



Health Care Appropriations Subcommittee

**Tuesday, January 21, 2020
12:30 pm – 2:30 pm
Sumner Hall (404 HOB)**

ACTION PACKET

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/21/2020 12:30PM

Location: Sumner Hall (404 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
MaryLynn Magar (Chair)	X		
Loranne Ausley	X		
Colleen Burton	X		
Nicholas Duran	X		
James Grant			X
Michael Grieco	X		
Shevrin Jones	X		
Cary Pigman	X		
Spencer Roach	X		
Ana Maria Rodriguez	X		
Bob Rommel	X		
Cyndi Stevenson	X		
Totals:	11	0	1

Committee meeting was reported out: Tuesday, January 21, 2020 4:32PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/21/2020 12:30PM

Location: Sumner Hall (404 HOB)

HB 309 : Prohibited Acts by Health Care Practitioners

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley	X				
Colleen Burton	X				
Nicholas Duran	X				
James Grant			X		
Michael Grieco	X				
Shevrin Jones	X				
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson			X		
MaryLynn Magar (Chair)	X				
Total Yeas: 10		Total Nays: 0			

Appearances:

Lyon, Chris (Lobbyist) - Opponent
 FI Association of Nurse Anesthetists
 Attorney
 315 S. Calhoun St., Suite 830
 Tallahassee FL 32309
 Phone: (850) 222-5702

Young, Amy (Lobbyist) - Waive In Support
 Florida Society of Ophthalmology
 1400 Centrepark Blvd Ste 1010
 West Palm Beach FL 33401
 Phone: (561) 253-3232

Whitaker, Stan (General Public) - Waive In Opposition
 FL Association of Nurse Practitioner
 6294 NW Torreya Pk Rd
 Bristol FL 32321
 Phone: (850) 545-8301

Joseph, Rohan (General Public) - Waive In Support
 Florida Chapter, American College of Surgeons
 2626 Care Drive
 Tallahassee FL 32308

Nuland, Chris (Lobbyist) - Waive In Support
 Florida Chapter, American College of Physicians
 1000 Riverside Avenue
 Jacksonville Florida 32204
 Phone: 904-355-1555

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COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/21/2020 12:30PM

Location: Sumner Hall (404 HOB)

HB 309 : Prohibited Acts by Health Care Practitioners (continued)

Appearances: (continued)

Sell, Brence (General Public) - Proponent
Florida Society of Anesthesiologists
4770 Buckhead Court
Tallahassee FL 32309
Phone: 8505562897

Scott, Jeff (Lobbyist) - Waive In Support
Florida Medical Association
1430 E. Piedmont Dr.
Tallahassee FL 32308
Phone: (850) 224-6496

Langford, Vernon - Waive In Opposition
Florida Coalition of ADVANCE Nurses
Co-Chair
253 River Chase Drive
Orlando FL 32807
Phone: 313-522-9468

Winn, Stephen (Lobbyist) - Waive In Support
Florida Osteopathic Medical Association
1424 Ox Bottom Rd
Tallahassee FL 32312
Phone: (850) 878-3056

Committee meeting was reported out: Tuesday, January 21, 2020 4:32PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>309</u>	
Amendment Barcode Number: _____	

Name: Chris Lyon

Representing: Florida Association of Nurse Anesthetists

Title: _____

Address: 315 S. Calhoun St., Suite 830

City: Tallahassee State/Zip: FL 32309

Phone Number: 850/222-5702 Meeting Date: 1/21/20

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill/PCS/PCB Number: HB 309

Amendment Barcode Number: _____

Name: AMY YOUNG

Representing: FL SOCIETY OF OPTHALMOLOGY

Title: _____

Address: 3609 Washington Road

City: West Palm Beach State/Zip: _____

Phone Number: 561-310-8137 Meeting Date: _____

Committee/Subcommittee: H HC Appropri's

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I wish to speak WAIVE IN SUPPORT

Appearing in response to an inquiry for information made by member, committee, or staff

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only

w/o



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>309</u>			
Amendment Barcode Number: _____			

Name: Stan Whitaker

Representing: FLANP

Title: Gov. Government Affairs

Address: 6294 NW Toneya pk Rd

City: Bristol State/Zip: FL 32821

Phone Number: 852-545-8301 Meeting Date: 12/15/2020

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>309</u>			
Amendment Barcode Number: _____			

Name: Rohan A. Joseph, MD

Representing: Florida Chapter, American College of Surgeons

Title: _____

Address: 2626 Case Drive, Suite 206

City: Tallahassee State/Zip: FL 32312

Phone Number: 850-545-4953 Meeting Date: 1/21/20

Committee/Subcommittee: Health Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment

Bill/PCS/PCB Number: 309

Amendment Barcode Number: _____

Name: Chris Noland

Representing: Florida Chapter, American College of Physicians

Title: _____

Address: 4427 Herschel St

City: Jacksonville, State/Zip: FL 32210

Phone Number: 904-233-3051 Meeting Date: 1/21/20

Committee/Subcommittee: Health Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



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w/g



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 309 : Prohibited Acts by Health Care Practitioners Amendment Barcode Number: N/A
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Name: **Sell, Brence**

Representing: **Florida Society of Anesthesiologists**

Title: **Doctor**

Address: **4770 Buckhead Court**

City: **Tallahassee** State/Zip: **FL 32309**

Phone Number: **8505562897** Meeting Date: **January 21, 2020 12:30 PM**

Committee/Subcommittee: **Health Care Appropriations Subcommittee**

Presentation/Workshop Topic: **N/A**

<input type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input checked="" type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input type="checkbox"/> Appearing in response to an inquiry for information made by member, committee or staff <input type="checkbox"/> Appearing at the written request of the chair <input type="checkbox"/> Judge or elected officer appearing in official capacity <input type="checkbox"/> Lobbyist Appearance Form Submitted	<table border="1"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td>Proponent</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td>N/A</td> </tr> </table>	<u>Bill</u>	Proponent	<u>Amendment</u>	N/A
<u>Bill</u>					
Proponent					
<u>Amendment</u>					
N/A					

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>309</u>			
Amendment Barcode Number: _____			

Name: Jeff Scott

Representing: Florida Medical Association

Title: _____

Address: 1430 Piedmont Dr. E.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 251-2439 Meeting Date: 1/21/20

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/o

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>309</u>			
Amendment Barcode Number: _____			

Name: Vernon Langford

Representing: Florida Coalition of Advanced Practice Nurses

Title: Co-Chair

Address: 253 River Chase Drive

City: Orlando State/Zip: FL / 32807

Phone Number: 313-522-9468 Meeting Date: _____

Committee/Subcommittee: Health Care Appropriation Subcommittee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
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- Lobbyist Appearance form submitted online

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Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		309	
Amendment Barcode Number: _____			

Name: Steve Winn

Representing: F O M A

Title: Executive Director

Address: _____

City: Tallahassee State/Zip: _____

Phone Number: _____ Meeting Date: 1-21

Committee/Subcommittee: HCA

Presentation/Workshop Topic: Health Care Practitioners

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

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Bill: Proponent Opponent Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
1/21/2020 12:30PM

Location: Sumner Hall (404 HOB)

HB 471 : Council on Physician Assistants

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley	X				
Colleen Burton	X				
Nicholas Duran	X				
James Grant			X		
Michael Grieco	X				
Shevrin Jones	X				
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson			X		
MaryLynn Magar (Chair)	X				
	Total Yeas: 10	Total Nays: 0			

Appearances:

Gerbert, Deborah - Waive In Support
 Florida Academy of Physician Assistants, Inc.
 Co-Chair
 101 Abmone NW
 Ponte Verda Beach FL 32082
 Phone: 904-955-4381

Committee meeting was reported out: Tuesday, January 21, 2020 4:32PM

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment
 Bill/PCS/PCB Number: 471
 Amendment Barcode Number: _____

Name: Deborah Gerbert

Representing: Florida Academy of PTAs

Title: Co-chair, Legislative & governmental Affairs Cte

Address: 101 Abalone Ln W

City: Ponte Vedra Beach State/Zip: FL 32082

Phone Number: 904-955-4381 Meeting Date: 1/21/2020

Committee/Subcommittee: Healthcare Appropriations Subcommittee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO
 State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
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Bill: Proponent Opponent Waive in Support Waive in Opposition Info only
 Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

1/21/2020 12:30PM

Location: Sumner Hall (404 HOB)

HB 485 : Athletic Trainers

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Loranne Ausley	X				
Colleen Burton	X				
Nicholas Duran	X				
James Grant			X		
Michael Grieco	X				
Shevrin Jones	X				
Cary Pigman	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson			X		
MaryLynn Magar (Chair)	X				
Total Yeas: 10		Total Nays: 0			

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