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# Health Care Appropriations Subcommittee

**Tuesday, February 13, 2024  
3:00 PM - 6:00 PM  
Morris Hall (17 HOB)**

**Action Packet**

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

**2/13/2024 3:00PM**

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

**Summary:**

**Health Care Appropriations Subcommittee**

*Tuesday February 13, 2024 03:00 pm*

CS/HB 499	Favorable	Yeas: 15	Nays: 0
HB 547	Favorable	Yeas: 15	Nays: 0
CS/HB 563	Favorable	Yeas: 15	Nays: 0
CS/HB 783	Favorable	Yeas: 15	Nays: 0
CS/HB 1061	Favorable With Committee Substitute Amendment 365169 Adopted	Yeas: 14	Nays: 1
HB 1313	Favorable	Yeas: 15	Nays: 0

**Committee meeting was reported out: Tuesday, February 13, 2024 5:01PM**

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**  
**2/13/2024 3:00PM**

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

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Sam Garrison (Chair)	X		
Shane Abbott	X		
Carolina Amesty	X		
Bruce Antone	X		
Robin Bartleman	X		
Dean Black	X		
Daryl Campbell	X		
Jennifer Canady	X		
Berny Jacques	X		
Lauren Melo	X		
Michelle Salzman	X		
Kelly Skidmore	X		
Kevin Steele	X		
Dana Trabulsy	X		
Marie Woodson	X		
<b>Totals:</b>	<b>15</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Tuesday, February 13, 2024 5:01PM

**COMMITTEE MEETING REPORT**  
**Health Care Appropriations Subcommittee**  
**2/13/2024 3:00PM**

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

**CS/HB 499 : Congenital Cytomegalovirus Screening**

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Shane Abbott	X				
Carolina Amesty	X				
Bruce Antone	X				
Robin Bartleman	X				
Dean Black	X				
Daryl Campbell	X				
Jennifer Canady	X				
Berny Jacques	X				
Lauren Melo	X				
Michelle Salzman	X				
Kelly Skidmore	X				
Kevin Steele	X				
Dana Trabulsy	X				
Marie Woodson	X				
Sam Garrison (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**Appearances:**

Colvin, Tim - Proponent  
 144 W Shuey Ave  
 Macclenny FL 32063  
 Phone: 9046546278

Bell, Doug (Lobbyist) - Waive In Support  
 American Academy of Pediatrics, Florida Chapter  
 119 S Monroe St.  
 Tallahassee  
 Phone: 850-205-9000

Holliday, Matthew (Lobbyist) - Waive In Support  
 NCH  
 Director of Advocacy and Government Relations  
 350 7th Street North  
 Naples FL 34102  
 Phone: (239) 826-7864

Merritt, Cora (Lobbyist) - Waive In Support  
 Nemours Children's Health  
 Government Relations Program Manager  
 7004 Tavistock Lakes Blvd  
 Orlando FL  
 Phone: 8507585209

Committee meeting was reported out: Tuesday, February 13, 2024 5:01PM

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

**2/13/2024 3:00PM**

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

**CS/HB 499 : Congenital Cytomegalovirus Screening (continued)**

**Appearances: (continued)**

David, Ian - Waive In Support  
Sertoma Speech and Hearing Foundation  
Director of Operations  
6614 Tridel Ln Apt 3  
New Port Richey FL 34653  
Phone: 7272776972

Golinski, Debra - Waive In Support  
Sertoma Speech and Hearing Foundation  
President & CEO  
6728 Driftwood Dr  
Hudson FL 34667  
Phone: 7278082612

Bulger, Theresa (Lobbyist) - Waive In Support  
Florida Academy of Audiology and Deaf Kids Can  
2408 Watson Way #D  
Tallahassee FL 32303  
Phone: (904) 880-9063

Colvin, Vanessa - Waive In Support  
144 W Shuey Ave  
Macclenny FL  
Phone: 9046546278

Committee meeting was reported out: Tuesday, February 13, 2024 5:01PM



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: HHS

Meeting Date: 2-13-24

<input checked="" type="checkbox"/> Bill/PCS/PCB Number:	<u>499</u>
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	_____

Name: Tim Colvin

Representing: \_\_\_\_\_

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

Address: 144 W Shuey ave

City: Macleenny State/Zip: FL 32063

Phone Number: 904 654-6278

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

(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

Committee/Subcommittee: Healthcare Appops

Meeting Date: 2/13/24

<input checked="" type="checkbox"/> Bill/PCS/PCB Number:	<u>499</u>
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	_____

Name: Doug Bell

Representing: American Academy of Pediatrics, FL Chapter

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

Address: 119 S. Monroe St

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

Phone Number: 850 205 9000

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

(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

Committee/Subcommittee: Health Care Approps Subcomm

Meeting Date: 13 Feb

<input checked="" type="checkbox"/> Bill/PCS/PCB Number:	<u>0499</u>
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	_____

Name: Matthew Holliday

Representing: NCH

Title: D.r. Advocacy & Gov. Relations

Address: 350 7th St. N.

City: Naples State/Zip: FL 34102

Phone Number: 239-826-7864

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

(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

Committee/Subcommittee: House Health Care Subcommittee  
Meeting Date: 2/13/2024

<input checked="" type="checkbox"/>	Bill/PCS/PCB Number:	<u>HB 499</u>
<input type="checkbox"/>	Amendment Barcode Number:	_____
<input type="checkbox"/>	Presentation/Workshop Topic:	_____

Name: Cora Merritt  
 Representing: Nemours Children's Health  
 Title: Government Relations Program Manager  
 Address: 7004 Tavistock Lakes Blvd  
 City: Orlando State/Zip: FL  
 Phone Number: 850-758-5209

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

(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

Committee/Subcommittee: HHS Appropriations

Meeting Date: Feb 13, 2024

<input checked="" type="checkbox"/>	Bill/PCS/PCB Number:	<u>499</u>
<input type="checkbox"/>	Amendment Barcode Number:	_____
<input type="checkbox"/>	Presentation/Workshop Topic:	_____

Name: Jan David

Representing: Sertoma Speech + Hearing Foundation

Title: Director of Operations

Address: 6614 Tridnd Ln, Apt 3

City: New Port Ridyng State/Zip: FL, 34653

Phone Number: 727-277-6972

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

(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

Committee/Subcommittee: HHS Appropriations

Meeting Date: 2/13/24

<input checked="" type="checkbox"/> Bill/PCS/PCB Number:	<u>499</u>
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	_____

Name: Debra Golinski

Representing: Sertoma Speech & Hearing Foundation of FL

Title: President / CEO

Address: 6728 Driftwood Dr.

City: Hudson State/Zip: FL 34667

Phone Number: 727-808-2612

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

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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/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: HHS Appropriations

Meeting Date: 2/13/24

<input checked="" type="checkbox"/> Bill/PCS/PCB Number:	<u>499</u>
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	_____

Name: Theresa Bulger

Representing: #1 Academy of Audiologists and Deaf Kids Can

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

Address: 2408 Watson Way #D

City: Tallahassee State/Zip: FL 32305

Phone Number: 904 880 9063

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee, or staff
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- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted

(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

Committee/Subcommittee: HAS

Meeting Date: 2-13-

<input checked="" type="checkbox"/> Bill/PCS/PCB Number:	<u>499</u>
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	_____

Name: Vanessa Colvin

Representing: \_\_\_\_\_

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

Address: 144 W Shrevey AV

City: Macleenny State/Zip: FLA

Phone Number: 904 654-6285

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

(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**  
**2/13/2024 3:00PM**

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

**HB 547 : Dentistry**

*Favorable*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Shane Abbott	X				
Carolina Amesty	X				
Bruce Antone	X				
Robin Bartleman	X				
Dean Black	X				
Daryl Campbell	X				
Jennifer Canady	X				
Berny Jacques	X				
Lauren Melo	X				
Michelle Salzman	X				
Kelly Skidmore	X				
Kevin Steele	X				
Dana Trabulsy	X				
Marie Woodson	X				
Sam Garrison (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**Appearances:**

Abboud, Alexandra (Lobbyist) - Waive In Support  
 Florida Dental Association  
 Government Affairs Liaison  
 118 E Jefferson St  
 Tallahassee FL 32301  
 Phone: (850) 224-1089



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: Health care Appropriations

Meeting Date: 2/13/24

<input checked="" type="checkbox"/> Bill/PCS/PCB Number:	<u>547</u>
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	_____

Name: Alexandra Abboud (Ah-bood)

Representing: Florida Dental Association

Title: Governmental Affairs Liaison

Address: 118 E Jefferson St

City: Tallahassee State/Zip: FL, 32301

Phone Number: 850-224-1089

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

(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**

**2/13/2024 3:00PM**

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

**CS/HB 563 : Persons With Lived Experience**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Shane Abbott	X				
Carolina Amesty	X				
Bruce Antone	X				
Robin Bartleman	X				
Dean Black	X				
Daryl Campbell	X				
Jennifer Canady	X				
Berny Jacques	X				
Lauren Melo	X				
Michelle Salzman	X				
Kelly Skidmore	X				
Kevin Steele	X				
Dana Trabulsy	X				
Marie Woodson	X				
Sam Garrison (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**Appearances:**

Bishop, Barney (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support  
 Florida Smart Justice Alliance  
 CEO  
 1454 Vieux Carre Dr  
 Tallahassee F  
 Phone: (850) 510-9922

Sutton, Stephanie (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support  
 Florida Supportive Housing Coalition  
 Executive Director  
 2914 Tyron Circle  
 Tallahassee FL  
 Phone: (850) 508-6889 x\_\_\_\_

Cherry, Bryan (Lobbyist) - Proponent  
 Florida Coalition to End Homelessness  
 Consultant  
 110 East College Avenue STE 110  
 Tallahassee FL 32301  
 Phone: (850) 544-5673

**Committee meeting was reported out: Tuesday, February 13, 2024 5:01PM**





11646098



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: Health Care Appropriations Subcommittee

Meeting Date: February 13, 2024 3:00 PM

<input checked="" type="checkbox"/>	Bill/PCS/PCB Number:	<u>CS/HB 563 : Persons With Lived Experience</u>
<input type="checkbox"/>	Amendment Barcode Number:	<u>N/A</u>
<input type="checkbox"/>	Presentation/Workshop Topic:	<u>N/A</u>

Name: Bishop, Barney

Representing: Florida Smart Justice Alliance

Title: CEO

Address: 1454 Vieux Carre Dr

City: Tallahassee State/Zip: F

Phone Number: (850) 510-9922

- Registered Lobbyist
- State Employee
- I Wish to Appear in Person
- 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>



78855682



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: Health Care Appropriations Subcommittee

Meeting Date: February 13, 2024 3:00 PM

<input checked="" type="checkbox"/>	Bill/PCS/PCB Number: <u>CS/HB 563 : Persons With Lived Experience</u>
<input type="checkbox"/>	Amendment Barcode Number: <u>N/A</u>
<input type="checkbox"/>	Presentation/Workshop Topic: <u>N/A</u>

Name: Sutton, Stephanie

Representing: Florida Supportive Housing Coalition

Title: Executive Director

Address: 2914 Tyron Circle

City: Tallahassee State/Zip: FL

Phone Number: (850) 508-6889 x

- Registered Lobbyist
- State Employee
- I Wish to Appear in Person
- 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>



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: HCA

Meeting Date: 2-13-24

<input checked="" type="checkbox"/> Bill/PCS/PCB Number: <u>563</u>
<input type="checkbox"/> Amendment Barcode Number: _____
<input type="checkbox"/> Presentation/Workshop Topic: _____

Name: Bryan Cherry

Representing: FL. Coalition to End Homelessness

Title: Consultant

Address: 110 E. College Ave., STE 110

City: Tallahassee State/Zip: FL / 32301

Phone Number: (850) 544-5673

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

(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**

**2/13/2024 3:00PM**

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

**CS/HB 783 : Medicaid Managed Care Plan Performance Metrics**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Shane Abbott	X				
Carolina Amesty	X				
Bruce Antone	X				
Robin Bartleman	X				
Dean Black	X				
Daryl Campbell	X				
Jennifer Canady	X				
Berny Jacques	X				
Lauren Melo	X				
Michelle Salzman	X				
Kelly Skidmore	X				
Kevin Steele	X				
Dana Trabulsy	X				
Marie Woodson	X				
Sam Garrison (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**Appearances:**

Murillo, Karen (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support  
 AARP  
 215 S Monroe St Unit 603  
 Tallahassee FL  
 Phone: (850) 577-5160

Hooper, Margaret (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support  
 Florida Developmental Disabilities Council, Inc  
 FL Developmental Disabilities Cncl 124 Marriott Dr Ste 203  
 Tallahassee FL  
 Phone: (850) 488-4180

Fowler, Jarrod (Lobbyist) - Waive In Support  
 Florida Medical Association  
 Director of Health Policy  
 Tallahassee FL 32308  
 Phone: (850) 224-6496

Mica Jr., David (Lobbyist) - Proponent  
 Florida Hospital Association  
 Executive Vice President

Committee meeting was reported out: Tuesday, February 13, 2024 5:01PM



15960844



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: Health Care Appropriations Subcommittee

Meeting Date: February 13, 2024 3:00 PM

<input checked="" type="checkbox"/>	Bill/PCS/PCB Number:	<u>CS/HB 783 : Medicaid Managed Care Plan Performance Metrics</u>
<input type="checkbox"/>	Amendment Barcode Number:	<u>N/A</u>
<input type="checkbox"/>	Presentation/Workshop Topic:	<u>N/A</u>

Name: Murillo, Karen

Representing: AARP

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

Address: 215 S Monroe St, Unit 603

City: Tallahassee State/Zip: FL

Phone Number: (850) 577-5160

- Registered Lobbyist
- State Employee
- I Wish to Appear in Person
- 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>



27339782



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: Health Care Appropriations Subcommittee

Meeting Date: February 13, 2024 3:00 PM

<input checked="" type="checkbox"/> Bill/PCS/PCB Number:	<u>CS/HB 783 : Medicaid Managed Care Plan Performance Metrics</u>
<input type="checkbox"/> Amendment Barcode Number:	<u>N/A</u>
<input type="checkbox"/> Presentation/Workshop Topic:	<u>N/A</u>

Name: Hooper, Margaret

Representing: Florida Developmental Disabilities Council, Inc

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

Address: FL Developmental Disabilities Cncl, 124 Marriott Dr Ste 203

City: Tallahassee State/Zip: FL

Phone Number: (850) 488-4180

- Registered Lobbyist
- State Employee
- I Wish to Appear in Person
- 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>



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: HC Access Subcommittee

Meeting Date: 2-27

<input type="checkbox"/> Bill/PCS/PCB Number:	<u>783</u>
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	_____

Name: ~~Jarrod Fowler~~ Jarrod Fowler

Representing: Florida Medical Association

Title: Dir. of Health Policy

Address: 1430 Pines Blvd Apt E

City: Jacksonville State/Zip: 32308

Phone Number: ~~850-224-6496~~

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

(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

Committee/Subcommittee: Health Care Approps.

Meeting Date: 2/13/24

<input checked="" type="checkbox"/> Bill/PCS/PCB Number: <u>783</u>
<input type="checkbox"/> Amendment Barcode Number: _____
<input type="checkbox"/> Presentation/Workshop Topic: _____

Name: DAVID MICA, Jr

Representing: FL Hospital Association

Title: Exec. Vice President

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

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

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

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

(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**

**2/13/2024 3:00PM**

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

**CS/HB 1061 : Community-based Child Welfare Agencies**

*Favorable With Committee Substitute*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Shane Abbott	X				
Carolina Amesty	X				
Bruce Antone	X				
Robin Bartleman	X				
Dean Black	X				
Daryl Campbell	X				
Jennifer Canady	X				
Berny Jacques	X				
Lauren Melo	X				
Michelle Salzman		X			
Kelly Skidmore	X				
Kevin Steele	X				
Dana Trabulsy	X				
Marie Woodson	X				
Sam Garrison (Chair)	X				
<b>Total Yeas: 14</b>		<b>Total Nays: 1</b>			

**CS/HB 1061 Amendments**

**Amendment 365169**

*Adopted*

**Appearances:**

Amendment 365169

Kerce, Sam (Lobbyist) (State Employee) - Waive In Support

Department of Children and Families

Legislative Affairs Director

2415 N. Monroe Steet

Tallahassee FL 32301

Phone: (850) 488-9410

Kerce, Sam (Lobbyist) (State Employee) - Waive In Support

Department of Children and Families

Legislative Affairs Director

2415 N. Monroe Steet

Tallahassee FL 32301

Phone: (850) 488-9410

Committee meeting was reported out: Tuesday, February 13, 2024 5:01PM



### 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 checked="" type="checkbox"/>
Bill/PCS/PCB Number:	<u>HB 1061</u>		
Amendment Barcode Number:	<u>365169</u>		

Name: Sam Kerce

Representing: DCF

Title: Legislative Affairs Director

Address: 2415 N Monroe Street

City: Tallahassee State/Zip: FL, 32301

Phone Number: 950-488-9410 Meeting Date: 2/13/24

Committee/Subcommittee: HHS Approps

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

Registered Lobbyist: YES  NO

State Employee: YES  NO

*DCF also has ~~staff~~ staff available for information*

- 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**  
**2/13/2024 3:00PM**

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

**HB 1313 : Clinical Laboratory Personnel**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Shane Abbott	X				
Carolina Amesty	X				
Bruce Antone	X				
Robin Bartleman	X				
Dean Black	X				
Daryl Campbell	X				
Jennifer Canady	X				
Berny Jacques	X				
Lauren Melo	X				
Michelle Salzman	X				
Kelly Skidmore	X				
Kevin Steele	X				
Dana Trabulsy	X				
Marie Woodson	X				
Sam Garrison (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**Appearances:**

Love, Jessica (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support  
 Laboratory Corporation of America  
 301 S Bronough St 301 S Bronough St Ste 600  
 Tallahassee FL  
 Phone: (850) 577-9090

Russell, Doug (Lobbyist) - Waive In Support  
 Quest Diagnostic Labs



17993122



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: Health Care Appropriations Subcommittee

Meeting Date: February 13, 2024 3:00 PM

<input checked="" type="checkbox"/>	Bill/PCS/PCB Number:	<u>HB 1313 : Clinical Laboratory Personnel</u>
<input type="checkbox"/>	Amendment Barcode Number:	<u>N/A</u>
<input type="checkbox"/>	Presentation/Workshop Topic:	<u>N/A</u>

Name: Love, Jessica

Representing: Laboratory Corporation of America

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

Address: 301 S Bronough St, 301 S Bronough St Ste 600

City: Tallahassee State/Zip: FL

Phone Number: (850) 577-9090

- Registered Lobbyist
- State Employee
- I Wish to Appear in Person
- 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>
<u>Waive In Support</u>
<u>Amendment</u>



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS

Meeting Date: 2/13/24

<input checked="" type="checkbox"/> Bill/PCS/PCB Number:	<u>HB 1313</u>
<input type="checkbox"/> Amendment Barcode Number:	_____
<input type="checkbox"/> Presentation/Workshop Topic:	_____

Name: DOUG RUSSELL

Representing: QUEST DIAGNOSTIC LABS

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

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

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

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

- Registered Lobbyist
- State Employee
- I wish to Appear in Person
- 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

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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