

Health Care Appropriations Subcommittee

Tuesday, February 4, 2020 12:00 pm – 3:00 pm Sumner Hall (404 HOB)

ACTION PACKET

Health Care Appropriations Subcommittee

2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)

Summary:

Health Care Appropriations Subcommittee

Tuesday February 04, 2020 12:00 pm

HB 163 Favorable	Yeas:	10	Nays:	0
HB 559 Favorable	Yeas:	11	Nays:	0
CS/HB 767 Favorable	Yeas:	8	Nays:	0
HB 833 Favorable	Yeas:	11	Nays:	0
CS/HB 945 Favorable	Yeas:	11	Nays:	0
HB 1183 Favorable	Yeas:	11	Nays:	0
HB 1273 Favorable	Yeas:	12	Nays:	0
HB 1341 Favorable	Yeas:	12	Nays:	0
HB 1443 Favorable	Yeas:	6	Nays:	2
HB 6031 Favorable	Yeas:	11	Nays:	0

Health Care Appropriations Subcommittee

2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)

Attendance:

	Present	Absent	Excused
MaryLynn Magar (Chair)	х		
Loranne Ausley	X		
Colleen Burton	X		
Nicholas Duran	X		
James Grant	X		
Michael Grieco	X		
Shevrin Jones	X		
Cary Pigman	X		
Spencer Roach	х		
Ana Maria Rodriguez	X		
Bob Rommel	X		
Cyndi Stevenson	х		
Totals:	12	0	0

Health Care Appropriations Subcommittee

2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 163: Homelessness

X Favorable

Total Yeas: 10	Total Nays: 0			
X				
X				
		X		
X				
X				
X				
X				
X				
		X		
X				
X				
X				
7ea	Ivay	No vote	Yea	Absentee Nay
	X X X X X X X	X X X X X X X X	X X X X X X X X X X X X X X X X X X X	Yea X X X X X X X X X X X X X

Appearances:

Beck, Robert (Lobbyist) - Waive In Support Florida Coalition for the Homeless 150 S. Monroe St., Suite 303 Suite 303 Tallahassee FL 32301 Phone: (850) 766-1410

Graham, Tonnette (Lobbyist) - Waive In Support Florida Association of Counties 100 S Monroe St Tallahassee FL 32301-1530 Phone: (850) 922-4300

Davidson, Heather (Lobbyist) - Waive In Support United Way of Broward County 1300 S Andrews Ave Fort Lauderdale FL 33316-1838 Phone: (954) 308-9277

Reed, Jordan - Waive In Support National Association for Social Workers Florida Legislative Intern





1111	Bill Amendment	
	Bill/PCS/PCB Number: <u>HB 163</u>	
	Amendment Barcode Number:	
Name: Robert Be	ck	
Representing: FLoRibA	Coalition to END Homelessn	iess
Title:		
Address: 150 S. M	lourses st. Suite 303	
City: Tallahassee	State/Zip:F_L_3	32301
Phone Number: 766	1410 Meeting Date: 2/4	-/20
Committee/Subcommittee:	ouse Healthcare Appropria	tions
Presentation/Workshop Topic:	Homeless Programs	
Registe	ered Lobbyist: YES NO	
State E	Employee: YES NO NO	
Appearing in response to subpose	est of the chair ring in official capacity	
Lobbyist Appearance form subn	mitted online	
(If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the	bill as a whole.)
Bill: Proponent Oppon	nent Waive in Support Waive in Opposition	Info only
Amendment: Proponent Oppon	nent Waive in Support Waive in Opposition	Info only





CORIDA	
	Bill / Amendment Bill/PCS/PCB Number: 163
	Amendment Barcode Number:
Name: Tonnette to	ne-Net Graham
Representing: +	Association of Counties
Title: Assoc. Direct	or of Public Policy
Address: 100 5. Mo	norce Street
City: Talahassa	State/Zip: FL, 3230)
Phone Number: 850 9	22.4300 Meeting Date: 2.4.2020
Committee/Subcommittee:	tealth Care Appro-
Presentation/Workshop Topic:	Homelessness
Regist	ered Lobbyist: YES NO
State I	Employee: YES NO V
I wish to speak	
	quiry for information made by member, committee, or staff
Appearing in response to subpo	
Appearing at the written reque	
Judge or elected officer appear Lobbyist Appearance form subr	
Lobbyist Appearance form subi	mitted omine
If you are testifying on an amendment, ple	ase also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppon	ent Waive in Support Waive in Opposition Info only





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

PORTON
Bill Amendment
Bill/PCS/PCB Number: 163
Amendment Barcode Number:
Name: Heather Davidson
Representing: United Way of Broward County
Title: Director, Public Policy
Address: 1300 S. Andrews Ave.
city: Fort Lauderdale State/Zip: FC 333/6
Phone Number: 954 308 9277 Meeting Date: 2/4/20
Committee/Subcommittee: Health care Approps
Presentation/Workshop Topic: Howelessness
Registered Lobbyist: YES NO 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

MR

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



CORIDA	
	Bill Amendment
	Bill/PCS/PCB Number: 143
	Amendment Barcode Number:
Name: Jordan Reel	
Representing: NAtional A	esociation of Social Workers Florida
Title: Legis afive Ind	er N
Address:	
City:	State/Zip:
Phone Number:	Meeting Date:
Committee/Subcommittee:	
Presentation/Workshop Topic:	
Tresentation, workshop Topic.	'
Registe	ered Lobbyist: YES NO
State E	Employee: YES NO
I wish to speak	
	uiry for information made by member, committee, or staff
Appearing in response to subpo	
Appearing at the written reque	st of the chair
Judge or elected officer appear	ng in official capacity
Lobbyist Appearance form subr	nitted online
(If you are testifying on an amendment, ple	ase also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppon	
Amendment: Proponent Oppon	ent Waive in Support Waive in Opposition Info only

Health Care Appropriations Subcommittee 2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 559: Institutional Formularies Established by Nursing Home Facilities

X Favorable

	Total Yeas: 11	Total Nays:	0		
MaryLynn Magar (Chair)	X				
Cyndi Stevenson	X				
Bob Rommel	X				
Ana Maria Rodriguez	X				
Spencer Roach	X				
Cary Pigman	X				
Shevrin Jones	X				
Michael Grieco	X				
James Grant			X		
Nicholas Duran	X				
Colleen Burton	X				
Loranne Ausley	X				
		,		Yea	Nay
	Yea	Nay	No Vote	Absentee	Absentee

Appearances:

Cruz, Carlos (Lobbyist) - Waive In Support Polaris Pharmacy Services 307 W Park Ave. Suite 101 Tallahassee FL 32301 Phone: (904) 214-5724

Bloom, Elaine - Waive In Support Florida Health Care Association President CEO / Plaza Health Network 16855 NE 2nd Ave., Ste,. N 400 North Miami Beach FL 33162

Phone: 305-917-0400





FLORIDA			Í
	Bill Bill/PCS/PCB Number: _	Amendment 559	
	Amendment Barcode Nun	nber:	
Name: Arlos C	S Pharman	a Spanne	
Representing: 101016	onsultant	y DUIVICE	
Address: 307 V	V. PANK A	VC	
City: Tallah	a59ee	State/Zip:	32301
Phone Number:904 -	214-5724	Meeting Date:	-4-2020
Committee/Subcommittee:	Health Care	Appropriation	US_
Presentation/Workshop Topic:	Institution	enal Formi	ulary
Regist	ered Lobbyist: YES	NO	
State E	Employee: YES	NO X	
I wish to speak Appearing in response to an inc Appearing in response to subpo Appearing at the written reque Judge or elected officer appear Lobbyist Appearance form subr	pena st of the chair ing in official capacity	member, committee, or sta	aff
(If you are testifying on an amendment, ple		a proponent or opponent on	the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support	Waive in Opposition	Info only
Amendment: Proponent Oppon	ent Waive in Support	Waive in Opposition	Info only





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

CONTON TO THE PROPERTY OF THE
Bill Amendment
Bill/PCS/PCB Number: 5.59
Amendment Barcode Number:
Name: El Aire Bloom
Representing: Florida Health Cave Association
Title: President CEO/Plaza Health Network
Address: 16855 NE 7ND AVE St. N400
City: N Migni Reach State/Zip: 33162
Phone Number: 305-917-0400 Meeting Date: 2/4/20
Committee/Subcommittee: House Hes the Care Appropriation
Presentation/Workshop Topic: Norsing Home Formulary
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

Health Care Appropriations Subcommittee

2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)
CS/HB 767: Assisted Living Facilities

X

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Loranne Ausley	X				
Colleen Burton	Х				
Nicholas Duran	X				
James Grant			X		
Michael Grieco	X				
Shevrin Jones			X		
Cary Pigman			X		
Spencer Roach	X				
Ana Maria Rodriguez	X				
Bob Rommel			Х		
Cyndi Stevenson	Х				
MaryLynn Magar (Chair)	X				
	Total Yeas: 8	Total Nays: ()		

Appearances:

Barker, Dorene (Lobbyist) - Waive In Support AARP Associate State Director 215 S Monroe St Suite #603 Tallahassee FL 32301 Phone: (850) 288-6387

Parson, Timothy (Lobbyist) - Waive In Support Florida Assisted Living Association Po Box 390

Tallahassee FL 32302-0390 Phone: (850) 910-2678

Anderson, Susan (Lobbyist) - Waive In Support

LeadingAge Florida 1812 Riggins Road Ste 1 Tallahassee FL 32308 Phone: (850) 702-0306

Hand, Jason (Lobbyist) - Waive In Support Florida Senior Living Association 2292 Wednesday St Suite 1 Tallahassee FL 32308-8312

Phone: (850) 570-8825

Henderson, Cynthia (Lobbyist) - Waive In Support Atria Senior Living Group c/o MultiState Associates 108 E Jefferson St Ste A Tallahassee FL 32301

Phone: (850) 210-5385

Health Care Appropriations Subcommittee

2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 833 : Program of All-Inclusive Care for the Elderly

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Loranne Ausley	X				
Colleen Burton	X				
Nicholas Duran	X				
James Grant			X		
Michael Grieco	X				
Shevrin Jones	X				
Cary Pigman	X				
Spencer Roach	х				
Ana Maria Rodriguez	X				
Bob Rommel	X				
Cyndi Stevenson	X				
MaryLynn Magar (Chair)	X				
	Total Yeas: 11	Total Nays:	0		

Appearances:

Barker, Dorene (Lobbyist) - Waive In Support AARP Associate State Director 215 S Monroe St Suite #603 Tallahassee FL 32301

Phone: (850) 510-3145





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

Ploning		
	Bill Amendment	
	Bill/PCS/PCB Number: HB 767	
	Amendment Barcode Number:	
Name: Dorene Bar	Ker	
Representing: AARP FI	L	
Title: ASSOCIAL SI	Tate Director	
Address: 215 5 MM	A 1	
City: Jall	State/Zip: FL 32308	
Phone Number: 288-6	387 Meeting Date: Feb 4 7070	
Committee/Subcommittee:	Level Care Appros	
Presentation/Workshop Topic:	Assisted Living Facilities	
	ered Lobbyist: YES NO NO	
State E	Employee: YES NO NO	
I wish to speak Appearing in response to an inq Appearing in response to subpo	uiry for information made by member, committee, or staff	
Appearing at the written reques		
Judge or elected officer appearing	ng in official capacity	
Lobbyist Appearance form subm	nitted online	
If you are testifying on an amendment, plea	ase also indicate your position as a proponent or opponent on the bill as a whole.)	
Bill: Proponent Oppone	ent Waive in Support Waive in Opposition Info only	
Amendment: Proponent Oppone	ent Waive in Support Waive in Opposition Info only	



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

Florida
Bill Amendment Bill/PCS/PCB Number: 767
Amendment Barcode Number:
Name: Tim Parson
Representing: Florida Assisted Living Association
Title:
Address: 113 E. College Ave.
City: Tallahassoe State/Zip: El/3230/
Phone Number: $850 - 910 - 2678$ Meeting Date: $2/4/2020$
Committee/Subcommittee: Health Care Appropriations Suscernettee
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/5

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



CORIDA	
	Bill Amendment Bill/PCS/PCB Number:
	Amendment Barcode Number:
Name: Jeson Han	<i>f</i>
Representing: Florida	Senior Living Association
	of Public Policy
	Insder Street Suntal
City: Tallanassu	State/Zip: F2 32308
Phone Number: 850-44	3-0024 Meeting Date: F15 4, 2020
Committee/Subcommittee:	edth Care Approp Subcommitte
Presentation/Workshop Topic: _	
Regist	ered Lobbyist: YES NO
State	Employee: YES NO
Appearing in response to subpose	est of the chair ring in official capacity mitted online
	ease also indicate your position as a proponent or opponent on the bill as a whole.)
	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only





(August)			-
	Bill Bill/PCS/PCB Number:	Amendment 0767	
	Amendment Barcode Nu	mber:	
Name: Curtlua He	inderson		
Representing:	Dr. LIVING		
Title:	O		
Address: 108 E. Vel	Derson St		
City: Jallahass	وا	State/Zip: 3230	01
Phone Number:		Meeting Date: 2	4/2020
Committee/Subcommittee:	HC. Approp	50	
Presentation/Workshop Topic:	ALF		
Registo	ered Lobbyist: YES	NO 🗌	
State E	Employee: YES	NO 🗌	
I wish to speak Appearing in response to an incomplete Appearing in response to subpose Appearing at the written requese Judge or elected officer appearing Lobbyist Appearance form subremarks.	pena st of the chair ing in official capacity	member, committee, or st	aff
If you are testifying on an amendment, ple			
Bill: Proponent Oppon	nent Waive in Support	Waive in Opposition	Info only
Amendment: Proponent Oppon	ent Waive in Support	Waive in Opposition	Info only



Bill Amendment Bill/PCS/PCB Number: HB833
Amendment Barcode Number:
Name: Dorene Barker
Representing: AARP FL
Title: Associate State Direct
Address: 215 5 Monrae St, Sut 673
City: July State/Zip: F2 3230 Y
Phone Number: $28-6387$ Meeting Date: $2/4/20$
Committee/Subcommittee: Houtho Come Books
Presentation/Workshop Topic: PACE
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

Health Care Appropriations Subcommittee

2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)
CS/HB 945 : Children's Mental Health

X

Favorable

	Total Yeas: 11	Total Nays: (0		
MaryLynn Magar (Chair)	X				
Cyndi Stevenson	X				
Bob Rommel	Х				
Ana Maria Rodriguez	X				
Spencer Roach	X				
Cary Pigman	X				
Shevrin Jones	X				
Michael Grieco	X				
James Grant			X		
Nicholas Duran	X				
Colleen Burton	X				
Loranne Ausley	X				
	Yea	Nay	No Vote	Absentee Yea	Absentee Nay

Appearances:

Children's Mental Health

Wiggins, Kristina (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support

Florida Public Defender Association, Inc

103 N Gadsden St Suite 115

Tallahassee FL

Phone: (850) 488-6850

Kelly, Natalie (Lobbyist) - Proponent

Florida Association of Managing Entities

Po Box 923

Tallahassee FL 32302-0923

Phone: (850) 570-5747

Stern, Eric - Opponent

Florida PTA

Legislative Committee Team Member

1747 Central Pkwy

Orlando FL 32809

Phone: 800-373-5782

Lieberman, Asher (General Public) - Proponent

2675 S Bayshore Miami FL 33133

Phone: 305-345-1176

Grodin, Genna (General Public) - Proponent

325 Meridian Avenue Apt 16 Miami Beach FL 33139

Phone: 3054504469

Health Care Appropriations Subcommittee 2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)

CS/HB 945 : Children's Mental Health (continued)

Appearances: (continued)

Dreiling, Jolie (General Public) - Information Only 580 Lakeview Drive Miami Beach FL 33140

Phone: 3054501759



90731429



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

The state of the s			
		~	Bill Amendment
		Bill Number: Health	CS/HB 945 : Children's Mental
		Amendment :	Barcode Number: N/A
Name:	Wiggins, Kristina		
Representing:	Florida Public Defender Assoc	ciation, Inc	
Title:			
Address:	103 N Gadsden St, Suite 115		
City:	Tallahassee	State/Zip:	FL
Phone Number:	(850) 488-6850	Meeting Date:	February 04, 2020 12:00 PM
Committee/Sub	committee: Health Care A	appropriations Subco	mmittee
Presentation/Wo	orkshop Topic: Children's Me	ental Health	
Registered Lo	obbyist		Bill
State Employ			Waive In Support
☐ I Wish To Sp			Amendment
Appearing in	response to subpoena		N/A
☐ Appearing in	response to an inquiry for in	formation made by	member, committee or staff
☐ Appearing at	the written request of the ch	air	
	ted officer appearing in offic	ial capacity	
Lobbyist App	pearance Form Submitted		





AUROLA	
	Bill Amendment
	Bill/PCS/PCB Number: 945
	Amendment Barcode Number:
Name: NATALIE	ELLY
Representing: FLORIDA /	ASSOCIATION OF MANAGING ENTITIES
Title: CEO	
Address: 122 S CACH	OUN STREET
City: TALLAHASSEE	State/Zip: Ft 32301
Phone Number: 850 57	0 5747 Meeting Date: 2 3 20
Committee/Subcommittee:	HIS Approps
Presentation/Workshop Topic:	CHUSEN MENTA HEACH
Regist	ered Lobbyist: YES NO
State E	Employee: YES NO
I wish to speak Appearing in response to an inc	quiry for information made by member, committee, or staff
Appearing in response to subpo	
Appearing at the written reque	st of the chair
Judge or elected officer appear	ing in official capacity
Lobbyist Appearance form subr	nitted online
If you are testifying on an amendment, ple	ase also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppon	ent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppon	ent Waive in Support Waive in Opposition Info only



	Bill Amendment			
	Bill/PCS/PCB Number: 945			
	Amendment Barcode Number:			
Name: Eric Ste				
Representing: Florida	PTA			
Title: Legislative	Connittee Tean Member			
Address: 1747	Certal Pkmy			
city: Orlando	State/Zip: FL 329 09			
Phone Number: 800 - 2	573 - 5782 Meeting Date: 2/4/20			
Committee/Subcommittee: He	eath Care Appropriations			
Presentation/Workshop Topic: _	Childrens Mertal Health			
Regist	ered Lobbyist: YES NO NO			
State I	Employee: YES NO			
I wish to speak				
Appearing in response to an inc	quiry for information made by member, committee, or staff			
Appearing in response to subpo	pena			
Appearing at the written request of the chair				
	Judge or elected officer appearing in official capacity			
Lobbyist Appearance form subr	nitted 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 Oppor	nent Waive in Support Waive in Opposition Info only			
Amendment: Proponent Oppon	nent Waive in Support Waive in Opposition Info only			





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

			Bill L Amendment
		Bill Number	: 0945 : Children's Mental Health
		Amendment	: N/A
Name:	Asher Lieberman		
Representing:			
Title:			
Address:	2675 S Bayshore		
City:	Miami	State/Zip:	FL 33133
Phone Number:	305-345-1176	Meeting Date:	February 04, 2020 12:00 PM
Committee/Subo	committee: Health	Care Appropriations Subco	mmittee
Presentation/Wo	orkshop Topic: N/A		
Registered Lo	obbyist		Bill
☐ State Employ	ee		Proponent
✓ I Wish To Speak Amendment			
Appearing in response to subpoena N/A			
☐ Appearing in	response to an inquiry	for information made by	member, committee or staff
Appearing at	the written request of t	the chair	
☐ Judge or elect	ted officer appearing ir	official capacity	
Lobbyist App	earance Form Submitt	ed	





Please fill out the $\frac{\text{entire}}{\text{administrative}}$ form and submit two copies to the committee/subcommittee

		✓	Bill Amendment
		Bill Number:	0945 : Children's Mental Health
		Amendment:	N/A
Name:	Genna Grodin		
Representing:			
Title:			
Address:	325 Meridian Avenue	e, Apt 16	
City:	Miami Beach	State/Zip:	FL 33139
Phone Number:	3054504469	Meeting Date:	February 04, 2020 12:00 PM
Committee/Sub	committee: Healt	th Care Appropriations Subcor	mmittee
Presentation/Wo	orkshop Topic: N/A		
Registered Lo	*		Bill
State Employ			Proponent
☑ I Wish To Sp			Amendment
	response to subpoen		N/A
parrieg .	177		member, committee or staff
— **	the written request of		
	ted officer appearing		
Lobbyist App	earance Form Subm	itted	





Please fill out the $\frac{\text{entire}}{\text{administrative}}$ form and submit two copies to the committee/subcommittee

				Bill L Amendment
		E and the second		0945 : Children's Mental Health
		Amen	dment:	N/A
Name:	Jolie Dreiling			
Representing:				
Title:				
Address:	580 Lakeview Dr	/e		
City:	Miami Beach	State/Zip	:	FL 33140
Phone Number:	3054501759	Meeting 1	Date:	February 04, 2020 12:00 PM
Committee/Sub	committee: I	ealth Care Appropriation	s Subco	mmittee
Presentation/Wo	orkshop Topic: N	'A		
Registered Lo	•			Bill Bill
State Employ				Info Only
✓ I Wish To Sp			N/A Amendment	
_ ``	response to subp		a d a 1a	
	-		aue by	member, committee or staff
	the written reque	ing in official capacity		
gelintensity	earance Form S			
Loooyisi Apt	carance roini S	Ullitied		

Health Care Appropriations Subcommittee

2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 1183 : Home Medical Equipment Providers

X Favorable

	Total Yeas: 11	Total Nays: 0	i.		
MaryLynn Magar (Chair)	X				
Cyndi Stevenson	X				
Bob Rommel	X				
Ana Maria Rodriguez	X				
Spencer Roach	X				
Cary Pigman	X				
Shevrin Jones	X				
Michael Grieco	X				
James Grant			X		
Nicholas Duran	X				
Colleen Burton	X				
Loranne Ausley	X				
	Yea	Nay	No Vote	Absentee Yea	Absentee Nay

Appearances:

Herbert, Jack (Lobbyist) - Proponent Fla. Chiropractic Assn. Government Affairs Director 2655 Ulmerton Road, #276 Clearwater FL 33762

Phone: 727-560-3323



	Bill Amendment			
	Bill/PCS/PCB Number: <u>HB 1183</u>			
	Amendment Barcode Number:			
Name: JACK HE	BERT			
Representing: FLA - (CHIROPRACTIC ASSN.			
Title: GOVT A	FFAIRS DIR.			
Address: 265 U	LIMERTON RD #276			
City: CLEARY	WATER State/Zip: FL 33762			
Phone Number: 727-50	60-3323 Meeting Date: 2 - 4-2020			
Committee/Subcommittee:	HC APTROPS SUB			
Presentation/Workshop Topic: _	TENS UNIT DISPENSING			
Regist	ered Lobbyist: YES NO			
State I	Employee: YES NO			
I wish to speak				
Appearing in response to an inc	quiry for information made by member, committee, or staff			
Appearing in response to subpo				
Appearing at the written reque	st of the chair			
Judge or elected officer appearing in official capacity				
Lobbyist Appearance form subr	mitted online			
(If you are testifying on an amendment, ple	ase also indicate your position as a proponent or opponent on the bill as a whole.)			
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only			
Amendment: Proponent Oppon	ent Waive in Support Waive in Opposition Info only			

Health Care Appropriations Subcommittee 2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 1273: Dentistry and Dental Hygiene

X Fa

Favorable

	Total Yeas: 12	Total Nays: 0	<u> </u>		
MaryLynn Magar (Chair)	X				
Cyndi Stevenson	X				
Bob Rommel	X				
Ana Maria Rodriguez	X				
Spencer Roach	X				
Cary Pigman	X				
Shevrin Jones	X				
Michael Grieco	X				
James Grant	X				
Nicholas Duran	X				
Colleen Burton	X				
Loranne Ausley	X				
	760	IVay	700 0016	Yea	Nay
	Yea	Nay	No Vote	Absentee	Absentee

Appearances:

Horn, Bruce Dr. - Proponent WREB Director of Dental 23460 N 19th Ave. Phoenix AZ 85027

Phone: 518-361-8618

Cole, Beth - Proponent WREB CEO 23460 N 19th Ave. Phoenix AZ 85027

Phone: 623-209-5411



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

Amendment

	Bill/PCS/PCB Number:	1273	
	Amendment Barcode N	umber:	
Name:	ruce	Hon	
Representing: WRE	= 13 (1	xcms
Title: 23460	N (24)	- Aue	
Address:	34		
City: Ohoen	.74	State/Zip: 42	85017
Phone Number: < 18 3	61 3618	Meeting Date: 2	14/20
Committee/Subcommittee:	Haulth	(re Appr	000
Presentation/Workshop Topic:			
	ered Lobbyist: YES	NO NO	
I wish to speak Appearing in response to an incomplete Appearing in response to subposition Appearing at the written requesion Judge or elected officer appears Lobbyist Appearance form subriging in response to subposition in the subriging in response to subposition in the subriging in response to an incomplete in response to an incomplete in the subriging in response to subposition in the subriging in the	pena st of the chair ing in official capacity	ογ member, committee, or sta	aff
(If you are testifying on an amendment, ple	ase also indicate your position	as a proponent or opponent on	the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support	Waive in Opposition	Info only
Amendment: Proponent Oppon	ent Waive in Support	Waive in Opposition	Info only



	Bill / Amendment
	Bill/PCS/PCB Number: 1273
	Amendment Barcode Number:
	/ Internal February
Name: Beth	Cole
Representing: WRE	3
Title: CEO	
Address:	DN 19th BAL
City: Phoen:	State/Zip: <u>A 2 8 5 02 7</u>
Phone Number: 623	209 5+11 Meeting Date: 2 4 20
Committee/Subcommittee:	Heelth Care Sporopa
Presentation/Workshop Topic:	·
Registo	ered Lobbyist: YES NO
State B	Employee: YES NO
I wish to speak	
Appearing in response to an inc	uiry for information made by member, committee, or staff
Appearing in response to subpo	ena
Appearing at the written reque	st of the chair
Judge or elected officer appear	ng in official capacity
Lobbyist Appearance form subr	nitted online
If you are testifying on an amendment, ple	ase also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppon	ent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppon	ent Waive in Support Waive in Opposition Info only

Health Care Appropriations Subcommittee

2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)
HB 1341: Massage Therapy

X Favorable

	Total Yeas: 12	Total Nays: (0		
MaryLynn Magar (Chair)	X				
Cyndi Stevenson	X				
Bob Rommel	X				
Ana Maria Rodriguez	X				
Spencer Roach	X		·		
Cary Pigman	X				
Shevrin Jones	X				
Michael Grieco	X				
James Grant	X				
Nicholas Duran	X				
Colleen Burton	X				
Loranne Ausley	X				
	768	Nay	No vote	Yea	Nay
	Yea	Nay	No Vote	Absentee	Absentee

Appearances:

Berry, Anita (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support Florida State Massage Therapy Association, Inc 101 East College Ave Suite 502 Tallahassee FL

Phone: (301) 524-0172

☑ Bill ☐ Amendment





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:	HB 1341 : Massage Therapy			
		Amendment	Barcode Number: N/A			
Name:	Berry, Anita					
Representing:	Florida State Massage Therapy Association, Inc					
Title:	Lobbyist					
Address:	101 East College Ave, Suite 502	2				
City:	Tallahassee	State/Zip:	FL			
Phone Number:	(301) 524-0172	Meeting Date:	February 04, 2020 12:00 PM			
Committee/Subo	committee: Health Care A	ppropriations Subco	mmittee			
Presentation/Wo	orkshop Topic: N/A					

Registered La	-		Bill			
☐ State Employ			Waive In Support			
	I Wish To Speak Amendment					
Appearing in response to subpoena N/A						
Appearing in response to an inquiry for information made by member, committee or staff						
Appearing at the written request of the chair						
Judge or elected officer appearing in official capacity						
	earance Form Submitted					

Health Care Appropriations Subcommittee

2/4/2020 12:00PM

Location: Sumner Hall (404 HOB)

HB 1443: Certification for Prescriptive Authority

X Favorable

	Total Yeas: 6	Total Nays: 2	2		
MaryLynn Magar (Chair)	X				
Cyndi Stevenson	X				
Bob Rommel			X		
Ana Maria Rodriguez	X				
Spencer Roach	X				
Cary Pigman			X		
Shevrin Jones					Х
Michael Grieco		X			
James Grant			X		
Nicholas Duran	X				
Colleen Burton	X				
Loranne Ausley		X			
	, rea	Nay	NO VOLE	Yea	Nay
	Yea	Nay	No Vote	Absentee	Absentee

Appearances:

Bill Support Info Bonner, Dr. Tom (General Public) - Proponent Florida Psychological Association 8215 SW 72 Ave. #2306 Miami Florida 33143

Phone: 3059750982

Hobbs, Jacqueline A. (General Public) - Opponent

The Florida Psychiatric Society

MD, PHD

521 East Park Avenue Tallahassee FL 32301 Phone: 850-222-8404

Giffler, Ronald (Lobbyist) - Waive In Opposition

Florida Medical Association

President

1430 E. Piedmont Dr. E Tallahassee FL 32308 Phone: 850-224-6496

McGhee, Sr., Darrick (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support

Florida Psychological Association

Po Box 10805 Tallahassee FL

Phone: (850) 224-1900

Health Care Appropriations Subcommittee

2/4/2020 12:00PM

Location: Sumner Hall (404 HOB) HB 6031: Florida Kidcare Program

Favorable

	Total Yeas: 11	Total Nays: 0			
MaryLynn Magar (Chair)	X				
Cyndi Stevenson	X				
Bob Rommel	X				
Ana Maria Rodriguez	X				
Spencer Roach	X				
Cary Pigman	X				
Shevrin Jones	X				
Michael Grieco	X				
James Grant			X		
Nicholas Duran	X				
Colleen Burton	X _				
Loranne Ausley	X				
	Yea	Nay	No Vote	Absentee Yea	Absentee Nay

Appearances:

Mitchell, Chase (Lobbyist) (State Employee) - Waive In Support CFO, Jimmy Patronis Senior Management Analyst PL 11, The Capitol Tallahassee FL 32399 Phone: (850) 413-2890

Stern, Eric - Waive In Support Florida PTA Legislative Committee Team Member 1747 Central Pkwy Orlando FL 32809 Phone: 800-373-5782

Sonntag, Michael - Waive In Support The Children's Campaign External Relations Manager 111 S Magnolia Dr. Tallahassee FL 32301

Phone: 850-425-2600

Youmans, Heather (Lobbyist) - Waive In Support American Cancer Society Cancer Action Network and its Affiliates 2619 Centennial Blvd Ste 101 Tallahassee FL 32308

Phone: (850) 251-2111



96762171



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM			
		✓	Bill Amendment
			: HB 1443 : Certification for
		Prescriptive A	•
Name:	Bonner, Dr. Tom	Amendment	Barcode Number: N/A
ivaliie.	Bonner, Dr. 10m		
Representing:	Florida Psychological Associa	tion	
Title:	Licensed Psychologist		
Address:	8215 SW 72 Ave. , #2306		
City:	Miami	State/Zip:	Florida 33143
Phone Number:	3059750982	Meeting Date:	February 04, 2020 12:00 PM
Committee/Sub	committee: Health Care	Appropriations Subco	mmittee
Presentation/Wo	orkshop Topic: Bill Support 1	Info	
Registered L	obbyist		' Bill
☐ State Employ	/ee		Proponent
🗹 I Wish To Sp	eak		Amendment
☐ Appearing in	response to subpoena		N/A
Appearing in	response to an inquiry for in	nformation made by	member, committee or staff
Appearing at	the written request of the ch	air	
_ ~	ted officer appearing in offic	cial capacity	
⊥ Lobbyist Apple ∠ Lobbyist Apple	pearance Form Submitted		



A SSIStante de tire inc	
CORTUGA	Bill Amendment Bill/PCS/PCB Number: 1443
	Amendment Barcode Number:
Name: Jacqueline	A. Hobbs, MD, DhD
Representing: The Fl	A. Hobbs, MD, DhD orida Psychiatric Society
Title:	
Address: 521 Eas	st Park Avenue
	State/Zip: <i>FL</i> 32301
Phone Number: 850 - 2	222-8404 Meeting Date: 2/4/20
Committee/Subcommittee:	tealth Care Appropriations Subcommittee
Presentation/Workshop Topic:	certification for Prescriptive Authority
Registe	ered Lobbyist: YES NO
State E	Employee: YES NO NO
Appearing in response to subpo	st of the chair ing in official capacity nitted online
Bill: Proponent Oppon	ent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppon	



WO

Assistant at the meeting.				
Bill Amendment Bill/PCS/PCB Number: HB 1443				
Bill/PCS/PCB Nulliber				
Amendment Barcode Number:				
Name: Ronald Giffler MD				
Representing: Florida Medical Association				
Title: President				
Address: 1430 Predmont Or E				
City: <u>Tallahassle</u> State/Zip: FC 32308				
Phone Number: 5024 6496 Meeting Date: 2/4/20				
Committee/Subcommittee: Heath Courc approps				
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				



71277410



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

			☑ Bill ☐ Amendment
			mber: 1443 : Certification for tive Authority
		Amendr	ment: N/A
Name:	Darrick McGhee, Sr.		
Representing:	Florida Psychological Assoc	iation	
Title:			
Address:	Po Box 10805		
City:	Tallahassee	State/Zip:	FL
Phone Number:	(850) 224-1900	Meeting Da	ate: February 04, 2020 12:00 PM
Committee/Subo	committee: Health Care	Appropriations S	Subcommittee
Presentation/Wo	orkshop Topic: N/A		
☑ Registered Lo	obbvist		Bill
☐ State Employ			Waive In Support
☐ I Wish To Sp			Amendment
☐ Appearing in	response to subpoena		N/A
Appearing in	response to an inquiry for	information mad	de by member, committee or staff
^	the written request of the		
	ted officer appearing in of	icial capacity	
Lobbyist App	pearance Form Submitted		

WS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



ZORIDA				
	Bill Amendment			
	Bill/PCS/PCB Number: 6031			
Ar	nendment Barcode Number:			
Name: Chase Mitchell				
Representing: CFO Jimmy Patronis				
Title: Senior Managemen	at Analyst			
Address: PL 17 The				
city: Tallahassee State/Zip: FL / 32399				
Phone Number: (850) 413	- 2890 Meeting Date: 62/04			
Committee/Subcommittees #	calth Care Appropriations			
Presentation/Workshop Topic: Florida Kideare Program				
Registered	Lobbyist: YES NO			
State Emp	loyee: 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 a	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			



LORIDA				
	Bill Amendment			
	Bill/PCS/PCB Number: 603)			
	Amendment Barcode Number:			
Name: Eric Stern				
Representing: Florida	PTA			
	Connitee Team Member			
Address: 1747 Certal Ptuy				
city: Or ando State/Zip: FL 32P09				
Phone Number: 800 - 373 - 5782 Meeting Date:				
Committee/Subcommittee:	ealth Care Appropriations			
Presentation/Workshop Topic:	Florida Kid care Program			
Registo	ered Lobbyist: YES NO			
State E	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 subr	nitted online			
If you are testifying on an amendment, ple	ase also indicate your position as a proponent or opponent on the bill as a whole.)			
Bill: Proponent Oppon	nent Waive in Support Waive in Opposition Info only			
Amendment: Proponent Oppon	ent Waive in Support Waive in Opposition Info only			



Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting. $\frac{1}{2}$

	Bill Amendment				
	Bill/PCS/PCB Number: HB 6031				
	Amendment Barcode Number:				
Name: Michael Sonntag					
Representing: The Childe	en's Compaign				
Title: External Relation	ns Meneger				
Address: 111 S. Magna	ia Dr				
City: Tallehessee	State/Zip: Florida 32301				
Phone Number: 850 425 - 2600 Meeting Date: 02/64/2020					
Committee/Subcommittee: Health Core Appropriations Subcommittee					
Presentation/Workshop Topic:					
Registo	ered Lobbyist: YES NO NO				
State E	Employee: YES NO 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 subr	nitted online				
(If you are testifying on an amendment, ple	ase also indicate your position as a proponent or opponent on the bill as a whole.)				
Bill: Proponent Oppon	ent Waive in Support Waive in Opposition Info only				
Amendment: Proponent Oppon	ent Waive in Support Waive in Opposition Info only				



	Bill Amendment			
*1 1	Bill/PCS/PCB Number: 2003			
	Amendment Barcode Number:			
Name: Heatha (laumans			
Representing:	en Canca Society Canca Action,			
Title: Sonor Or	eda, Gox Palations Network			
Address: DAI Can	terrial Bled			
City: Tallow	State/Zip:			
Phone Number: 850 251-2(1) Meeting Date: 24(20)				
Committee/Subcommittee:				
Presentation/Workshop Topic:				
Registe	ered Lobbyist: YES NO			
State E	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, ple	ase also indicate your position as a proponent or opponent on the bill as a whole.)			
Bill: Proponent Oppon	ent Waive in Support Waive in Opposition Info only			
Amendment: Proponent Oppon	ent Waive in Support Waive in Opposition Info only			