Action:**

- |   |   |
|---|---|
| <input type="checkbox"/> Favorable  | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments                            | <input type="checkbox"/> Reconsidered                 |
| <input checked="" 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	<i>Stuck all</i>							
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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
14	0									

*Rep M yea - yes after roll call*

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

Committee/Subcommittee: Health & Human Services  
 Meeting Date: 2/17/16  
 Place: Moines Hall  
 Time: 9:00 AM

Bill Number: HB657  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Foster Family Appreciation Week

**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								
		Avila								
		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.								
		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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
15	0									

*Rep. Magar - yes after roll call*

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

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

Bill Number: CS/HR 941

Meeting Date: 2/17/16  
Place: Monica Hall  
Time: 9:00 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Dept. of Health

**Committee/Subcommittee Action:**

- |   |   |
|---|---|
| <input type="checkbox"/> Favorable  | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments                            | <input type="checkbox"/> Reconsidered                 |
| <input checked="" 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	Amend 1		2		3			
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Brodeur, Chair								
✓		Avila	✓		✓		✓			
✓		Berman	✓		✓		✓			
✓		Burton	✓		✓		✓			
	✓	Clarke-Reed								
✓		Costello								
✓		Cruz								
✓		Cummings								
✓		Edwards								
✓		Harrell								
✓		Jones, M.								
✓		Jones, S.								
✓		Magar								
✓		Pigman								
✓		Renner								
✓		Roberson								
✓		Sprowls								
✓		Trumbull								
Yeas	Nays	<b>TOTALS</b>	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	1									

Rep. Magar - yes after roll call  
Rep. Burton - yes after roll call

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

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

Bill Number: CS/HR 951

Meeting Date: 2/17/16  
Place: Moore Hall  
Time: 9:00 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Health Plan  
Regulatory Administration

**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>Amend</i>		<i>2</i>					
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	<i>4/0</i>		<i>4/0</i>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Berman	<i>4/0</i>		<i>4/0</i>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burton	<i>4/0</i>		<i>4/0</i>					
<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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
17	0									

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HB 965

Meeting Date: 2/17/16  
Place: Moore Hall  
Time: 9:00 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Fire safety

**Committee/Subcommittee Action:**

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

Final Vote On Bill		MEMBERS	1		2					
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"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Avila	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Clarke-Reed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Costello	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cruz	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Edwards	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, M.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones, S.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Renner	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Roberson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sprowls	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trumbull	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
16	0									

Ref Magar Yes after roll call

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

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

Bill Number: CS/CS/HB 1125

Meeting Date: 2/12/16  
Place: Motor Hall  
Time: 9:00 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_

Subject: Eligibility for Employment as Child Care Personnel

**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>Strike all</i>							
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	<i>4/0</i>							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman	<i>8</i>							
<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"/>	Sproles								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
16	0									

*Rep Magar - Yes after roll call*

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

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

Bill Number: CS/HB 1125

Meeting Date: 2/17/16  
Place: Monroe Hall  
Time: 9:30 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_

Subject: Transparency in Health Care

**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>Struck all</i>							
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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
17	0									



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

Committee/Subcommittee: Health & Human Services  
 Meeting Date: 2/17/16  
 Place: Marks Hall  
 Time: 9:00 AM

Bill Number: CJ/HR 1211  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Drugs, Opioids, and Carcinogens

**Committee/Subcommittee Action:**

- |   |   |
|---|---|
| <input type="checkbox"/> Favorable  | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments                            | <input type="checkbox"/> Reconsidered                 |
| <input checked="" 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	<i>Oppose</i>		2		3		4	
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Brodeur, Chair	<i>4</i>		<i>W</i>		<i>W</i>		<i>W</i>	
<input checked="" type="checkbox"/>		Avila	<i>8</i>		<i>W</i>		<i>W</i>		<i>W</i>	
<input checked="" type="checkbox"/>		Berman	<i>8</i>		<i>W</i>		<i>W</i>		<i>W</i>	
<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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
14	0									

*Rep Magar - Yes after roll call*  
*Rep Burton - Yes after roll call*

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

Committee/Subcommittee: **Health & Human Services**  
 Meeting Date: 2/17/16  
 Place: Marble Hall  
 Time: 9:00 AM

Bill Number: CS/HB 1381  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Access to Residential Treatment Centers for Children and Adolescents

**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 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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
13	0									

Rep Magar - yes after roll call  
 Rep Burton - yes after roll call

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

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

Bill Number: CJ/HB 7087

Meeting Date: 2/17/16  
Place: More Hall  
Time: 9:00 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Tekholtz

**Committee/Subcommittee Action:**

- |   |   |
|---|---|
| <input type="checkbox"/> Favorable  | <input type="checkbox"/> Retained for Reconsideration |
| <input checked="" type="checkbox"/> Favorable w/ _____ amendments                 | <input type="checkbox"/> Reconsidered                 |
| <input checked="" 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	<i>Amend</i>							
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"/>		Sprows								
<input checked="" type="checkbox"/>		Trumbull								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
17	0									

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

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

Bill Number: CS/HB 1097

Meeting Date: 2/17/16  
Place: Monroe Hall  
Time: 9:00 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Mental Health and Substance Abuse

**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>Strike also</i>		<i>amend to amend 1</i>					
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Brodeur, Chair								
<input checked="" type="checkbox"/>		Avila	<i>Adopted</i>		<i>Adopted</i>					
<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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
17	0									

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

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 2/19/16  
**Place:** Morris Hall  
**Time:** 9:00 AM

**Bill Number:** PCSMB for CS/CS/HB 309  
**Date Received:** and HB 1313  
**Date Reported:** \_\_\_\_\_  
**Subject:** Medical Use of Cannabis

**Committee/Subcommittee Action:**

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

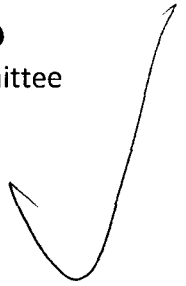
Final Vote On Bill		MEMBERS	1		2		3			
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Brodeur, Chair								
<input checked="" type="checkbox"/>		Avila	w/o		w/o		w/o			
<input checked="" type="checkbox"/>		Berman	by		by		by			
<input checked="" type="checkbox"/>		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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
17	0									



# 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: 81 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Infectious Disease Elimination Program

Committee/Subcommittee: Health and Human Services

Name: Joy Fishman

Title: Harm Reduction Advocate

Address: 10225 Collins Ave

City: Bal Harbour State/Zip: FL 33154

Phone Number: 305-989-4901

Representing: Herself

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

WLS

Bill Number: 81 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HMSC

Name: Chris Nuland

Title: \_\_\_\_\_

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051

Representing: Florida Public Health Association

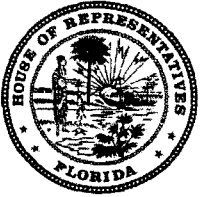
Registered Lobbyist: YES  NO

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"/>	



# 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

WFS

Bill Number: HB 81 Meeting Date: 2-17-2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: INFECTIOUS DISEASE ELIMINATION PILOT PROGRAM

Committee/Subcommittee: HOUSE HEALTH & HUMAN SERVICES COMMITTEE

Name: STEPHEN R. WINN

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE AVES DRIVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364

Representing: FLORIDA OSTEOPATHIC MEDICAL 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"/>	

WAIVE TIME IN SUPPORT





# 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

Type or Print Clearly

Bill Number: HB81 Meeting Date: 2-17-16

Fill in appropriate information:

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

Committee/Subcommittee: Health + Human Services

Name: Kate Doyle

Title: Vice President

Address: 306 E. College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-222-9800

Representing: FIA Hospital Assoc.

Registered Lobbyist: YES  NO

State Employee: YES  NO

Waive in Support of HB81

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.

*[Handwritten initials]*

Type or Print Clearly

Bill Number: 81 Meeting Date: 17 February 2014

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Infectious Disease Elimination Pilot

Committee/Subcommittee: Health + Human Services

Name: Mark Fontaine

Title: Executive Director

Address: 28608 Mahan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 878 2196

Representing: Florida Alcohol + Drug Abuse 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"/>	



Print Form

Reset Form

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 81 Date 2/17/2016
Name BRIAN PITTS
Title TRUSTEE
Address 1119 NEWTON AVENUE SOUTH
City SAINT PETERSBURG State/Zip FLORIDA/33705
Phone Number 727/897-9291
Representing JUSTICE-2-JESUS

Lobbyist (registered) YES NO
State Employee YES NO

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.

I wish to speak Proponent
I have been requested to speak Opponent Information

Subject matter:

Committee/Subcommittee: H H S C



# 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

*Handwritten initials*

Bill Number: 81 Meeting Date: \_\_\_\_\_

Fill in appropriate information:

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

Committee/Subcommittee: \_\_\_\_\_

Name: JESS MCCARTY

Title: \_\_\_\_\_

Address: 111 NW 1<sup>ST</sup> ST 2810

City: MIAMI State/Zip: 33128

Phone Number: 305-979-7110

Representing: MIAMI - DADE COUNTY

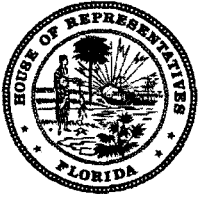
Registered Lobbyist: YES  NO

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"/>	



# 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

*Handwritten initials/signature*

Bill Number: 81 Meeting Date: 17 Feb 16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Barney Bishop III

Title: Pres & CEO

Address: 204 S. Monroe

City: Tall State/Zip: FL 32301

Phone Number: 577-3032

Representing: Fla Smart Justice Alliance

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"/>	



### 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*

Type or Print Clearly

Bill Number: 081 Meeting Date: 2-17-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Infectious Disease Elimination Act

Committee/Subcommittee: Health and Human Services

Name: John Dudley

Title: FSU Medical Student

Address: 1020 Villagio Cir

City: Sarasota State/Zip: FL 34237

Phone Number: \_\_\_\_\_

Representing: myself

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.

*Handwritten initials/signature*

Type or Print Clearly

Bill Number: 81 Meeting Date: 2/17/16

Fill in appropriate information:

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

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 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

*[Handwritten initials]*

Bill Number: 81 Meeting Date: 2-17-14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Infectious Disease Elimination

Committee/Subcommittee: Health & Human <sup>Pilot Program</sup> Services

Name: David Poole

Title: Dir, Legislative Affairs

Address: 1825 Country Club Dr

City: Tallahassee State/Zip: FL 32391

Phone Number: 850-766-3323

Representing: AIDS Healthcare Foundation

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

*WKS*

Bill Number: 81 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Mary Thomas

Title: Assistant General Counsel

Address: 1430 Piedmont Dr E

City: TLH State/Zip: FL 32308

Phone Number: 850 229 6996

Representing: Florida Medical 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"/>	



# 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

*WFS*

Bill Number: HB 81 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Infectious Disease Elimination Act

Committee/Subcommittee: HHS

Name: Chanelle Diaz

Title: medical student - University of Miami

Address: 1555 N Treasure Dr.

City: Miami State/Zip: Florida

Phone Number: 305 529 1813

Representing: Self

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

*WKS*

Bill Number: CS/CS/HB 81 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: Health and Human Services Committee

Name: Aimee Diaz Lyon

Title: \_\_\_\_\_

Address: 119 South Monroe Street Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-251-4300

Representing: The AIDS Institute

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

605

Bill Number: HB 139 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Zayne Smith

Title: ASD

Address: 200 W. College Ave

City: Tally State/Zip: FL 32301

Phone Number: 850 228-4243

Representing: AARP

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

*Waive is support*

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"/>	



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 139 Date 2/17/2016

Name BRIAN PITTS

Title TRUSTEE

Address 1119 NEWTON AVENUE SOUTH

City SAINT PETERSBURG State/Zip FLORIDA/33705

Phone Number 727/897-9291

Representing JUSTICE-2-JESUS

Lobbyist (registered) YES  NO

State Employee YES  NO

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.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/>	Proponent	<input type="checkbox"/>	<input type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Subject matter:

Committee/Subcommittee: H H SC



### 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

WLS

Bill Number: HB 139 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Dental Care

Committee/Subcommittee: Health & Human Services

Name: Casey Stoutamire

Title: Loisvist

Address: 118 E. Jefferson St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-1089

Representing: Florida Dental Association

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

*Waive in support*

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

*Handwritten initials: SRS*

Bill Number: 221 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: HMSC

Name: Chris Noland

Title: \_\_\_\_\_

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051

Representing: Florida Chapter, American College of Surgeons

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

2/5

Bill Number: HB 221 Meeting Date: 2-17-2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: OUT-OF-NETWORK HEALTH INSURANCE COVERAGE

Committee/Subcommittee: HEALTH & HUMAN SERVICES COMMITTEE

Name: STEPHEN R. WINN

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DRIVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-17364

Representing: FLORIDA OSTEOPATHIC MEDICAL 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"/>	

WAIVE TIME IN SUPPORT





# 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

SP

Bill Number: 221 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: Health & Human Services

Name: Caitlin Murray

Title: Director of Government Affairs

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Representing: Office of Insurance Regulation

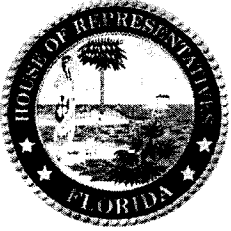
Registered Lobbyist: YES  NO

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"/>	



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

W/S

Bill Number 221 Date 2-17-16  
 Name Tim Nungesser  
 Title Legislative Director  
 Address 110 E. Jefferson St.  
 City Tallahassee State/Zip FL 32301  
 Phone Number 850-445-5367  
 Representing NFIB

Lobbyist (registered) YES  NO   
 State Employee YES  NO

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.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/>	Proponent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input type="checkbox"/>

Subject matter: Balance Billing

Committee/Subcommittee: Health + Human Services



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

2015

Type or Print Clearly

Bill Number: 221 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Tammy Perdue

Title: \_\_\_\_\_

Address: Sole N. Adams

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Representing: Associated Industries of FL

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

WKS

Bill Number: 221 Meeting Date: Feb. 17, 14

Fill in appropriate information:

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

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

Name: Toni Large

Title: \_\_\_\_\_

Address: 519 E. Park Ave

City: Tallahassee State/Zip: FL 32308

Phone Number: (850) 556-1461

Representing: FL College of Emergency Physicians & FI ~~Orthopedic Society~~

Registered Lobbyist: YES  NO  State Employee: YES  NO  Orthopedic Society

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

Bill Number: 221 Meeting Date: 2/17/16 WRS

Fill in appropriate information:

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

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

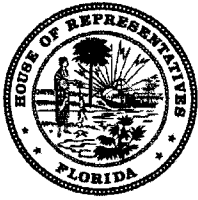
Registered Lobbyist: YES  NO  State Employee: YES  NO

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"/>	



# 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

WJS

Bill Number: HB 2771 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Jeff Scott

Title: \_\_\_\_\_

Address: 1430 Piedmont Dr. E

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 224-6494

Representing: Florida Medical 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"/>	



# 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

2015

Bill Number: 221 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Out of network Health Insurance coverage

Committee/Subcommittee: HHS

Name: WENCES TRONCOSO

Title: Vice President + General Counsel

Address: 200 W. college ave

City: Tallahassee State/Zip: FL 32301

Phone Number: \_\_\_\_\_

Representing: Florida Association of Health Plans

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

WJS

Bill Number: 221 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 221

Committee/Subcommittee: House Health & Human Services

Name: Sha'Ron James

Title: Insurance Consumer Advocate

Address: 200 E Gaines St

City: Tallahassee State/Zip: 32399

Phone Number: (850) 413-5923

Representing: DFS

Registered Lobbyist: YES  NO

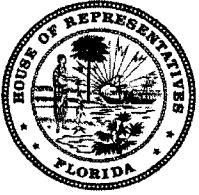
State Employee: YES  NO

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

WFS - AM  
WFS - Bill

Bill Number: 259 Meeting Date: 2/17/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Safe Families for children

Committee/Subcommittee: Health and Human Services

Name: Megan Rose

Title: Director (Host Mom)

Address: 4937 Del Prado S.

City: Cape Coral State/Zip: FL 33904

Phone Number: 941-280-9515

Representing: Safe Families for children

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 checked="" 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: 259 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Health & Human Serv.

Committee/Subcommittee: Health & Human Serv.

Name: Greg Pound

Title: \_\_\_\_\_

Address: 9166 Sunrise Dr.

City: Largo State/Zip: Fla, 33173

Phone Number: \_\_\_\_\_

Representing: Pinellas County Florida Government Corruption

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 checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	



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 259 Date 2/16/2016
Name BRIAN PITTS
Title TRUSTEE
Address 1119 NEWTON AVENUE SOUTH
City SAINT PETERSBURG State/Zip FLORIDA/33705
Phone Number 727/897-9291
Representing JUSTICE-2-JESUS

Lobbyist (registered) YES [ ] NO [x]
State Employee YES [ ] NO [x]

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.

I wish to speak [x] Proponent [ ] Amendment [ ] Bill [ ]
I have been requested to speak [ ] Opponent [ ] Amendment [ ] Bill [ ]
Information [ ] Amendment [ ] Bill [x]

Subject matter:

Committee/Subcommittee: H HSC



# 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 363 Meeting Date: 2-17-2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HEALTH INSURANCE FOR OPIOIDS

Committee/Subcommittee: HOUSE HEALTH AND HUMAN SERVICES

Name: STEPHEN R WINN

Title: EXECUTIVE DIRECTOR

Address: 2544 BLARSTONE PINES DRIVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364

Representing: FLORIDA OSTEOPATHIC MEDICAL 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"/>	

WVAIVE TIME IN SUPPORT



### 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: 363 Meeting Date: 17 February 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Health Insurance for Opioids

Committee/Subcommittee: Health + Human Services

Name: Mark Fontaine

Title: Executive Director

Address: 28608 Mahan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 878 2196

Representing: Florida Alcohol + Drug Abuse Association

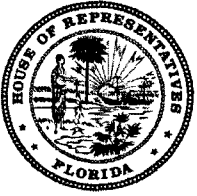
Registered Lobbyist: YES  NO

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"/>	



### 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 363 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Health Insurance For Opioids

Committee/Subcommittee: Health + Human Services

Name: Larry Gonzalez

Title: General Counsel

Address: 223 S. Gadsden St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-570-6307

Representing: Florida Society of Health-System Pharmacists

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 363 Meeting Date: 2/17/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Abuse Deterrent Opioids

Committee/Subcommittee: House Health + Human Services

Name: Pam Langford

Title: President

Address: PO Box 180813

City: Tallahassee State/Zip: FL 32318

Phone Number: \_\_\_\_\_

Representing: HEALS of the South

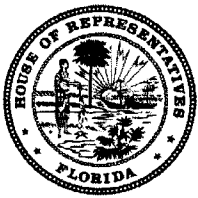
Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

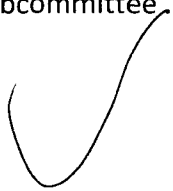
Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



### 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



Bill Number: 517 Meeting Date: Feb 2-17-16

Fill in appropriate information:

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

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Name: James Cunningham

Title: Fire Chief

Address: 1385 VETERANS PARK DR

City: NAPLES State/Zip: FL 34109

Phone Number: 239-597-3222

Representing: NORTH COLLIER FIRE

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 checked="" 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

*WLS*

517

Bill Number: ~~517~~ Meeting Date: 2/17/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: COPCN

Committee/Subcommittee: Health and Human Services

Name: Jorge Aguilera

Title: Deputy of EMS

Address: 1885 Veterans Park Drive

City: DADE State/Zip: FLA 34116

Phone Number: 597-3222

Representing: NORTH COLLIER FIRE CONTROL & RESCUE DISTRICT

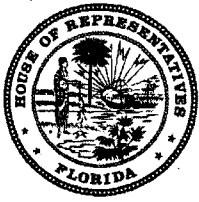
Registered Lobbyist: YES  NO

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 checked="" 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: 517 Meeting Date: 2/17/16 WLS

Fill in appropriate information:

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

Committee/Subcommittee: HAS

Name: Chris Lyon

Title: Attorney

Address: 315 S. Calhoun St. Ste. 830

City: Tallahassee State/Zip: 32301

Phone Number: 222-5702

Representing: Bonita Springs Fire Control District

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"/>	



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

WJS

Bill Number 517 Date 2 11/2016

Name BRIAN PITTS

Title TRUSTEE

Address 1119 NEWTON AVENUE SOUTH

City SAINT PETERSBURG State/Zip FLORIDA/33705

Phone Number 727/897-9291

Representing JUSTICE-2-JESUS

Lobbyist (registered) YES  NO

State Employee YES  NO

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.

		<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	<input type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent <input type="checkbox"/>	<input type="checkbox"/>
		Information <input type="checkbox"/>	<input checked="" type="checkbox"/>

Subject matter:

Committee/Subcommittee: H H 5c



### 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: CS/HB 517 Meeting Date: 2/17/2010 ✓

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment 286039

Committee/Subcommittee: Health + Human Services

Name: Cari Roth

Title: \_\_\_\_\_

Address: 215 S. Monroe St, Suite 815

City: Tallahassee State/Zip: FL 32301

Phone Number: 850/999-4100

Representing: Manatee County; Fl. Ambulance Assoc.

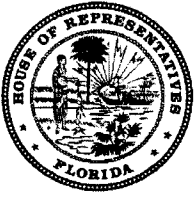
Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" 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: 517 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Name: R. ELISEO CHAO

Title: FIRE COMMISSIONER

Address: 621 20TH AVE NW

City: NAPLES State/Zip: FL 34120

Phone Number: 239-250-9528

Representing: NORTH COLLIER FIRE

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

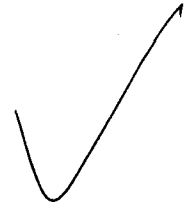
Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



### 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: 517 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Name: WALTER KOPKA

Title: CHIEF

Address: 8075 LELY CULTURAL PKWY STE 267

City: NAPLES State/Zip: FL 34113

Phone Number: 239-252-3757

Representing: COLLIER COUNTY BOARD OF COMMISSIONERS

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 checked="" 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

*WJO*

Bill Number: HB 517 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 517 COPCW / EMS Services

Committee/Subcommittee: Health & Human Services

Name: Brett Bacot

Title: Lobbyist

Address: 101 N. Monroe Street

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-681-4269

Representing: Collier County

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

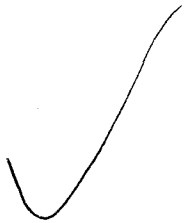
Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



# 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: 517 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: certificates of public convenience + necessity

Committee/Subcommittee: Health & Human Services

Name: Susan Harbin

Title: Legislative Advocate

Address: 100 S. Monroe

City: Tallahassee State/Zip: FL 32301

Phone Number: (770) 546-8845

Representing: Florida Association of Counties

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 checked="" 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: 543 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Small Group Health Insurance

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"/>	



# 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

WIS

Bill Number: 543 Meeting Date: 2/17/14

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Caitlin Murray

Title: Director of Government Affairs

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Representing: Office of Insurance Regulation

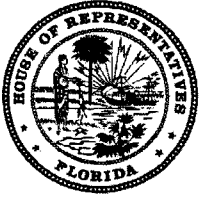
Registered Lobbyist: YES  NO

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.

*W/S*

Type or Print Clearly

Bill Number: 599 Meeting Date: 17 Feb 16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Barney Bishop III

Title: Pres & CEO

Address: 204 S. Monroe

City: Tall State/Zip: FL 3230

Phone Number: 577-3032

Representing: Fla. Smart Justice Alliance

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"/>	



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 599 Date 2/17/2016

Name BRIAN PITTS

Title TRUSTEE

Address 1119 NEWTON AVENUE SOUTH

City SAINT PETERSBURG State/Zip FLORIDA/33705

Phone Number 727/897-9291

Representing JUSTICE-2-JESUS

Lobbyist (registered) YES  NO

State Employee YES  NO

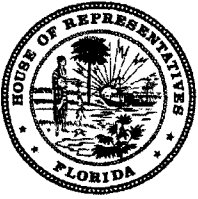
If you are testifying regarding an amendment, please indicate if your position as a proponent or an opponent is the same as on the bill as a whole.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/>	Proponent	<input type="checkbox"/>	<input type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Subject matter:

H HSC

Committee/Subcommittee:



# 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: 599 Meeting Date: 2/17/14

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Victoria Zepp

Title: Exec. Dir, Gov't Affairs

Address: 411 E. College Ave.

City: TUH State/Zip: 32301

Phone Number: 850.241.6309

Representing: FL Coalition for Children

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

WKS

Bill Number: HB 579 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Summer Pfeiffer

Title: VP of Governmental Relations

Address: 1801 Miccosukee Commons Dr.

City: Tallahassee State/Zip: FL 32317

Phone Number: (833) 339-5463

Representing: Children's Home Society of FL

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"/>	



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 657 Date 2/17/2016

Name BRIAN PITTS

Title TRUSTEE

Address 1119 NEWTON AVENUE SOUTH

City SAINT PETERSBURG State/Zip FLORIDA/33705

Phone Number 727/897-9291

Representing JUSTICE-2-JESUS

Lobbyist (registered) YES  NO

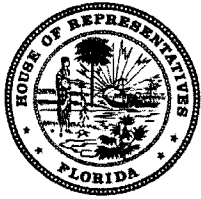
State Employee YES  NO

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.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/>	Proponent	<input type="checkbox"/>	<input type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Subject matter:

Committee/Subcommittee: HHSC



### 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*

Type or Print Clearly

Bill Number: 657 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Victoria Zapp

Title: Exec. Dir, Govt Affairs

Address: 411 E. College Ave

City: TLH State/Zip: 32301

Phone Number: 850-241-6309

Representing: FL Coalition for Children

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: 941 Meeting Date: 2/17/16

Fill in appropriate information:  
PCB/PCS/Amendment # or  
Presentation/Workshop Topic: 885751 #2

Committee/Subcommittee: HHS

Name: Susan Harbin

Title: Legislative Advocate

Address: 100 S. Monroe

City: Tallahassee State/Zip: FL 32301

Phone Number: 770 546-8845

Representing: Florida Association of Counties

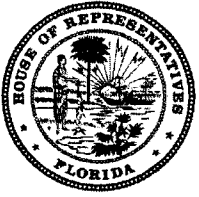
Registered Lobbyist: YES  NO

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 checked="" 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

#2

WFO

Bill Number: 941 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Department of Health 885751

Committee/Subcommittee: Health and Human Services

Name: Marty Cassini

Title: Legislative Counsel

Address: 115 S. Andrews Ave

City: Ft Lauderdale State/Zip: FL 33301

Phone Number: 954-357-7575

Representing: Broward 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 type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" 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.

WKS

Type or Print Clearly

Bill Number: HB 941 Meeting Date: 2/17/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Department of Health

Committee/Subcommittee: Health & Human Services

Name: Larry Gonzalez

Title: General Counsel

Address: 223 S. Gadsden St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-570-6307

Representing: Florida Occupational Therapy 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"/>	



# 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: 941 Meeting Date: \_\_\_\_\_

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

#2

Committee/Subcommittee: \_\_\_\_\_

Name: JESS MCCARTY

Title: \_\_\_\_\_

Address: 111 NW 1<sup>ST</sup> 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 type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

ROBERSON  
AM. # 2



# 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 941 Meeting Date: 2/17/16

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

89351

Committee/Subcommittee: \_\_\_\_\_

Name: Andrea K. Friell

Title: Physician Obstetrics and Gynecology

Address: 1304 Live Oak Plantation Road

City: Tallahassee State/Zip: FL 32312

Phone Number: 850 - 906 0371

Representing: America congress cycle-6yr's

Registered Lobbyist: YES  NO

State Employee: YES  NO

WAIVE IN SUPPORT OF GONZALEZ AMENDMENT

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

W/S

Bill Number: 941 Meeting Date: 2-17-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: Health & Human Services

Name: Paul Runk

Title: Deputy Director of Leg. Planning

Address: 2545 merchants Row

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-245-9006

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 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

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*Type or Print Clearly*

Bill Number: 941 Meeting Date: 2/17/16

*Fill in appropriate information:*

PCB/PCS/Amendment # or Presentation/Workshop Topic: Roberson Amendment 2

Committee/Subcommittee: \_\_\_\_\_

Name: Arlene Smith

Title: Legislative Affairs

Address: 123 W Indiana Ave

City: DeLand State/Zip: FL 32720

Phone Number: 386-405-1552

Representing: Volusia County

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO  *oppose-waive*

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"/>	



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 941 Date 2/17/2016

Name BRIAN PITTS

Title TRUSTEE

Address 1119 NEWTON AVENUE SOUTH

City SAINT PETERSBURG State/Zip FLORIDA/33705

Phone Number 727/897-9291

Representing JUSTICE-2-JESUS

Lobbyist (registered) YES  NO

State Employee YES  NO

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.

		<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/>	Proponent	<input type="checkbox"/> <input type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/> <input type="checkbox"/>
		Information	<input type="checkbox"/> <input checked="" type="checkbox"/>

Subject matter:

Committee/Subcommittee:

H H Se





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

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number 951 Date 2/11/2016
Name BRIAN PITTS
Title TRUSTEE
Address 1119 NEWTON AVENUE SOUTH
City SAINT PETERSBURG State/Zip FLORIDA/33705
Phone Number 727/897-9291
Representing JUSTICE-2-JESUS

Lobbyist (registered) YES [ ] NO [x]
State Employee YES [ ] NO [x]

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.

I wish to speak [x] Proponent [ ] [ ]
I have been requested to speak [ ] Opponent [ ] [ ]
Information [ ] [x]

Subject matter:

Committee/Subcommittee: H H SC



### 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

*WLS*

Bill Number: 951 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Health Plan Regulatory Admin

Committee/Subcommittee: HHS

Name: Wences Troncoso

Title: Vice President & General Counsel

Address: 200 W. College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: \_\_\_\_\_

Representing: Florida Association of Health Plans

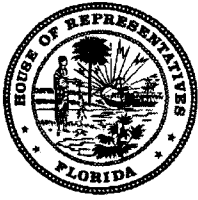
Registered Lobbyist: YES  NO

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

Bill Number: 951 Meeting Date: 2/17/14 WJS

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 104567

Committee/Subcommittee: HHS

Name: Bill Peeks

Title: \_\_\_\_\_

Address: PO Box 10930

City: Tallahassee State/Zip: FL 32302

Phone Number: 850 566 3029

Representing: Florida Municipal Insurance 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 type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" 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

*WJS*

Bill Number: HB 905 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Zayne Smith

Title: ASD

Address: 200 W. College Ave

City: Tally State/Zip: FL 32301

Phone Number: 850 228-4243

Representing: AARP

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO  *waives in support*

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.

Bill Number: **CS/HB 965 : Firesaftey** Meeting Date: **Feb 17 2016 9:00AM**

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

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

Name: **Murphy, BG**

Title: **Deputy Leg.Affairs Director**

Address: **400 N Monroe St.**

City: **Tallahassee** State/Zip: **Florida 32399**

Phone Number: **850-413-2863**

Representing: **Department of Financial Services**

Registered Lobbyist: **Yes**

State Employee: **Yes**

I Wish To Speak: **Yes**

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

	Bill	Amendment
I Wish To Speak: Yes		
I Have Been Requested To Speak: No	<b>Proponent</b>	<b>N/A</b>



### 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

*WJS*

Bill Number: HB 9105 Meeting Date: 2-17-16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Susan Anderson

Title: VP Public Policy

Address: 2583 Halleck Ln

City: Tallahassee State/Zip: FL 32312

Phone Number: 850-708-4971

Representing: FL ALFA

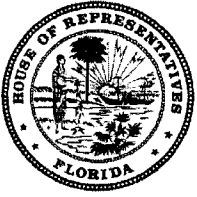
Registered Lobbyist: YES  NO

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 checked="" 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: 1125 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: Health & Human Serv.

Name: Greg Pound

Title: \_\_\_\_\_

Address: 9164

City: Largo State/Zip: Fla 33773

Phone Number: \_\_\_\_\_

Representing: Pinellas County Florida Government Corruption

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 checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	



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.

Type or Print Clearly

Bill Number: 1125 Meeting Date: 17 Feb 16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Eligibility of Employment

Committee/Subcommittee: HHS

Name: Barney Bishop III

Title: Pres & CEO

Address: 204 S. Monroe

City: Tall State/Zip: FL 32301

Phone Number: 577.3032

Representing: Fla. Smart Justice Alliance

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"/>	





# 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

WLS

Bill Number: 1175 Meeting Date: 2-17-16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: SAL NUZZO

Title: VP Policy

Address: 100 N DONATE

City: TALL. State/Zip: FL 32301

Phone Number: 850-322-9941

Representing: THE JAMES MADISON INST.

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"/>	



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

TYPE OR PRINT CLEARLY

WFS

COMMITTEE/SUBCOMMITTEE APPEARANCE  
RECORD

Bill Number 1175 Date 2-17-16  
 Name Tim Nungesser  
 Title Legislative Director  
 Address 110 E. Jefferson St.  
 City Tallahassee State/Zip FL 32301  
 Phone Number 850-445-5367  
 Representing NFIB

Lobbyist (registered) YES  NO   
 State Employee YES  NO

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.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/>	Proponent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input type="checkbox"/>

Subject matter: Transparency in Healthcare

Committee/Subcommittee: Health & Human Services



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.

Type or Print Clearly

Bill Number: 1211 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment 005391 ★ #3

Committee/Subcommittee: Drugs, Devices + Cosmetics

Name: Ron Watson

Title: lobbyist

Address: 3738 Mundon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 450 567-1202

Representing: Florida Renal Administrators Association

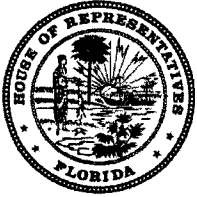
Registered Lobbyist: YES  NO  State Employee: YES  NO

★ 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"/>	



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WLS

Type or Print Clearly

Bill Number: HB 1211 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Bill as amended

Committee/Subcommittee: Health & Human Services

Name: Colton Madill

Title: Deputy Legislative Affairs Director

Address: 1940 N. Monroe St.

City: Tallahassee State/Zip: 32399

Phone Number: (850) 487-4827

Representing: DBPR

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

Bill Number: 1381 Meeting Date: 17 Feb 16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Licensure of Residential Centers

Committee/Subcommittee: HHS

Name: Barney Bishop III

Title: Pres & CEO

Address: 204 S. Monroe St.

City: Tall State/Zip: FL 32301

Phone Number: 577.3032

Representing: Fla. Smart Justice Alliance

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"/>	



# 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

*WKS*

Bill Number: HB 7087 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Zayne Smith

Title: ASD

Address: 200 W College Ave.

City: Tally State/Zip: FL 32301

Phone Number: 850 228-4243

Representing: AARP

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO  *wave in support*

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

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Type or Print Clearly

*WJS*

Bill Number: 7087 Meeting Date: 2.17.16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: SAL NUZZO

Title: VP Policy

Address: THE JAMES MADISON INST. 1001 N DUNAL

City: TALL State/Zip: FL 32301

Phone Number: 850 322-9741

Representing: THE JAMES MADISON INST.

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: 7087 Meeting Date: 2/17/16

Fill in appropriate information:  
PCB/PCS/Amendment # or  
Presentation/Workshop Topic: Amend #1 (551279)

Committee/Subcommittee: Health + Human Services

Name: Chris Schoonover

Title: \_\_\_\_\_

Address: 101 E. College Ave Ste. 502

City: Tallahassee State/Zip: FL - 32301

Phone Number: 850-222-9075

Representing: Consumer Health Alliance

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

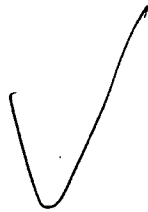




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TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Bill Number 7087 Date 2 11/2016

Name BRIAN PITTS

Title TRUSTEE

Address 1119 NEWTON AVENUE SOUTH

City SAINT PETERSBURG State/Zip FLORIDA/33705

Phone Number 727/897-9291

Representing JUSTICE-2-JESUS

Lobbyist (registered) YES  NO

State Employee YES  NO

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.

		<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/>	Proponent	<input type="checkbox"/> <input type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/> <input type="checkbox"/>
		Information	<input type="checkbox"/> <input checked="" type="checkbox"/>

Subject matter:

Committee/Subcommittee: H H S C



# 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

*Handwritten initials/signature*

Bill Number: 7037 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: ~~Tammy Perdue~~ Chris Chaney

Title: \_\_\_\_\_

Address: 506 N. Adams St

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Representing: Associated Industries of FL

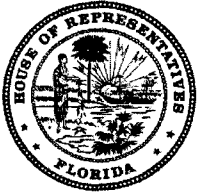
Registered Lobbyist: YES  NO

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

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Type or Print Clearly

*WJH*

Bill Number: 7087 Meeting Date: 2/17/2016

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Stan Whitaker

Title: Nurse Practitioner

Address: 101 E. College Ave.

City: Jacksonville State/Zip: FL 32206

Phone Number: \_\_\_\_\_

Representing: FL Assoc. of Nurse Practitioners

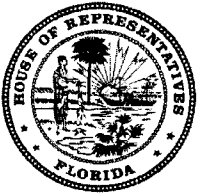
Registered Lobbyist: YES  NO

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

WJS

Bill Number: 7087 Meeting Date: 2/17/2016

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Chris Floyd

Title: Consultant

Address: 101 E. College Ave

City: Jalisco State/Zip: FL 33006

Phone Number: 813-624-5117

Representing: FL Assoc. of Nurse Practitioners

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

Bill Number: HB 7087 Meeting Date: 2/17/16 *JLS*

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Tel-health

Committee/Subcommittee: Health + Human Services

Name: Larry Gonzalez

Title: General Counsel

Address: 223 S. Gadsden ST

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-570-6307

Representing: Florida Occupational Therapy Assn

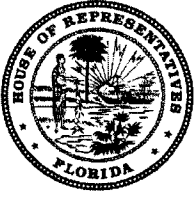
Registered Lobbyist: YES  NO

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

*WJS*

Bill Number: 7087 Meeting Date: 2-17-14

Fill in appropriate information:

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

Committee/Subcommittee: Health and human services

Name: Jon Yaro

Title: \_\_\_\_\_

Address: 210 S. Thornton Ave

City: Orlando State/Zip: FL 32801

Phone Number: 407-383-3470

Representing: Telehealth association of 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

*WJS*

Bill Number: 7087 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: ~~H + HSC~~

Committee/Subcommittee: H + HSC

Name: PAUL LAMBERT

Title: \_\_\_\_\_

Address: 263 Rosehill Drive North

City: Tallahassee State/Zip: FL 32312

Phone Number: 850 597-2696

Representing: Florida Chiropractic 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

WIS

Bill Number: 7097 Meeting Date: 17 Feb 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Mental Health + Substance Abuse

Committee/Subcommittee: Health + Human Services

Name: Mark Fontaine

Title: Executive Director

Address: 2868 Mahan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 878-2196

Representing: Florida Alcohol + Drug Abuse 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"/>	





12439314



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

*WLS*

Bill Number: **CS/HB 7097 : Mental Health and Substance Abuse** Meeting Date: **Feb 17 2016 9:00AM**

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

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

Name: **Hendrickson, Dan**

Title:

Address: **PO Box 1201, 319 E Park Ave**

City: **Tallahassee** State/Zip: **FL 32302**

Phone Number: **8505701967**

Representing: **Big Bend Mental Health Coalition, NAMI Tallahassee**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **No**

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

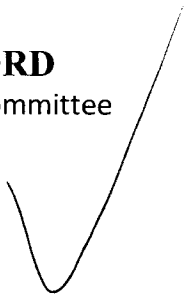
	<b>Bill</b>	<b>Amendment</b>
	<b>Proponent</b>	<b>Proponent</b>



### 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: 7097 Amendment 420117 Meeting Date: 2/17/16

Fill in appropriate information:  
PCB/PCS/Amendment # or  
Presentation/Workshop Topic: Amendment 420117

Committee/Subcommittee: Health & Human Services

Name: Meghan Hoza

Title: \_\_\_\_\_

Address: 225 S. Adams Street

City: Tallahassee State/Zip: FL 32301

Phone Number: (772) 485-0693

Representing: Alzheimer's Community Care

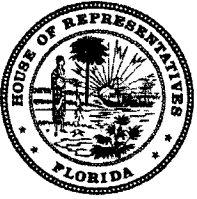
Registered Lobbyist: YES  NO

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 checked="" 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: <sup>HB</sup> 7097 Meeting Date: 8/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: #608531 STRIKE-ALL AMENDMENT

Committee/Subcommittee: HHS

Name: NATALIE KELLY

Title: EXECUTIVE DIRECTOR

Address: 411 E. COLLEGE AVE

City: TAUOHASSEE State/Zip: FL 32301

Phone Number: (850) 570-5747

Representing: FLORIDA ASSOCIATION OF MANAGING ENTITIES

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"/>	



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.

Type or Print Clearly

Bill Number: CS/HB 7097 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: MENTAL HEALTH & SUBSTANCE ABUSE

Committee/Subcommittee: HHS

Name: NATALIE KELLY

Title: EXECUTIVE DIRECTOR

Address: 411 E. COLLEGE AVE

City: TAUOHASSEE State/Zip: FL 32301

Phone Number: (850) 570-5747

Representing: FLORIDA ASSOCIATION OF MANAGING ENTITIES

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

*WKS*

Bill Number: 7097 Meeting Date: 2/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: Health + Human Services

Name: Melaine Brown Woodley

Title: Senior Medical Policy Director

Address: 316 E. Park Avenue

City: Tallahassee State/Zip: 32301

Phone Number: 850-324-6048

Representing: Florida Council Community Mental Health

Registered Lobbyist: YES  NO

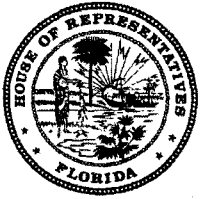
State Employee: YES  NO

*write in support of the delete everything amendment by Rep. Harrell*

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

WLS

Bill Number: 7097 Meeting Date: 17 Feb 16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Mental Health / Substance Abuse

Committee/Subcommittee: HHS

Name: Barney Bishop III

Title: Pres & CEO

Address: 204 S. Monroe St.

City: Tall State/Zip: FL 32301

Phone Number: 577.3032

Representing: Fla. Smart Justice Alliance

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"/>	



# 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: 7097 Meeting Date: 2/17/16 *WLS*

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: THAO LOWREY

Title: VP Governmental Relations

Address: 7720 Washington St.

City: Port Richey State/Zip: FL 34668

Phone Number: 727-992-8508

Representing: OPERATION PAR

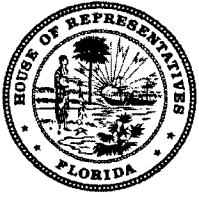
Registered Lobbyist: YES  NO

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

Bill Number: 7097 Meeting Date: 2/17/16 WJS

Fill in appropriate information:

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

Committee/Subcommittee: \_\_\_\_\_

Name: Ron Watson

Title: lobbyist

Address: 3738 Mardon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202

Representing: Mental Health Counselors

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"/>	





### 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

*WKS*

Bill Number: 7097 Meeting Date: 2/17/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: mental health + sub. abuse

Committee/Subcommittee: HHS

Name: Susan Harbin

Title: Legislative Advocate

Address: 100 S. Monroe

City: Tallahassee State/Zip: FL 32303

Phone Number: 770 546-8895

Representing: Florida Association of Counties

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



Bill Number: 4B 307 Meeting Date: 2-17-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS MB w/ HB 1313 #1000

Committee/Subcommittee: Health/ Human SERVICES

Name: JEFF SHARKEY

Title: PRESIDENT

Address: 106 E. COLLEGE AVE SUITE 640

City: MEMPHIS State/Zip: FL 32301

Phone Number: 850-224-1660

Representing: MEDICAL MARIJUANA BUSINESS ASSOCIATION OF FL

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



Bill Number: 1313/307 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PC SMB 1313/307

Committee/Subcommittee: HHS

Name: Jade James

Title: Executive Director

Address: 1375 Cypress Ave

City: Melbourne State/Zip: 32935

Phone Number: 321 890 7302

Representing: Florida Cannabis Action Network

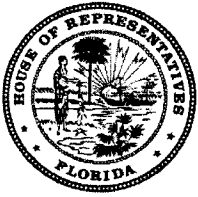
Registered Lobbyist: YES  NO

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 checked="" 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: CS/CS/<sup>HB 307</sup>HB1313 Meeting Date: 2/17/14

Fill in appropriate information:

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

Committee/Subcommittee: HHS

Name: Josephine Cannella-Krehl

Title: Licensed Clinical Social Worker

Address: 3784 Wentworth Way

City: Tallahassee State/Zip: FL 32311

Phone Number: 850-653-6928

Representing: United for Compassion

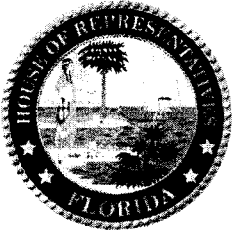
Registered Lobbyist: YES  NO

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 checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	



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

*VJS*

Bill Number 307-1313 Date 2-17-16

Name ROBERT D. WALLACE

Title PRESIDENT

Address 15105 NW 94 AVE

City ATLANTA State/Zip FL 32615

Phone Number 352-219-5825

Representing Chestnut Hill Tree Farm  
CHESTNUT HILL TREE FARM

Lobbyist (registered) YES  NO

State Employee YES  NO

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.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input type="checkbox"/>	Proponent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input type="checkbox"/>

Subject matter: Medical Use of Cannabis

Committee/Subcommittee: Health & Human Services Committee



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 307 / 1313 Date 2/17/2016

Name BRIAN PITTS

Title TRUSTEE

Address 1119 NEWTON AVENUE SOUTH

City SAINT PETERSBURG State/Zip FLORIDA/33705

Phone Number 727/897-9291

Representing JUSTICE-2-JESUS

Lobbyist (registered) YES  NO

State Employee YES  NO

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.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input checked="" type="checkbox"/>	Proponent	<input type="checkbox"/>	<input type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Subject matter:

Committee/Subcommittee:

H HSC



# 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: 1313 Meeting Date: 17 Feb 16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: LOW THC

Committee/Subcommittee: HHS

Name: Barney Bishop III

Title: Pres & CEO

Address: 204 S. Monroe

City: Tall State/Zip: FL 32301

Phone Number: 577-3032

Representing: Fla. Smart Justice Alliance

Registered Lobbyist: YES  NO

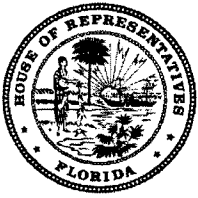
State Employee: YES  NO

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"/>	



# 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: 307 Meeting Date: 2/17/16

Fill in appropriate information:

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

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Name: JEFF KORTKAMP

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Representing: ALTMED

Registered Lobbyist: YES  NO

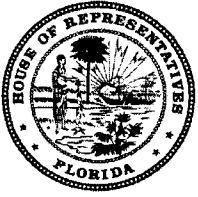
State Employee: YES  NO

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

*WLS*

Bill Number: HB 307 Meeting Date: 2/17/2016

Fill in appropriate information:

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

Committee/Subcommittee: Health & Human Services

Name: Jason Pennell

Title: COO

Address: 6749 Ben Bestie Rd

City: Quincy State/Zip: FL 32355

Phone Number: 850 544 5284

Representing: Hackney Nursery  
Hackney Nursery

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

WKS

Bill Number: HB 307 Meeting Date: 2/17/2016

Fill in appropriate information:

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

Committee/Subcommittee: Health & Human Services

Name: Kim Rivers

Title: Board Member

Address: 6749 Ben Basal Rd

City: Quincy State/Zip: FL 32351

Phone Number: \_\_\_\_\_

Representing: Hackney Nursery

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: 307/1313 Meeting Date: 2/17

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

Committee/Subcommittee: Health Care

Name: Louis Rotundo

Title: \_\_\_\_\_

Address: 302 Pinestraw Circle

City: Altamonte Springs State/Zip: 32714

Phone Number: 407-689-9361

Representing: Florida Medical Cannabis 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"/>	



# 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: PCS307 Meeting Date: 2/17/2016

Fill in appropriate information:

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

Committee/Subcommittee: Health & Human Services

Name: Jorge Chamizo

Title: Attorney

Address: 108 South Monroe Street

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 681-0024

Representing: KNOX Nursery

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

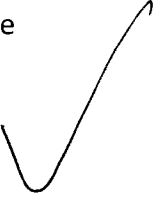
Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



### 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: 307/1313 Meeting Date: 2/17/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Right to Try

Committee/Subcommittee: \_\_\_\_\_

Name: Ron Watson

Title: Lobbyist

Address: 3738 Murdon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202

Representing: Alt Med

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"/>	