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# Health Care Appropriations Subcommittee

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

## **ACTION PACKET**

**COMMITTEE MEETING REPORT**  
**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

**Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM**

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**

**2/4/2020 12:00PM**

**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		
<b>Totals:</b>	<b>12</b>	<b>0</b>	<b>0</b>

**Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM**

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**

**2/4/2020 12:00PM**

**Location:** Sumner Hall (404 HOB)

**HB 163 : Homelessness**

*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				
<b>Total Yeas: 10</b>		<b>Total Nays: 0</b>			

**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, Tonnelle (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

**Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM**

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>HB 163</u>			
Amendment Barcode Number: _____			

Name: Robert Beck

Representing: FLORIDA Coalition to END Homelessness

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

Address: 150 S. Monroe St. Suite 303

City: Tallahassee State/Zip: FL 32301

Phone Number: 766 1410 Meeting Date: 2/4/20

Committee/Subcommittee: House Healthcare Appropriations

Presentation/Workshop Topic: Homeless Programs

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>163</u>			
Amendment Barcode Number: _____			

Name: Tonnette [tone-Net] Graham

Representing: Florida Association of Counties

Title: Assoc. Director of Public Policy

Address: 100 S. Monroe Street

City: Tallahassee State/Zip: FL, 32301

Phone Number: 850.922.4300 Meeting Date: 2.4.2020

Committee/Subcommittee: Health Care Appro.

Presentation/Workshop Topic: Homelessness

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>163</u>			
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: FL, 33316

Phone Number: 954 308 9277 Meeting Date: 2/4/20

Committee/Subcommittee: Health care Approps

Presentation/Workshop Topic: Homelessness

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>143</u>		
Amendment Barcode Number:	_____		

Name: Jordan Reed

Representing: National Association of Social Workers Florida

Title: Legislative Intern

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

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

Phone Number: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Committee/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
- 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 MEETING REPORT**  
**Health Care Appropriations Subcommittee**

**2/4/2020 12:00PM**

**Location:** Sumner Hall (404 HOB)

**HB 559 : Institutional Formularies Established by Nursing Home Facilities**

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				
<b>Total Yeas: 11</b>		<b>Total Nays: 0</b>			

**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

Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM

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:	559		
Amendment Barcode Number:	_____		

Name: Carlos Cruz

Representing: Polaris Pharmacy Services

Title: Govt Consultant

Address: 307 W. PARK AVE

City: Tallahassee State/Zip: FL 32301

Phone Number: 904-214-5724 Meeting Date: 2-4-2020

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: Institutional 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

w/15



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>559</u>			
Amendment Barcode Number: _____			

Name: Elaine Bloom

Representing: Florida Health Care Association

Title: President CEO / Plaza Health Network

Address: 16855 NE 2nd Ave Ste N400

City: N Miami Beach State/Zip: 33162

Phone Number: 305-917-0400 Meeting Date: 2/4/20

Committee/Subcommittee: House Health Care Appropriations

Presentation/Workshop Topic: Nursing 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

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**

**2/4/2020 12:00PM**

**Location:** Sumner Hall (404 HOB)

**CS/HB 767 : Assisted Living Facilities**

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				
<b>Total Yeas: 8</b>		<b>Total Nays: 0</b>			

**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

Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**  
**2/4/2020 12:00PM**

**Location:** Sumner Hall (404 HOB)

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

*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				
<b>Total Yeas: 11</b>		<b>Total Nays: 0</b>			

**Appearances:**

Barker, Dorene (Lobbyist) - Waive In Support  
 AARP  
 Associate State Director  
 215 S Monroe St Suite #603  
 Tallahassee FL 32301  
 Phone: (850) 510-3145

Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM

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 767

Amendment Barcode Number: \_\_\_\_\_

Name: Dorene Barker

Representing: AARP FL

Title: Associate State Director

Address: 215 S Monroe, Suite 603

City: Jal State/Zip: FL 32308

Phone Number: (850) 288-6387 Meeting Date: Feb 4 2020

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: Assisted Living Facilities

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:	767		
Amendment Barcode Number:	_____		

Name: Tim Parson

Representing: Florida Assisted Living Association

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

Address: 113 E. College Ave.

City: Tallahassee State/Zip: FL/32301

Phone Number: 850-910-2678 Meeting Date: 2/4/2020

Committee/Subcommittee: Health Care 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
- 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>767</u>			
Amendment Barcode Number: _____			

Name: Susan Anderson

Representing: Leading Age Florida

Title: Dir. of Assisted Living Public Policy

Address: 1812 Riggings Rd.

City: Tallahassee State/Zip: FL, 32312

Phone Number: 850-591-2842 Meeting Date: 2/4/20

Committee/Subcommittee: Health Care Appropriations Subcmtte

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>767</u>			
Amendment Barcode Number: _____			

Name: Jason Hand

Representing: Florida Senior Living Association

Title: Vice President of Public Policy

Address: 2292 Wednesday Street Suite 1

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-443-0024 Meeting Date: Feb 4, 2020

Committee/Subcommittee: Health Care Appropri 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
- 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>0767</u>			
Amendment Barcode Number: _____			

Name: Cynthia Henderson

Representing: Atua Sr. Living

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

Address: 108 E. Jefferson St

City: Tallahassee State/Zip: 32301

Phone Number: \_\_\_\_\_ Meeting Date: 2/4/2020

Committee/Subcommittee: H.C. Approp Sub

Presentation/Workshop Topic: ALF

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

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: HB 833
Amendment Barcode Number: [ ]

Name: Dorene Barker

Representing: AARP FL

Title: Associate State Director

Address: 215 S Monroe St, Suite 673

City: Tallahassee State/Zip: FL 32304

Phone Number: 228-6387 Meeting Date: 2/4/20

Committee/Subcommittee: Health Care Reform

Presentation/Workshop Topic: PACE

Registered Lobbyist: YES [checked] NO [ ]

State Employee: YES [ ] NO [checked]

- 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 [checked] Waive in Opposition [ ] Info only [ ]

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

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**  
**2/4/2020 12:00PM**

**Location:** Sumner Hall (404 HOB)

**CS/HB 945 : Children's Mental Health**

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				
<b>Total Yeas: 11</b>		<b>Total Nays: 0</b>			

**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

Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM

**COMMITTEE MEETING REPORT**  
**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

**Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM**



90731429



### 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: CS/HB 945 : Children's Mental Health Amendment Barcode Number: N/A
---

Name: **Wiggins, Kristina**

---

Representing: **Florida Public Defender Association, 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**

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

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Presentation/Workshop Topic: **Children's Mental Health**

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<input checked="" type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input 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 checked="" type="checkbox"/> Lobbyist Appearance Form Submitted	<table border="1"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td style="text-align: center;"><b>Waive In Support</b></td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td style="text-align: center;">N/A</td> </tr> </table>	<u>Bill</u>	<b>Waive In Support</b>	<u>Amendment</u>	N/A
<u>Bill</u>					
<b>Waive In Support</b>					
<u>Amendment</u>					
N/A					



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: 945

Amendment Barcode Number: \_\_\_\_\_

Name: NATALIE KELLY

Representing: FLORIDA ASSOCIATION OF MANAGING ENTITIES

Title: CEO

Address: 122 S CALHOUN STREET

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850 570 5747 Meeting Date: 2/3/20

Committee/Subcommittee: HHS APPROPS

Presentation/Workshop Topic: CHILDREN MENTAL HEALTH

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

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

Bill  Amendment 
Bill/PCS/PCB Number: 945
Amendment Barcode Number: \_\_\_\_\_

Name: Eric Stern

Representing: Florida PTA

Title: Legislative Committee Team Member

Address: 1747 Central Pkwy

City: Orlando State/Zip: FL 32809

Phone Number: 800-373-5782 Meeting Date: 2/4/20

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: Childrens Mental Health

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





22303059



### 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: <b>0945 : Children's Mental Health</b> Amendment: <b>N/A</b>
---

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/Subcommittee: **Health Care Appropriations Subcommittee**

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

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- 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
- Lobbyist Appearance Form Submitted

<u>Bill</u>
<b>Proponent</b>
<u>Amendment</u>
<b>N/A</b>



64343406



### 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: 0945 : Children's Mental Health Amendment: N/A
---

Name: **Genna Grodin**

Representing:

Title:

Address: **325 Meridian Avenue, Apt 16**

City: **Miami Beach** State/Zip: **FL 33139**

Phone Number: **3054504469** Meeting Date: **February 04, 2020 12:00 PM**

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

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

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- 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
- Lobbyist Appearance Form Submitted

<u>Bill</u>
<b>Proponent</b>
<u>Amendment</u>
N/A



50403749



### 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: <b>0945 : Children's Mental Health</b> Amendment: <b>N/A</b>
---

Name: **Jolie Dreiling**

Representing:

Title:

Address: **580 Lakeview Drive**

City: **Miami Beach**

State/Zip: **FL 33140**

Phone Number: **3054501759**

Meeting Date: **February 04, 2020 12:00 PM**

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

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

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- 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
- Lobbyist Appearance Form Submitted

<u>Bill</u>
<b>Info Only</b>
<u>Amendment</u>
<b>N/A</b>

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**  
**2/4/2020 12:00PM**

**Location:** Sumner Hall (404 HOB)

**HB 1183 : Home Medical Equipment Providers**

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				
<b>Total Yeas: 11</b>		<b>Total Nays: 0</b>			

**Appearances:**

Herbert, Jack (Lobbyist) - Proponent  
 Fla. Chiropractic Assn.  
 Government Affairs Director  
 2655 Ulmerton Road, #276  
 Clearwater FL 33762  
 Phone: 727-560-3323

Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: HB 1183
Amendment Barcode Number: \_\_\_\_\_

Name: JACK HEBERT

Representing: FLA. CHIROPRACTIC ASSN.

Title: GOVT. AFFAIRS DIR.

Address: 2655 ULMERTON RD, #216

City: CLEARWATER State/Zip: FL 33762

Phone Number: 727-560-3323 Meeting Date: 2-4-2020

Committee/Subcommittee: HC APPROP SUB

Presentation/Workshop Topic: TENS UNIT DISPENSING

Registered Lobbyist: YES [checked] NO [ ]

State Employee: YES [ ] NO [checked]

- 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 [checked] Opponent [ ] Waive in Support [checked] Waive in Opposition [ ] Info only [ ]

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

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**  
**2/4/2020 12:00PM**

**Location:** Sumner Hall (404 HOB)

**HB 1273 : Dentistry and Dental Hygiene**

*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				
<b>Total Yeas: 12</b>		<b>Total Nays: 0</b>			

**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

Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM



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: 1273
Amendment Barcode Number: \_\_\_\_\_

Name: Dr. Bruce Horn

Representing: WREB Dir. of Dental Exams

Title: 23460 N 19th Ave

Address: ~~Phoenix~~

City: Phoenix State/Zip: AZ 85027

Phone Number: 518 361 8618 Meeting Date: 2/4/20

Committee/Subcommittee: Health Care Approvs

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

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

Bill  Amendment 
Bill/PCS/PCB Number: 1273
Amendment Barcode Number: \_\_\_\_\_

Name: Beth Cole

Representing: WREB

Title: CEO

Address: 23460 N 19th Ave

City: Phoenix

State/Zip: AZ 85027

Phone Number: 623 209 5111

Meeting Date: 2/4/20

Committee/Subcommittee: Health Care Approval

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

**Location:** Sumner Hall (404 HOB)

**HB 1341 : Massage Therapy**

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				
<b>Total Yeas: 12</b>		<b>Total Nays: 0</b>			

**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

Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM



82518432

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.

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 1341 : Massage Therapy</b> Amendment Barcode Number: <b>N/A</b>
--

Name: **Berry, Anita**

---

Representing: **Florida State Massage Therapy Association, Inc**

---

Title: **Lobbyist**

---

Address: **101 East College Ave, Suite 502**

---

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

---

Phone Number: **(301) 524-0172** Meeting Date: **February 04, 2020 12:00 PM**

---

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

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

---

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- 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
- Lobbyist Appearance Form Submitted

<u>Bill</u>
<b>Waive In Support</b>
<u>Amendment</u>
N/A

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**

**2/4/2020 12:00PM**

**Location:** Sumner Hall (404 HOB)

**HB 1443 : Certification for Prescriptive Authority**

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				
<b>Total Yeas: 6</b>		<b>Total Nays: 2</b>			

**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

Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**

**2/4/2020 12:00PM**

**Location:** Sumner Hall (404 HOB)

**HB 6031 : Florida Kidcare Program**

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				
<b>Total Yeas: 11</b>		<b>Total Nays: 0</b>			

**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

Committee meeting was reported out: Tuesday, February 04, 2020 4:14PM



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### 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: <b>HB 1443 : Certification for Prescriptive Authority</b> Amendment Barcode Number: <b>N/A</b>
---

Name: **Bonner, Dr. Tom**

---

Representing: **Florida Psychological Association**

---

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/Subcommittee: **Health Care Appropriations Subcommittee**

---

Presentation/Workshop Topic: **Bill Support Info**

---

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- 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
- Lobbyist Appearance Form Submitted

<u>Bill</u>
<b>Proponent</b>
<u>Amendment</u>
<b>N/A</b>



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>1443</u>		
Amendment Barcode Number:	_____		

Name: Jacqueline A. Hobbs, MD, PhD

Representing: The Florida Psychiatric Society

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

Address: 521 East Park Avenue

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-222-8404 Meeting Date: 2/4/20

Committee/Subcommittee: Health Care Appropriations Subcommittee

Presentation/Workshop Topic: Certification for Prescriptive Authority

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  Amendment

Bill/PCS/PCB Number: HB 1443

Amendment Barcode Number: \_\_\_\_\_

Name: Ronald Giffler, MD

Representing: Florida Medical Association

Title: President

Address: 1430 Piedmont Dr E

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 224 6496 Meeting Date: 2/4/20

Committee/Subcommittee: Health Care 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.

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: 1443 : Certification for Prescriptive Authority Amendment: N/A
---

Name: **Darrick McGhee, Sr.**

---

Representing: **Florida Psychological Association**

---

Title:

---

Address: **Po Box 10805**

---

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

---

Phone Number: **(850) 224-1900**                      Meeting Date: **February 04, 2020 12:00 PM**

---

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

---

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

---

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- 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
- Lobbyist Appearance Form Submitted

<u>Bill</u>
<b>Waive In Support</b>
<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>6031</u>			
Amendment Barcode Number: _____			

Name: Chase Mitchell

Representing: CFO Jimmy Patronis

Title: Senior Management Analyst

Address: PL 17, The Capitol

City: Tallahassee State/Zip: FL / 32399

Phone Number: (850) 413-2890 Meeting Date: 02/04

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: Florida Kidcare Program

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

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: 6031
Amendment Barcode Number: [ ]

Name: Eric Stern

Representing: Florida PTA

Title: Legislative Committee Team Member

Address: 1747 Central Pkwy

City: Orlando State/Zip: FL 32809

Phone Number: 800-373-5782 Meeting Date: [ ]

Committee/Subcommittee: Health Care Appropriations

Presentation/Workshop Topic: Florida Kidcare Program

Registered Lobbyist: YES [ ] NO [checked]
State Employee: YES [ ] NO [checked]

- 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 [checked] Waive in Opposition [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: HB 6031
Amendment Barcode Number: \_\_\_\_\_

Name: Michael Sonntag

Representing: The Children's Campaign

Title: External Relations Manager

Address: 111 S. Magnolia Dr

City: Tallahassee State/Zip: Florida 32301

Phone Number: 850 425-2600 Meeting Date: 02/04/2020

Committee/Subcommittee: Health Care Appropriations Subcommittee

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

Registered Lobbyist: YES [ ] NO [checked]
State Employee: YES [ ] NO [checked]

- 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 [checked] Waive in Opposition [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]



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: 40081
Amendment Barcode Number: \_\_\_\_\_

Name: Heather Yauman

Representing: American Cancer Society Cancer Action Network

Title: Senior Director, Gov Relations

Address: 200 Central Blvd

City: Tallahassee State/Zip: FL

Phone Number: 904-251-2111 Meeting Date: 2/4/20

Committee/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
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