



APPROPRIATIONS COMMITTEE

Tuesday, February 9, 2016
3:00 PM – 6:00 PM
212 Knott Building

Action Packet

Steve Crisafulli
Speaker

Richard Corcoran
Chair

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

Summary:

Appropriations Committee

Tuesday February 09, 2016 03:00 pm

CS/HB 139	Favorable With Committee Substitute	Yeas: 24	Nays: 0
	Amendment 701067 Adopted Without Objection		
CS/HB 221	Favorable With Committee Substitute	Yeas: 25	Nays: 0
	Amendment 399391 Adopted Without Objection		
	Amendment 406417 Withdrawn		
HB 301	Favorable	Yeas: 21	Nays: 0
CS/HB 445	Favorable	Yeas: 22	Nays: 0
HB 461	Favorable	Yeas: 19	Nays: 1
CS/HB 761	Favorable	Yeas: 25	Nays: 0
CS/HB 769	Favorable	Yeas: 22	Nays: 0
HB 965	Favorable With Committee Substitute	Yeas: 24	Nays: 0
	Amendment 322507 Adopted Without Objection		
HB 989	Favorable	Yeas: 24	Nays: 0
HB 1169	Favorable	Yeas: 24	Nays: 0
CS/HB 4065	Favorable	Yeas: 24	Nays: 0
HB 7089	Favorable	Yeas: 19	Nays: 4
	Rep. Kevin Rader would like for the record to reflect that he would like to change his vote on HB Bill 7089 from "Yea" to "Nay." This change in no way will change the outcome of the vote which is recorded.		
HB 7095	Favorable With Committee Substitute	Yeas: 22	Nays: 0
	Amendment 023773 Adopted Without Objection		
	Amendment 775567 Adopted Without Objection		
PCS for HB 873	Favorable	Yeas: 19	Nays: 5

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Richard Corcoran (Chair)	X		
Janet Adkins	X		
Ben Albritton	X		
Jim Boyd	X		
Gwyndolen Clarke-Reed	X		
Janet Cruz			X
Erik Fresen	X		
Matt Hudson	X		
Clay Ingram	X		
Mia Jones			X
Charles McBurney	X		
Larry Metz	X		
George Moraitis, Jr.	X		
Jeanette Nuñez			X
Jose Oliva	X		
H. Marlene O'Toole	X		
Mark Pafford	X		
Elizabeth Porter	X		
Kevin Rader	X		
Holly Raschein	X		
David Richardson	X		
Kenneth Roberson	X		
Darryl Rouson	X		
Cynthia Stafford	X		
W. Gregory Steube	X		
Alan Williams	X		
John Wood	X		
Dana Young	X		
Totals:	25	0	3

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 139 : Dental Care

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton	X				
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen	X				
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva			X		
H. Marlene O'Toole	X				
Mark Pafford	X				
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson	X				
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Alan Williams	X				
John Wood	X				
Dana Young	X				
Richard Corcoran (Chair)	X				
Total Yeas: 24		Total Nays: 0			

CS/HB 139 Amendments

Amendment 701067

Adopted Without Objection

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 139 : Dental Care (continued)

Appearances:

Cantwell, Laura (Lobbyist) - Waive In Support

AARP

ASD

400 Carillon Pky Ste 100

St Petersburg FL 33716

Phone: (850) 577-5163

Hart, Joe (Lobbyist) - Waive In Support

Florida Dental Association

Director of Governmental Affairs

1111 E Tennessee St

Tallahassee FL 32308

Phone: (850) 224-1089

Nuland, Chris (Lobbyist) - Waive In Support

FL Public Health Association

1000 Riverside Ave. #115

Jacksonville FL 32204

Phone: (904) 233-3051

Pitts, Brian (General Public) - Waive In Support

Justice-2-Jesus

Trustee

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: (727) 897-9291

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	—	(Y/N)
ADOPTED AS AMENDED	—	(Y/N)
ADOPTED W/O OBJECTION	✓	(Y/N)
FAILED TO ADOPT	—	(Y/N)
WITHDRAWN	—	(Y/N)
OTHER	—	

1 Committee/Subcommittee hearing bill: Appropriations Committee
 2 Representative Cummings offered the following:

Amendment (with title amendment)

5 Between lines 202 and 203, insert:

6 Section 2. For the 2016-2017 fiscal year, 1 full-time equivalent
 7 position, with associated salary rate of 46,381 is authorized
 8 and the sums of \$90,542 in recurring funds and \$19,766 in
 9 nonrecurring funds to administer the program and \$1,000,000 in
 10 recurring funds to allocate to dental care access accounts from
 11 the General Revenue Fund are hereby appropriated to the
 12 Department of Health for the purpose of implementing the
 13 requirements of the act.

14
 15 -----
 16 **T I T L E A M E N D M E N T**

17 Remove line 39 and insert:

Amendment No. 1

18 reporting; providing an appropriation; providing an effective
19 date.

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

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

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton	X				
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen	X				
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva	X				
H. Marlene O'Toole	X				
Mark Pafford	X				
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson	X				
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Alan Williams	X				
John Wood	X				
Dana Young	X				
Richard Corcoran (Chair)	X				
Total Yeas: 25		Total Nays: 0			

CS/HB 221 Amendments

Amendment 399391

Adopted Without Objection

Amendment 406417

Withdrawn

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

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

Appearances:

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

Department of Financial Services
Insurance Consumer Advocate
200 East Gaines Street
Tallahassee FL 32399
Phone: (850) 413-5923

Ecenia, Stephen (Lobbyist) - Proponent

HCA Healthcare
301 E Las Olas Blvd 4th Floor
Ft Lauderdale FL 33301
Phone: (850)681-6788

Amendment 1

Young, Amy (Lobbyist) - Waive In Support

Florida Society of Pathologists
Managing Partner, Ballard Partners
403 East Park Avenue
Tallahassee FL 32301
Phone: (561)577-0444

Substitute Amendment 1

Nuland, Christopher (Lobbyist) - Opponent

Florida Chapter, American College of Surgeons
1000 Riverside Ave Ste 115
Jacksonville FL 32204
Phone: (904) 233-3051

Amendment 1

Nuland, Christopher (Lobbyist) - Proponent

Florida Chapter, American College of Surgeons
1000 Riverside Ave Ste 115
Jacksonville FL 32204
Phone: (904) 233-3051

Substitute Amendment

Large, Toni (Lobbyist) - Opponent

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

Amendment 1

Large, Toni (Lobbyist) - Proponent

Florida College Emergency Physicians & Florida Orthopedic Society
519 East Park Avenue
Tallahassee FL 32308
Phone: (850) 556-1461

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

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

Appearances: (continued)

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

Office of Insurance Regulation
Director of Government Affairs
200 E. Gaines St. Larson Building, Suite 121
Tallahassee FL 32399
Phone: (850) 413-5005

Brown, Audrey (Lobbyist) - Waive In Support

Florida Association of Health Plans
President & CEO
200 W College Ave
Tallahassee FL 32301
Phone: (850) 386-2804

Butler, Kristen (Lobbyist) - Waive In Support

National Federation of Independent Business
Communications Director
110 E. Jefferson Street
Tallahassee FL 32301
Phone: (850) 681-0416

Winn, Stephen (Lobbyist) - Waive In Support

Florida Osteopathic Medical Association
Executive Director
2544 Blairstone Pines Drive
Tallahassee FL 32301
Phone: (850)878-7364

Scott, Jeff (Lobbyist) - Waive In Support

Florida Medical Association
1430 Piedmont Dr E
Tallahassee FL 32308
Phone: (850) 251-2439

Substitute Amendment 1

Scott, Jeff (Lobbyist) - Opponent

Florida Medical Association
1430 Piedmont Dr. E.
Tallahassee FL 32308
Phone: (850) 251-2439

Substitute Amendment 1

Watson, Ron (Lobbyist) - Waive In Support

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

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

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

Appearances: (continued)

Amendment 1

Watson, Ron (Lobbyist) - Waive In Support

Florida CHAIN

Lobbyist

3738 Munden Way

Tallahassee FL 32309

Phone: (850) 561-1202

Bill as amended

Watson, Ron (Lobbyist) - Waive In Support

Florida CHAIN

Lobbyist

3738 Munden Way

Tallahassee FL 32309

Phone: (850) 561-1202

Perdue, Tammy - Waive In Support

Associated Industries of Florida

General Counsel

516 N Adams Street

Tallahassee FL 342301

Phone: (850) 224-7173

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

Amendment No. sal

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> ✓ </u>	(Y/N)
OTHER		

1 Committee/Subcommittee hearing bill: Appropriations Committee
 2 Representative Wood offered the following:

3
 4 **Substitute Amendment for Amendment (399391) by**
 5 **Representative Trujillo (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Paragraph (d) is added to subsection (5) of
 8 section 395.003, Florida Statutes, to read:

9 395.003 Licensure; denial, suspension, and revocation.-
 10 (5)

11 (d) A hospital, ambulatory surgical center, specialty
 12 hospital, or urgent care center shall comply with ss. 627.64194
 13 and 641.513 as a condition of licensure.

14 Section 2. Subsection (13) is added to section 395.301,
 15 Florida Statutes, to read:

16 395.301 Itemized patient bill; form and content prescribed
 17 by the agency; patient admission status notification.-

Amendment No. sal

18 (13) A hospital shall post on its website:

19 (a) The names and hyperlinks for direct access to the
20 websites of all health insurers and health maintenance
21 organizations for which the hospital contracts as a network
22 provider or participating provider.

23 (b) A statement that:

24 1. Services provided in the hospital by health care
25 practitioners may not be included in the hospital's charges;

26 2. Health care practitioners who provide services in the
27 hospital may or may not participate in the same health insurance
28 plans as the hospital;

29 3. Prospective patients should contact the health care
30 practitioner arranging for the services to determine the health
31 care plans in which the health care practitioner participates.

32 (c) As applicable, the names, mailing addresses, and
33 telephone numbers of the health care practitioners and practice
34 groups that the hospital has contracted with to provide services
35 in the hospital and instructions on how to contact these health
36 care practitioners and practice groups to determine the health
37 insurers and health maintenance organizations for which the
38 hospital contracts as a network provider or participating
39 provider.

40 Section 3. Paragraph (h) is added to subsection (2) of
41 section 408.7057, Florida Statutes, and subsection (4) of that
42 section is amended, to read:

Amendment No. sa1

43 408.7057 Statewide provider and health plan claim dispute
44 resolution program.-

45 (2)

46 (h) Either the contracted or noncontracted provider or the
47 health plan may make an offer to settle the claim dispute when
48 it submits a request for a claim dispute and supporting
49 documentation. The offer to settle the claim dispute must state
50 its total amount, and the party to whom it is directed has 15
51 days to accept the offer once it is received. If the offer to
52 settle the claim dispute is not accepted and the final order is
53 within 10 percent of the offer, the entity that did not accept
54 the offer shall pay the final order amount plus all accrued
55 interest and shall be considered a nonprevailing party for
56 purposes of this section. If the offer to settle the claim
57 dispute is made by the contracted or noncontracted provider, the
58 total amount in the offer to settle the presumed underpayment
59 may not be within 10 percent of the reimbursement amount
60 received by the contracted or noncontracted provider. If the
61 offer to settle the claim dispute is made by the health plan,
62 the offer to settle the presumed overpayment may not be within
63 10 percent of the overpayment amount sought from the contracted
64 or noncontracted provider.

65 (4) Within 30 days after receipt of the recommendation of
66 the resolution organization, the agency shall adopt the
67 recommendation as a final order. The final order is subject to
68 judicial review pursuant to s. 120.68.

Amendment No. sa1

69 Section 4. Paragraph (oo) is added to subsection (1) of
70 section 456.072, Florida Statutes, to read:

71 456.072 Grounds for discipline; penalties; enforcement.—

72 (1) The following acts shall constitute grounds for which
73 the disciplinary actions specified in subsection (2) may be
74 taken:

75 (oo) Failing to comply with s. 627.64194 or s. 641.513
76 with such frequency as to indicate a general business practice.

77 Section 5. Paragraph (tt) is added to subsection (1) of
78 section 458.331, Florida Statutes, to read:

79 458.331 Grounds for disciplinary action; action by the
80 board and department.—

81 (1) The following acts constitute grounds for denial of a
82 license or disciplinary action, as specified in s. 456.072(2):

83 (tt) Failing to comply with s. 627.64194 or s. 641.513
84 with such frequency as to indicate a general business practice.

85 Section 6. Paragraph (vv) is added to subsection (1) of
86 section 459.015, Florida Statutes, to read:

87 459.015 Grounds for disciplinary action; action by the
88 board and department.—

89 (1) The following acts constitute grounds for denial of a
90 license or disciplinary action, as specified in s. 456.072(2):

91 (vv) Failing to comply with s. 627.64194 or s. 641.513
92 with such frequency as to indicate a general business practice.

93 Section 7. Paragraph (gg) is added to subsection (1) of
94 section 626.9541, Florida Statutes, to read:

Amendment No. sa1

95 626.9541 Unfair methods of competition and unfair or
96 deceptive acts or practices defined.—

97 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE
98 ACTS.—The following are defined as unfair methods of competition
99 and unfair or deceptive acts or practices:

100 (gg) Out-of-network reimbursement.—Failing to comply with
101 s. 627.64194 with such frequency as to indicate a general
102 business practice.

103 Section 8. Section 627.64194, Florida Statutes, is created
104 to read:

105 627.64194 Coverage requirements for services provided by
106 nonparticipating providers; payment collection limitations.—

107 (1) As used in this section, the term:

108 (a) "Emergency services" means the services and care to
109 treat an emergency medical condition as defined in s. 395.002.

110 (b) "Facility" means a licensed facility as defined in s.
111 395.002(16) and an urgent care center as defined in s.
112 395.002(30).

113 (c) "Insured" means a person who is covered under an
114 individual or group health insurance policy.

115 (d) "Nonemergency services" means the services and care to
116 treat a condition other than an emergency medical condition as
117 defined in s. 395.002.

118 (e) "Nonparticipating provider" means a provider who is
119 not a preferred provider as defined in s. 627.6471 or a provider
120 who is not an exclusive provider as defined in s. 627.6472. (f)

Amendment No. sa1

121 "Participating provider" means a preferred provider as defined
122 in s. 627.6471 or an exclusive provider as defined in s.
123 627.6472.

124 (2) An insurer is solely liable for payment of fees to a
125 nonparticipating provider of covered emergency services provided
126 to an insured in accordance with the coverage terms of the
127 health insurance policy, and such insured is not liable for
128 payment of fees for covered services to a nonparticipating
129 provider of emergency services, other than applicable copayments
130 and deductibles. An insurer must provide coverage for emergency
131 services that:

132 (a) May not require prior authorization.

133 (b) Must be provided regardless of whether the service is
134 furnished by a participating provider or a nonparticipating
135 provider.

136 (c) May impose a coinsurance amount, copayment, or
137 limitation of benefits requirement for a nonparticipating
138 provider only if the same requirement applies to a participating
139 provider.

140

141 The provisions of s. 627.638 apply to this subsection.

142 (3) An insurer is solely liable for payment of fees to a
143 nonparticipating provider of covered nonemergency services
144 provided to an insured in accordance with the coverage terms of
145 the health insurance policy, and such insured is not liable for
146 payment of fees to a nonparticipating provider, other than

Amendment No. sa1

147 applicable copayments and deductibles, for covered nonemergency
148 services that are:

149 (a) Provided in a facility that has a contract for the
150 nonemergency services with the insurer which the facility would
151 be otherwise obligated to provide under contract with the
152 insurer; and

153 (b) Provided when the insured does not have the ability
154 and opportunity to choose a participating provider at the
155 facility.

156

157 The provisions of s. 627.638 apply to this subsection.

158 (4) An insurer must reimburse a nonparticipating provider
159 of services under subsections (2) and (3) within the applicable
160 timeframe provided in s. 627.6131.

161 (5) A nonparticipating provider of emergency services as
162 provided in subsection (2) or a nonparticipating provider of
163 nonemergency services as provided in subsection (3) may not be
164 reimbursed an amount greater than the amount provided in
165 subsection (4) and may not collect or attempt to collect from
166 the insured, directly or indirectly, any excess amount, other
167 than copayments and deductibles. This section does not prohibit
168 a nonparticipating provider of nonemergency services from
169 collecting or attempting to collect from the insured an amount
170 due for the provision of noncovered services.

171 (6) Any dispute with regard to the reimbursement to the
172 nonparticipating provider of emergency or nonemergency services

Amendment No. sa1

173 as provided in subsection (4) shall be resolved in a court of
174 competent jurisdiction or through the voluntary dispute
175 resolution process in s. 408.7057.

176 Section 9. Subsection (2) of section 627.6471, Florida
177 Statutes, is amended to read:

178 627.6471 Contracts for reduced rates of payment;
179 limitations; coinsurance and deductibles.—

180 (2) Any insurer issuing a policy of health insurance in
181 this state, which insurance includes coverage for the services
182 of a preferred provider, must provide each policyholder and
183 certificateholder with a current list of preferred providers and
184 must make the list available on its website. The list must
185 include, when applicable and reported, organized by specialty:
186 the names, addresses, and telephone numbers of all preferred
187 providers and, for physicians, their board certifications,
188 languages spoken, and facility affiliations; and the names,
189 addresses, and telephone numbers of all preferred provider
190 facilities. Information posted on the insurer's website must be
191 updated each calendar month and include additions or
192 terminations of preferred providers and preferred provider
193 facilities in the preferred provider's network or changes in a
194 preferred provider's facility affiliations for public
195 inspection during regular business hours at the principal office
196 of the insurer within the state.

Amendment No. sa1

197 Section 10. Effective upon this act becoming a law,
198 subsection (7) is added to section 627.6471, Florida Statutes,
199 to read:

200 627.6471 Contracts for reduced rates of payment;
201 limitations; coinsurance and deductibles.-

202 (7) Any policy issued under this section after January 1,
203 2017, must include the following disclosure: "WARNING: LIMITED
204 BENEFITS WILL BE PAID WHEN NONPARTICIPATING PROVIDERS ARE USED.
205 You should be aware that when you elect to utilize the services
206 of a nonparticipating provider for a covered nonemergency
207 service, benefit payments to the provider are not based upon the
208 amount the provider charges. The basis of the payment will be
209 determined according to your policy's out-of-network
210 reimbursement benefit. Nonparticipating providers may bill
211 insureds for any difference in the amount. YOU MAY BE REQUIRED
212 TO PAY MORE THAN THE COINSURANCE OR COPAYMENT AMOUNT.
213 Participating providers have agreed to accept discounted
214 payments for services with no additional billing to you other
215 than coinsurance and deductible amounts. You may obtain further
216 information about the providers who have contracted with your
217 insurance plan by consulting your insurer's website or
218 contacting your insurer or agent directly."

219 Section 11. Subsection (15) is added to section 627.662,
220 Florida Statutes, to read:

Amendment No. sa1

221 627.662 Other provisions applicable.—The following
222 provisions apply to group health insurance, blanket health
223 insurance, and franchise health insurance:

224 (15) Section 627.64194, relating to coverage requirements
225 for services provided by nonparticipating providers and payment
226 collection limitations.

227 Section 12. Except as otherwise expressly provided in this
228 act and except for this section, which shall take effect upon
229 this act becoming a law, this act shall take effect October 1,
230 2016.

231

232

T I T L E A M E N D M E N T

233

234 Remove everything before the enacting clause and insert:

235

A bill to be entitled

236

An relating to out-of-network health insurance

237

coverage; amending s. 395.003, F.S.; requiring

238

hospitals, ambulatory surgical centers, specialty

239

hospitals, and urgent care centers to comply with

240

certain provisions as a condition of licensure;

241

amending s. 395.301, F.S.; requiring a hospital to

242

post on its website certain information regarding its

243

contracts with health insurers, health maintenance

244

organizations, and health care practitioners and

245

practice groups and specified notice to patients and

246

prospective patients; amending s. 408.7057, F.S.;

Amendment No. sal

247 providing a claim dispute resolution process for
248 certain providers and health plans; requiring a final
249 order to be subject to judicial review; amending ss.
250 456.072, 458.331, and 459.015, F.S.; providing
251 additional acts that constitute grounds for denial of
252 a license or disciplinary action, to which penalties
253 apply; amending s. 626.9541, F.S.; specifying an
254 additional unfair method of competition and unfair or
255 deceptive act or practice; creating s. 627.64194,
256 F.S.; defining terms; specifying requirements for
257 coverage provided by an insurer for emergency
258 services; providing that an insurer is solely liable
259 for payment of certain fees to a nonparticipating
260 provider; providing limitations and requirements for
261 reimbursements by an insurer to a nonparticipating
262 provider; providing that certain disputes relating to
263 reimbursement of a nonparticipating provider shall be
264 resolved in a court of competent jurisdiction or
265 through a specified voluntary dispute resolution
266 process; amending s. 627.6471, F.S.; requiring an
267 insurer that issues a policy including coverage for
268 the services of a preferred provider to post on its
269 website certain information about participating
270 providers and physicians; requiring that specified
271 notice be included in policies issued after a
272 specified date which provide coverage for the services

Amendment No. sa1

273 of a preferred provider; amending s. 627.662, F.S.;

274 providing applicability of provisions relating to

275 coverage for emergency services and payment collection

276 limitations to group health insurance, blanket health

277 insurance, and franchise health insurance; providing

278 effective dates.

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> ✓ </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER		

1 Committee/Subcommittee hearing bill: Appropriations Committee
 2 Representative Trujillo offered the following:

Amendment (with title amendment)

5 Remove everything after the enacting clause and insert:

6 Section 1. Paragraph (d) is added to subsection (5) of
 7 section 395.003, Florida Statutes, to read:

8 395.003 Licensure; denial, suspension, and revocation.—

9 (5)

10 (d) A hospital, ambulatory surgical center, specialty
 11 hospital, or urgent care center shall comply with ss. 627.64194
 12 and 641.513 as a condition of licensure.

13 Section 2. Subsection (13) is added to section 395.301,
 14 Florida Statutes, to read:

15 395.301 Itemized patient bill; form and content prescribed
 16 by the agency; patient admission status notification.—

17 (13) A hospital shall post on its website:

Amendment No. 1

18 (a) The names and hyperlinks for direct access to the
19 websites of all health insurers and health maintenance
20 organizations for which the hospital contracts as a network
21 provider or participating provider.

22 (b) A statement that:

23 1. Services provided in the hospital by health care
24 practitioners may not be included in the hospital's charges;

25 2. Health care practitioners who provide services in the
26 hospital may or may not participate in the same health insurance
27 plans as the hospital;

28 3. Prospective patients should contact the health care
29 practitioner arranging for the services to determine the health
30 care plans in which the health care practitioner participates.

31 (c) As applicable, the names, mailing addresses, and
32 telephone numbers of the health care practitioners and practice
33 groups that the hospital has contracted with to provide services
34 in the hospital and instructions on how to contact these health
35 care practitioners and practice groups to determine the health
36 insurers and health maintenance organizations for which the
37 hospital contracts as a network provider or participating
38 provider.

39 Section 3. Paragraph (h) is added to subsection (2) of
40 section 408.7057, Florida Statutes, and subsection (4) of that
41 section is amended, to read:

42 408.7057 Statewide provider and health plan claim dispute
43 resolution program.—

Amendment No. 1

44 (2)

45 (h) Either the contracted or noncontracted provider or the
46 health plan may make an offer to settle the claim dispute when
47 it submits a request for a claim dispute and supporting
48 documentation. The offer to settle the claim dispute must state
49 its total amount, and the party to whom it is directed has 15
50 days to accept the offer once it is received. If the offer to
51 settle the claim dispute is not accepted and the final order is
52 within 10 percent of the offer, the entity that did not accept
53 the offer shall pay the final order amount plus all accrued
54 interest and shall be considered a nonprevailing party for
55 purposes of this section. If the offer to settle the claim
56 dispute is made by the contracted or noncontracted provider, the
57 total amount in the offer to settle the presumed underpayment
58 may not be within 10 percent of the reimbursement amount
59 received by the contracted or noncontracted provider. If the
60 offer to settle the claim dispute is made by the health plan,
61 the offer to settle the presumed overpayment may not be within
62 10 percent of the overpayment amount sought from the contracted
63 or noncontracted provider.

64 (4) Within 30 days after receipt of the recommendation of
65 the resolution organization, the agency shall adopt the
66 recommendation as a final order. The final order is subject to
67 judicial review pursuant to s. 120.68.

68 Section 4. Paragraph (oo) is added to subsection (1) of
69 section 456.072, Florida Statutes, to read:

Amendment No. 1

70 456.072 Grounds for discipline; penalties; enforcement.—

71 (1) The following acts shall constitute grounds for which
72 the disciplinary actions specified in subsection (2) may be
73 taken:

74 (oo) Willfully failing to comply with s. 627.64194 or s.
75 641.513 with such frequency as to indicate a general business
76 practice.

77 Section 5. Paragraph (tt) is added to subsection (1) of
78 section 458.331, Florida Statutes, to read:

79 458.331 Grounds for disciplinary action; action by the
80 board and department.—

81 (1) The following acts constitute grounds for denial of a
82 license or disciplinary action, as specified in s. 456.072(2):

83 (tt) Willfully failing to comply with s. 627.64194 or s.
84 641.513 with such frequency as to indicate a general business
85 practice.

86 Section 6. Paragraph (vv) is added to subsection (1) of
87 section 459.015, Florida Statutes, to read:

88 459.015 Grounds for disciplinary action; action by the
89 board and department.—

90 (1) The following acts constitute grounds for denial of a
91 license or disciplinary action, as specified in s. 456.072(2):

92 (vv) Willfully failing to comply with s. 627.64194 or s.
93 641.513 with such frequency as to indicate a general business
94 practice.

Amendment No. 1

95 Section 7. Paragraph (gg) is added to subsection (1) of
96 section 626.9541, Florida Statutes, to read:

97 626.9541 Unfair methods of competition and unfair or
98 deceptive acts or practices defined.—

99 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE
100 ACTS.—The following are defined as unfair methods of competition
101 and unfair or deceptive acts or practices:

102 (gg) Out-of-network reimbursement.—Willfully failing to
103 comply with s. 627.64194 with such frequency as to indicate a
104 general business practice.

105 Section 8. Section 627.64194, Florida Statutes, is created
106 to read:

107 627.64194 Coverage requirements for services provided by
108 nonparticipating providers; payment collection limitations.—

109 (1) As used in this section, the term:

110 (a) "Emergency services" means the services and care to
111 treat an emergency medical condition as defined in s. 641.47(8).

112 (b) "Facility" means a licensed facility as defined in s.
113 395.002(16) and an urgent care center as defined in s.
114 395.002(30).

115 (c) "Insured" means a person who is covered under an
116 individual or group health insurance policy delivered or issued
117 for delivery in this state by an insurer authorized to transact
118 business in this state.

119 (d) "Nonemergency services" means the services and care to
120 treat a condition other than an emergency medical condition.

Amendment No. 1

121 (e) "Nonparticipating provider" means a provider who is
122 not a preferred provider as defined in s. 627.6471 or a provider
123 who is not an exclusive provider as defined in s. 627.6472. A
124 facility licensed under chapter 395 is not a nonparticipating
125 provider. A provider is also considered a nonparticipating
126 provider for the purposes of any emergency physician services
127 performed if:

128 1. The provider is employed by a facility licensed under
129 chapter 395 that has a contract with the insurer to provide
130 emergency services; and

131 2. The provider is not a preferred provider as defined in
132 s. 627.6471 or the provider is not an exclusive provider as
133 defined in s. 627.6472.

134 (f) "Participating provider" means a preferred provider as
135 defined in s. 627.6471 or an exclusive provider as defined in s.
136 627.6472, but does not mean a facility licensed under chapter
137 395.

138 (2) An insurer is solely liable for payment of fees to a
139 nonparticipating provider of covered emergency services provided
140 to an insured in accordance with the coverage terms of the
141 health insurance policy, and such insured is not liable for
142 payment of fees for covered services to a nonparticipating
143 provider of emergency services, other than applicable copayments
144 and deductibles. An insurer must provide coverage for emergency
145 services that:

146 (a) May not require prior authorization.

Amendment No. 1

147 (b) Must be provided regardless of whether the service is
148 furnished by a participating provider or a nonparticipating
149 provider.

150 (c) May impose a coinsurance amount, copayment, or
151 limitation of benefits requirement for a nonparticipating
152 provider only if the same requirement applies to a participating
153 provider.

154

155 The provisions of s. 627.638 apply to this subsection.

156 (3) An insurer is solely liable for payment of fees to a
157 nonparticipating provider of covered nonemergency services
158 provided to an insured in accordance with the coverage terms of
159 the health insurance policy, and such insured is not liable for
160 payment of fees to a nonparticipating provider, other than
161 applicable copayments and deductibles, for covered nonemergency
162 services that are:

163 (a) Provided in a facility that has a contract for the
164 nonemergency services with the insurer which the facility would
165 be otherwise obligated to provide under contract with the
166 insurer; and

167 (b) Provided when the insured does not have the ability
168 and opportunity to choose a participating provider at the
169 facility who is available to treat the insured.

170

171 The provisions of s. 627.638 apply to this subsection.

Amendment No. 1

172 (4) An insurer must reimburse a nonparticipating provider
173 of services under subsections (2) and (3) as specified in s.
174 641.513(5) within the applicable timeframe provided in s.
175 627.6131.

176 (5) A nonparticipating provider of emergency services as
177 provided in subsection (2) or a nonparticipating provider of
178 nonemergency services as provided in subsection (3) may not be
179 reimbursed an amount greater than the amount provided in
180 subsection (4) and may not collect or attempt to collect from
181 the insured, directly or indirectly, any excess amount, other
182 than copayments and deductibles. This section does not prohibit
183 a nonparticipating provider from collecting or attempting to
184 collect from the insured an amount due for the provision of
185 noncovered services.

186 (6) Any dispute with regard to the reimbursement to the
187 nonparticipating provider of emergency or nonemergency services
188 as provided in subsection (4) shall be resolved in a court of
189 competent jurisdiction or through the voluntary dispute
190 resolution process in s. 408.7057.

191 Section 9. Subsection (2) of section 627.6471, Florida
192 Statutes, is amended to read:

193 627.6471 Contracts for reduced rates of payment;
194 limitations; coinsurance and deductibles.—

195 (2) Any insurer issuing a policy of health insurance in
196 this state, which insurance includes coverage for the services
197 of a preferred provider, must provide each policyholder and

Amendment No. 1

198 certificateholder with a current list of preferred providers and
199 must make the list available on its website. The list must
200 include, when applicable and reported, a listing by specialty of
201 the names, addresses, and telephone numbers of all participating
202 providers, including facilities, and, in the case of physicians,
203 must also include board certifications, languages spoken, and
204 any affiliations with participating hospitals. Information
205 posted on the insurer's website must be updated on at least a
206 calendar-month basis with additions or terminations of providers
207 from the insurer's network or reported changes in physicians'
208 hospital affiliations ~~for public inspection during regular~~
209 ~~business hours at the principal office of the insurer within the~~
210 ~~state.~~

211 Section 10. Effective upon this act becoming a law,
212 subsection (7) is added to section 627.6471, Florida Statutes,
213 to read:

214 627.6471 Contracts for reduced rates of payment;
215 limitations; coinsurance and deductibles.-

216 (7) Any policy issued under this section after January 1,
217 2017, must include the following disclosure: "WARNING: LIMITED
218 BENEFITS WILL BE PAID WHEN NONPARTICIPATING PROVIDERS ARE USED.
219 You should be aware that when you elect to utilize the services
220 of a nonparticipating provider for a covered nonemergency
221 service, benefit payments to the provider are not based upon the
222 amount the provider charges. The basis of the payment will be
223 determined according to your policy's out-of-network

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224 reimbursement benefit. Nonparticipating providers may bill
225 insureds for any difference in the amount. YOU MAY BE REQUIRED
226 TO PAY MORE THAN THE COINSURANCE OR COPAYMENT AMOUNT.
227 Participating providers have agreed to accept discounted
228 payments for services with no additional billing to you other
229 than coinsurance and deductible amounts. You may obtain further
230 information about the providers who have contracted with your
231 insurance plan by consulting your insurer's website or
232 contacting your insurer or agent directly."

233 Section 11. Subsection (15) is added to section 627.662,
234 Florida Statutes, to read:

235 627.662 Other provisions applicable.—The following
236 provisions apply to group health insurance, blanket health
237 insurance, and franchise health insurance:

238 (15) Section 627.64194, relating to coverage requirements
239 for services provided by nonparticipating providers and payment
240 collection limitations.

241 Section 12. Except as otherwise expressly provided in this
242 act and except for this section, which shall take effect upon
243 this act becoming a law, this act shall take effect October 1,
244 2016.

245

246

247 **T I T L E A M E N D M E N T**

248 Remove everything before the enacting clause and insert:

249 A bill to be entitled

Amendment No. 1

250 An relating to out-of-network health insurance
251 coverage; amending s. 395.003, F.S.; requiring
252 hospitals, ambulatory surgical centers, specialty
253 hospitals, and urgent care centers to comply with
254 certain provisions as a condition of licensure;
255 amending s. 395.301, F.S.; requiring a hospital to
256 post on its website certain information regarding its
257 contracts with health insurers, health maintenance
258 organizations, and health care practitioners and
259 practice groups and specified notice to patients and
260 prospective patients; amending s. 408.7057, F.S.;
261 providing a claim dispute resolution process for
262 certain providers and health plans; requiring a final
263 order to be subject to judicial review; amending ss.
264 456.072, 458.331, and 459.015, F.S.; providing
265 additional acts that constitute grounds for denial of
266 a license or disciplinary action, to which penalties
267 apply; amending s. 626.9541, F.S.; specifying an
268 additional unfair method of competition and unfair or
269 deceptive act or practice; creating s. 627.64194,
270 F.S.; defining terms; specifying requirements for
271 coverage provided by an insurer for emergency
272 services; providing that an insurer is solely liable
273 for payment of certain fees to a nonparticipating
274 provider; providing limitations and requirements for
275 reimbursements by an insurer to a nonparticipating

Amendment No. 1

276 provider; providing that certain disputes relating to
277 reimbursement of a nonparticipating provider shall be
278 resolved in a court of competent jurisdiction or
279 through a specified voluntary dispute resolution
280 process; amending s. 627.6471, F.S.; requiring an
281 insurer that issues a policy including coverage for
282 the services of a preferred provider to post on its
283 website certain information about participating
284 providers and physicians; requiring that specified
285 notice be included in policies issued after a
286 specified date which provide coverage for the services
287 of a preferred provider; amending s. 627.662, F.S.;
288 providing applicability of provisions relating to
289 coverage for emergency services and payment collection
290 limitations to group health insurance, blanket health
291 insurance, and franchise health insurance; providing
292 effective dates.

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 301 : Property Prepared for Tax-Exempt Use

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton	X				
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen			X		
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva			X		
H. Marlene O'Toole	X				
Mark Pafford	X				
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson	X				
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Alan Williams			X		
John Wood	X				
Dana Young			X		
Richard Corcoran (Chair)	X				
Total Yeas: 21		Total Nays: 0			

Appearances:

Cleaver, Martha (Lobbyist) - Waive In Support
 Florida Association of Property Appraisers, Inc
 Governmental Consultant
 PO Box 11275
 Tallahassee FL 32302
 Phone: (850) 491-1945

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 301 : Property Prepared for Tax-Exempt Use (continued)

Appearances: (continued)

Pitts, Brian (General Public) - Information Only

Justice-2-Jesus

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: (727) 897-9291

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 445 : Viatical Settlements

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton	X				
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen			X		
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva			X		
H. Marlene O'Toole			X		
Mark Pafford	X				
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson	X				
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Alan Williams	X				
John Wood	X				
Dana Young	X				
Richard Corcoran (Chair)	X				
Total Yeas: 22		Total Nays: 0			

Appearances:

Bayston, Darwin (General Public) - Opponent
Life Insurance Settlement Association
President & CEO
225 South Eola Drive
Orlando FL 32801
Phone: (407) 894-3797

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 445 : Viatical Settlements (continued)

Appearances: (continued)

Kreiter, Michael (General Public) - Opponent

Life Insurance Settlement Association
Director of Legislative Affairs
225 South Eola Drive
Orlando FL 32801
Phone: (407) 897-6796

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

Office of Insurance Regulation
Director of Government Affairs
200 E. Gaines St. Larson Building, Suite 121
Tallahassee FL 32399
Phone: (850) 413-5005

Sanford, Paul (Lobbyist) - Waive In Support

American Council of Life Insurance and Florida Insurance Council
106 S Monroe St
Tallahassee FL 32301
Phone: (850) 222-7200

Meenan, Tim (Lobbyist) - Information Only

National Association of Insurance & Financial Advisors
325 West College Ave.
Tallahassee FL
Phone: (850) 425-4000

Delegal, Mark (Lobbyist) - Information Only

New York Life Insurance Company
315 South Calhoun St.
Tallahassee FL 32301
Phone: (850) 224-7000

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 461 : Location of Utilities

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton			X		
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen			X		
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva			X		
H. Marlene O'Toole	X				
Mark Pafford		X			
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson	X				
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Alan Williams			X		
John Wood	X				
Dana Young			X		
Richard Corcoran (Chair)	X				
Total Yeas: 19		Total Nays: 1			

Appearances:

Perdue, Tamela (Lobbyist) - Waive In Support
 Associated Industries of Florida Service Corporation
 516 N. Adams St.
 Tallahassee FL 32301
 Phone: (850) 224-7173

Calhoun, Dale (Lobbyist) - Waive In Support
 Florida Natural Gas Association
 201 South Monroe St. Unit A
 Tallahassee FL 32301
 Phone: (850) 681-0496

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 461 : Location of Utilities (continued)

Appearances: (continued)

Smith, James (Lobbyist) - Waive In Support

CenturyLink

Director of Government Affairs

315 S Calhoun St Ste 500

Tallahassee FL 32301

Phone: (850) 599-1779

Dudley, Charles (Lobbyist) - Waive In Support

Florida Cable Telecommunications Association, Inc

General Counsel

108 S. Monroe St.

Tallahassee FL 32301

Phone: (850) 681-0024

Walker, Frank (Lobbyist) - Waive In Support

Florida Chamber of Commerce

Government Affairs

136 E. Bronough St.

Tallahassee FL 32301

Phone: (850) 661-1200

Sirjane-Samples, Megan (Lobbyist) - Opponent

Florida League of Cities

Legislative Advocate

PO Box 1757

Tallahassee FL 32301

Phone: (850) 701-3655

Reed, Casey (Lobbyist) - Waive In Support

AT&T

State Director - Legislative Affairs

150 East College Ave. Suite 400

Tallahassee FL 32301

Phone: (386) 591-6002

Wooldridge, Vicki (Lobbyist) - Waive In Support

South Florida Regional Transportation Authority

800 NW 33rd St

Pompano Beach FL 33064

Phone: (954) 213-8690

Hatch, Tracy (General Public) - Information Only

AT&T

General Attorney

150 S. Monroe St. Suite 400

Tallahassee FL 32301

Phone: (850) 425-6360

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 461 : Location of Utilities (continued)

Appearances: (continued)

Pitts, Brian (General Public) - Information Only

Justice-2-Jesus

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: (727) 897-9291

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 761 : Fraudulent Activities Associated with Payment Systems

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton	X				
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen	X				
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva	X				
H. Marlene O'Toole	X				
Mark Pafford	X				
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson	X				
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Alan Williams	X				
John Wood	X				
Dana Young	X				
Richard Corcoran (Chair)	X				
Total Yeas: 25		Total Nays: 0			

Appearances:

Perdue, Tammy (Lobbyist) - Waive In Support
 Associated Industries of Florida
 General Counsel
 516 N. Adams St.
 Tallahassee FL 32301
 Phone: (850) 224-7173

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 761 : Fraudulent Activities Associated with Payment Systems (continued)

Appearances: (continued)

Mica, David (Lobbyist) - Waive In Support

Florida Petroleum Council
Director
215 S Monroe St Suite 800
Tallahassee FL 32301
Phone: (850)561-6300

Livingston, Jim (General Public) - Waive In Support

Hillsborough County Sheriffs Office
Major
2008 E 8th Avenue
Tampa FL 33602
Phone: (813)363-0375

Killinger, Lori (Lobbyist) - Waive In Support

RaceTrac Petroleum, Inc
Attorney
315 S Calhoun St Ste 830
Tallahassee FL 32301
Phone: (850) 222-5702

Rees, Jonathan (Lobbyist) (State Employee) - Waive In Support

Florida Department of Agriculture
Deputy Director, Legislative Affairs
400 S. Monroe Street
Tallahassee FL 32399
Phone: (850) 617-7700

Jones, Dennis - Waive In Support

The Florida Police Chiefs Association
Retired Chief of Police
957 Pelican Bay Drive
Daytona Beach FL 32119
Phone: (386) 566-1715

Martin, Jennifer (Lobbyist) - Waive In Support

League of Southeastern Credit Unions & Affiliates
Director of Governmental Affairs
3692 Coolidge Ct
Tallahassee FL 32311
Phone: (850) 558-1150

Eagan, Erik - Waive In Support

Volusia County Sheriff's Office / FL Sheriff's Association
Captain
P. O. Box 569
Deland FL 32721
Phone: (386) 547-5260

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 769 : Mental Health Treatment

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton	X				
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen	X				
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva			X		
H. Marlene O'Toole	X				
Mark Pafford	X				
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson			X		
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford				X	
W. Gregory Steube	X				
Alan Williams	X				
John Wood	X				
Dana Young	X				
Richard Corcoran (Chair)	X				
Total Yeas: 22		Total Nays: 0			

Appearances:

Lowrey, Thad (Lobbyist) - Waive In Support
Operation PAR
VP Governmental Relation
7720 Washington St
Port Richey FL 34668
Phone: (727) 992-8508

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 769 : Mental Health Treatment (continued)

Appearances: (continued)

Hendrickson, Dan (General Public) - Waive In Support

Big Bend Mental Health Coalition; North Florida Veterans Standown Legal component; NAMI Tallahassee
Chair, Advocacy Committee
319 E. Park Ave. PO Box 1201
Tallahassee FL 32302
Phone: (850) 570-1967

Heaton, Don (General Public) - Waive In Support

Volusia County Sheriff's Office--FL Sheriff's Association
Lieutenant
123 E. Indiana Ave.
DeLand FL
Phone: (386) 804-6825

Wickersheim, Michael (Lobbyist) (State Employee) - Waive In Support

Department of Children & Families
Director of Legislative Affairs
1317 Winewood Blvd. Building 1, Room 207
Tallahassee FL 32399
Phone: (850) 921-8301

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 965 : Firesafety

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton	X				
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen	X				
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva			X		
H. Marlene O'Toole	X				
Mark Pafford	X				
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson	X				
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Alan Williams	X				
John Wood	X				
Dana Young	X				
Richard Corcoran (Chair)	X				
Total Yeas: 24		Total Nays: 0			

HB 965 Amendments

Amendment 322507

Adopted Without Objection

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 965 : Firesafety (continued)

Appearances:

Haston, Shaddrick (Lobbyist) - Information Only

Florida Assisted Living Affiliation
CEO
2447 Mill Creek Ct Suite 3
Tallahassee FL 32308
Phone: (850) 383-1159

Arnold, Melody (Lobbyist) - Waive In Support

Florida HealthCare Association
Government Affairs Manager
307 W Park Ave.
Tallahassee FL 32301
Phone: (850) 224-3907

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

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

Prutsman, Eric (Lobbyist) - Waive In Support

Florida Fire Marshals & Inspectors Association
P.O. Box 10448
Tallahassee FL 32302
Phone: (850) 894-6601

Cantwell, Laura (Lobbyist) - Waive In Support

AARP
ASD
400 Carillon Pky Ste 100
St Petersburg FL 33716
Phone: (850) 570-2110

Henderson, Cynthia (Lobbyist) - Waive In Support

ATNA
108 E. Jefferson St. Suite A
Tallahassee FL 32308
Phone: (850) 559-0855

Amendment 1

Dewar, Buddy (Lobbyist) - Waive In Support

BDA Fire Safety Consultant
5501 Touraine Drive
Tallahassee FL 32308
Phone: (850) 566-8733

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 965 : Firesafety (continued)

Appearances: (continued)

Boyd, Elizabeth (Lobbyist) (State Employee) - Waive In Support

Department of Financial Services

Legislative Affairs Director

400 South Monroe Street

Tallahassee Florida 32399

Phone: 850-413-2863

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTIONADOPTED (Y/N)ADOPTED AS AMENDED (Y/N)ADOPTED W/O OBJECTION (Y/N)FAILED TO ADOPT (Y/N)WITHDRAWN (Y/N)

OTHER

1 Committee/Subcommittee hearing bill: Appropriations Committee
 2 Representative Harrison offered the following:

Amendment (with title amendment)

Remove lines 25-26 and insert:

6 facility. Uniform firesafety standards for assisted living
 7 facilities shall be established by the State Fire Marshal
 8 pursuant to s.

Between lines 225 and 226, insert:

10 d. An assisted living facility licensed before July 1,
 11 2016, is exempt from any requirement in the uniform firesafety
 12 code established and adopted pursuant to s. 633.206 by the State
 13 Fire Marshal for assisted living facilities which exceeds the
 14 firesafety requirements of NFPA 101, 1994 edition, Chapter 23,
 15 Existing Residential Board and Care Occupancies. However, a
 16 facility that undergoes building rehabilitation as described by
 17 the uniform firesafety code established by the State Fire

Amendment No. 1

18 Marshal must thereafter be in compliance with the uniform
19 firesafety code in effect for assisted living facilities under
20 sub-subparagrah a.

21

22

23

T I T L E A M E N D M E N T

24

Remove line 8 and insert:

25

assisted living facilities; providing an exemption for

26

existing assisted living facilities under certain

27

conditions; providing an effective

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 989 : Implementation of Water and Land Conservation Constitutional Amendment

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton			X		
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen	X				
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva	X				
H. Marlene O'Toole	X				
Mark Pafford	X				
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson	X				
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Alan Williams	X				
John Wood	X				
Dana Young	X				
Richard Corcoran (Chair)	X				
Total Yeas: 24		Total Nays: 0			

Appearances:

Kunkel, Stephanie (Lobbyist) - Waive In Support
 Conservancy of Southwest Florida
 873 Kingsway Road
 Tallahassee FL 32301
 Phone: (850) 320-4208

Saunders, Burt (Lobbyist) - Waive In Support
 Lee County
 FL 32301
 Phone: (850) 224-4070

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 989 : Implementation of Water and Land Conservation Constitutional Amendment (continued)

Appearances: (continued)

Bleakley, Sarah (Lobbyist) - Waive In Support
Lee County
FL 32301
Phone: (850) 224-4070

Upton, Anna (Lobbyist) - Waive In Support
Everglades Foundation, The
9005 Eagles Ridge Dr
Tallahassee FL 32312
Phone: (850) 228-6360

Keller, Deborah (Lobbyist) - Waive In Support
Nature Conservancy, The
Associate Director GR
236 East 5th Avenue
Tallahassee FL 32301
Phone: (850) 222-0199

Bracy, Carol (Lobbyist) - Waive In Support
Martin County Board of County Commissioners
2401 SE Monterey Road
Stuart FL 34996
Phone: (850) 577 0444

Fogarty, Nicole (Lobbyist) - Waive In Support
St. Lucie County
Legislative Affairs Director for St. Lucie County
2300 Virginia Ave
Fort Pierce FL 34982
Phone: (772) 462-6406

Rodriguez, Monica (Lobbyist) - Waive In Support
403 E. Park Avenue
Tallahassee FL 32301
Phone: (850) 766-6287

Draper, Eric (Lobbyist) - Waive In Support
Audubon of Florida
Executive Director
308 N. Monroe
Tallahassee FL 32301
Phone: (850) 999-1028

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 1169 : Emergency Management

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton	X				
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen	X				
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva			X		
H. Marlene O'Toole	X				
Mark Pafford	X				
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson	X				
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Alan Williams	X				
John Wood	X				
Dana Young	X				
Richard Corcoran (Chair)	X				
Total Yeas: 24		Total Nays: 0			

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 4065 : Duties of the Legislative Auditing Committee

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Janet Adkins	X				
Ben Albritton	X				
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen	X				
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva			X		
H. Marlene O'Toole	X				
Mark Pafford	X				
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson	X				
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Alan Williams	X				
John Wood	X				
Dana Young	X				
Richard Corcoran (Chair)	X				
Total Yeas: 24		Total Nays: 0			

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 7089 : State Group Insurance Program

Favorable - Rep. Kevin Rader would like for the record to reflect that he would like to change his vote on HB Bill 7089 from "Yea" to "Nay." This change in no way will change the outcome of the vote which is recorded.

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton			X		
Jim Boyd	X				
Gwyndolen Clarke-Reed		X			
Janet Cruz			X		
Erik Fresen	X				
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva	X				
H. Marlene O'Toole	X				
Mark Pafford		X			
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson	X				
Kenneth Roberson	X				
Darryl Rouson		X			
Cynthia Stafford		X			
W. Gregory Steube	X				
Alan Williams	X				
John Wood	X				
Dana Young			X		
Richard Corcoran (Chair)	X				
Total Yeas: 19		Total Nays: 4			

Appearances:

Ogletree, Marshall (Lobbyist) - Opponent
 United Faculty of Florida
 Interim Executive Director
 115 N. Calhoun Street
 Tallahassee FL 32301
 Phone: (850) 224-8220

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 7089 : State Group Insurance Program (continued)

Appearances: (continued)

Templin, Richard (Lobbyist) - Opponent

Florida AFL-CIO

135 S Monroe St

Tallahassee FL 32301

Phone: (850) 224-6926

Puckett, Matthew (Lobbyist) - Proponent

Florida Police Benevolent Association, Inc

300 E Brevard St

Tallahassee FL 32301

Phone: (850)222-3329

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 7095 : Juror Costs

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Janet Adkins	X				
Ben Albritton	X				
Jim Boyd	X				
Gwyndolen Clarke-Reed	X				
Janet Cruz			X		
Erik Fresen	X				
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva			X		
H. Marlene O'Toole	X				
Mark Pafford	X				
Elizabeth Porter	X				
Kevin Rader	X				
Holly Raschein	X				
David Richardson			X		
Kenneth Roberson			X		
Darryl Rouson	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Alan Williams	X				
John Wood	X				
Dana Young	X				
Richard Corcoran (Chair)	X				
Total Yeas: 22		Total Nays: 0			

HB 7095 Amendments

Amendment 023773

Adopted Without Objection

Amendment 775567

Adopted Without Objection

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

HB 7095 : Juror Costs (continued)

Appearances:

Baggett, Fred (Lobbyist) - Waive In Support

Florida Association of Court Clerks

101 E College Ave

Tallahassee FL 32301

Phone: (850) 425-8512

Pitts, Brian (General Public) - Information Only

Justice-2-Jesus

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: (727) 897-9291

Amendment No. a1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Appropriations Committee
 2 Representative Metz offered the following:

3
 4 **Amendment to Amendment (023773) by Representative Metz**

5 Remove line 127 of the amendment and insert:

6 during a quarterly fiscal period, the commission shall

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Appropriations Committee
 2 Representative Metz offered the following:

Amendment (with title amendment)

5 Remove everything after the enacting clause and insert:
 6 Section 1. Paragraph (a) of subsection (3) of section 28.35,
 7 Florida Statutes, is amended to read:

8 28.35 Florida Clerks of Court Operations Corporation.—

9 (3)(a) The list of court-related functions that clerks may
 10 fund from filing fees, service charges, costs, and fines is
 11 limited to those functions expressly authorized by law or court
 12 rule. Those functions include the following: case maintenance;
 13 records management; court preparation and attendance; processing
 14 the assignment, reopening, and reassignment of cases; processing
 15 of appeals; collection and distribution of fines, fees, service
 16 charges, and court costs; processing of bond forfeiture
 17 payments; ~~payment of jurors and witnesses; payment of expenses~~

Amendment No. 1

18 ~~for meals or lodging provided to jurors;~~ data collection and
19 reporting; ~~processing of jurors;~~ determinations of indigent
20 status; and paying reasonable administrative support costs to
21 enable the clerk of the court to carry out these court-related
22 functions.

23 Section 2. Subsections (3), (4), and (5) of section 40.24,
24 Florida Statutes, are amended to read:

25 40.24 Compensation and reimbursement policy.—

26 (3) (a) Jurors who are regularly employed and who continue
27 to receive regular wages while serving as a juror are not
28 entitled to receive compensation from the state ~~clerk of the~~
29 ~~circuit court~~ for the first 3 days of juror service.

30 (b) Jurors who are not regularly employed or who do not
31 continue to receive regular wages while serving as a juror are
32 entitled to receive \$15 per day for the first 3 days of juror
33 service.

34 (4) Each juror who serves more than 3 days is entitled to
35 be paid by the state ~~clerk of the circuit court~~ for the fourth
36 day of service and each day thereafter at the rate of \$30 per
37 day of service.

38 (5) Jurors are not entitled to additional reimbursement by
39 the state ~~clerk of the circuit court~~ for travel or other out-of-
40 pocket expenses.

41 Section 3. Section 40.29, Florida Statutes, is amended to
42 read:

43 40.29 Payment of due-process costs.—

Amendment No. 1

44 (1) (a) Each clerk of the circuit court, on behalf of the
45 state attorney, private court-appointed counsel, the public
46 defender, and the criminal conflict and civil regional counsel,
47 shall forward to the Justice Administrative Commission, by
48 county, a quarterly estimate of funds necessary to pay for
49 ordinary witnesses, including, but not limited to, witnesses in
50 civil traffic cases and witnesses of the state attorney, the
51 public defender, criminal conflict and civil regional counsel,
52 private court-appointed counsel, and persons determined to be
53 indigent for costs. Each quarter of the state fiscal year, the
54 commission, based upon the estimates, shall advance funds to
55 each clerk to pay for these ordinary witnesses from state funds
56 specifically appropriated for the payment of ordinary witnesses.

57 (b) Each clerk of the circuit court shall forward to the
58 Justice Administrative Commission a quarterly estimate of funds
59 necessary to pay compensation to jurors and for meals or lodging
60 provided to jurors. The Clerks of Court Operations Corporation
61 shall forward to the Justice Administrative Commission a
62 quarterly estimate of jury related personnel costs necessary to
63 pay each clerk of the circuit court personnel costs related to
64 jury management.

65 (2) Upon receipt of an estimate pursuant to subsection
66 (1), the Justice Administrative Commission shall endorse the
67 amount deemed necessary for payment by the clerk of the court
68 during the quarterly fiscal period and shall submit a request
69 for payment to the Chief Financial Officer.

Amendment No. 1

70 (3) Upon receipt of the funds from the Chief Financial
71 Officer, the clerk of the court shall pay all invoices approved
72 and submitted by the state attorney, the public defender, the
73 clerk of the court, criminal conflict and civil regional
74 counsel, and private court-appointed counsel for the items
75 enumerated in subsection (1).

76 (4) After review for compliance with applicable rates and
77 requirements, the Justice Administrative Commission shall pay
78 all due process service related invoices, except those
79 enumerated in subsection (1), approved and submitted by the
80 state attorney, the public defender, the clerk of the court,
81 criminal conflict and civil regional counsel, or private court-
82 appointed counsel in accordance with the applicable requirements
83 of ss. 29.005, 29.006, and 29.007.

84 Section 4. Section 40.31, Florida Statutes, is amended to
85 read:

86 40.31 Justice Administrative Commission; apportionment of
87 funds; insufficient appropriations may apportion appropriation.-

88 (1) If the Justice Administrative Commission has reason to
89 believe that the amount appropriated by the Legislature is
90 insufficient to meet the expenses of witnesses during the
91 remaining part of the state fiscal year, the commission may
92 apportion the money in the treasury for that purpose among the
93 several counties, basing such apportionment upon the amount
94 expended for the payment of witnesses in each county during the
95 prior fiscal year. In such case, each county shall be paid by

Amendment No. 1

96 warrant, issued by the Chief Financial Officer, only the amount
97 so apportioned to each county, and, when the amount so
98 apportioned is insufficient to pay in full all the witnesses
99 during a quarterly fiscal period, the clerk of the court shall
100 apportion the money received pro rata among the witnesses
101 entitled to pay and shall give to each witness a certificate of
102 the amount of compensation still due, which certificate shall be
103 held by the commission as other demands against the state.

104 (2) If the Justice Administrative Commission has reason to
105 believe that the amount appropriated by the Legislature is
106 insufficient to meet jury related personnel costs and expenses
107 relating to compensation of jurors and meals and lodging
108 provided to jurors during the remaining part of the state fiscal
109 year, the commission may apportion the money in the treasury for
110 those purposes among the several counties, basing such
111 apportionment upon the amount expended for such purposes in each
112 county during the prior fiscal year. In such case, each county
113 shall be paid by warrant, issued by the Chief Financial Officer,
114 only the amount so apportioned to each county. When the amount
115 so apportioned is insufficient to pay in full all jury related
116 personnel costs and jury-related expenses described herein
117 during a quarterly fiscal period, the clerk of the court shall
118 pay jurors entitled to pay before reimbursing any other jury-
119 related expenses described herein. If the amount so apportioned
120 is insufficient to pay in full all jurors during a quarterly
121 fiscal period, the clerk of the court shall apportion the money

Amendment No. 1

122 received pro rata among the jurors entitled to pay and shall
123 give to each juror a certificate of the amount of compensation
124 still due, which certificate shall be held by the commission as
125 other demands against the state. If the amount so apportioned is
126 insufficient to pay in full all jury related personnel costs
127 during a quarterly fiscal period, the clerk of the court shall
128 apportion the money received pro rata among the counties
129 entitled and shall give to each county a certificate of the
130 amount of compensation still due, which certificate shall be
131 held by the commission as other demands against the state.

132 Section 5. Section 40.32, Florida Statutes, is amended to
133 read:

134 40.32 Clerks to disburse money; payments to jurors and
135 witnesses.—

136 (1) All moneys drawn from the treasury under ~~the~~
137 ~~provisions of~~ this chapter by the clerk of the court shall be
138 disbursed by the clerk of the court as far as needed in payment
139 of jurors and witnesses, except for expert witnesses paid under
140 a contract or other professional services agreement pursuant to
141 ss. 29.004, 29.005, 29.006, and 29.007, for the legal
142 compensation for service during the quarterly fiscal period for
143 which the moneys were drawn and for no other purposes.

144 ~~(2) The payment of jurors and the payment of expenses for~~
145 ~~meals and lodging for jurors under the provisions of this~~
146 ~~chapter are court-related functions that the clerk of the court~~
147 ~~shall fund from filing fees, service charges, court costs, and~~

Amendment No. 1

148 ~~finer.~~

149 ~~(2)(3)~~ Jurors and witnesses shall be paid by the clerk of
150 the court in cash, by check, or by warrant within 20 days after
151 completion of jury service or completion of service as a
152 witness.

153 (a) If the clerk of the court pays a juror or witness by
154 cash, the juror or witness shall sign the payroll in the
155 presence of the clerk, a deputy clerk, or some other person
156 designated by the clerk.

157 (b) If the clerk pays a juror or witness by warrant, he or
158 she shall endorse on the payroll opposite the juror's or
159 witness's name the words "Paid by warrant," giving the number
160 and date of the warrant.

161 Section 6. Section 40.33, Florida Statutes, is amended to
162 read:

163 40.33 Deficiency.—If the funds required for payment of the
164 items enumerated in s. 40.29(1) in any county during a quarterly
165 fiscal period exceeds the amount of the funds provided pursuant
166 to s. 40.29(3), the state attorney, public defender, clerk of
167 the circuit court, or criminal conflict and civil regional
168 counsel, as applicable, shall make a further request upon the
169 Justice Administrative Commission for the items enumerated in s.
170 40.29(1) for the amount necessary to allow for full payment.

171 Section 7. Section 40.34, Florida Statutes, is amended to
172 read:

173 40.34 Clerks to make triplicate payroll.—

Amendment No. 1

174 (1) The clerk of the court shall make out a payroll in
175 triplicate for the payment of jurors and witnesses, which
176 payroll shall contain:

177 (a) The name of each juror and witness entitled to be paid
178 with state funds;

179 (b) The number of days for which the jurors and witnesses
180 are entitled to be paid;

181 (c) The number of miles traveled by each; and

182 (d) The total compensation each juror and witness is
183 entitled to receive.

184 (2) The form of such payroll shall be prescribed by the
185 Chief Financial Officer.

186 (3) Compensation paid a juror or witness shall be attested
187 as provided in s. 40.32. The payroll shall be approved by the
188 signature of the clerk, or his or her deputy, except for the
189 payroll as to witnesses appearing before the state attorney,
190 which payroll shall be approved by the signature of the state
191 attorney or an assistant state attorney.

192 (4) The clerks of the courts shall forward two copies of
193 such payrolls to the Justice Administrative Commission, within 2
194 weeks after the last day of the quarterly fiscal period, and the
195 commission shall audit such payrolls.

196 Section 8. This act shall take effect July 1, 2016.

197

198

199

T I T L E A M E N D M E N T

Amendment No. 1

200 Remove everything before the enacting clause and insert:
201 An act relating to juror costs; amending s. 28.35, F.S.;
202 revising the list of court-related functions that clerks may
203 fund from filing fees, service charges, costs, and fines;
204 amending s. 40.24, F.S.; conforming provisions to changes made
205 by the act; amending s. 40.29, F.S.; requiring the clerk and the
206 Florida Clerks of Court Operations Corporation to forward
207 quarterly estimates on certain jury-related costs to the Justice
208 Administrative Commission; revising procedures governing the
209 payment of certain costs; amending s. 40.31, F.S.; authorizing
210 the commission to apportion funds for specified jury-related
211 costs in certain circumstances; providing for issuance to jurors
212 and counties of certificates for the amount of compensation
213 still due in certain circumstances; amending s. 40.32, F.S.;
214 conforming provisions to changes made by the act; amending s.
215 40.33, F.S.; authorizing the clerk to make requests to the
216 commission for additional funds to pay certain costs in the
217 event of a deficiency; amending s. 40.34, F.S.; requiring the
218 clerk to provide for payroll in triplicate for the payment of
219 jurors; requiring the clerk to forward a specified number of
220 copies of juror payrolls to the commission by a specified date;
221 requiring the commission to audit such payrolls; providing an
222 effective date.

223

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

PCS for HB 873 : Special Facility Construction Account

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Janet Adkins	X				
Ben Albritton	X				
Jim Boyd	X				
Gwyndolen Clarke-Reed		X			
Janet Cruz			X		
Erik Fresen	X				
Matt Hudson	X				
Clay Ingram	X				
Mia Jones			X		
Charles McBurney	X				
Larry Metz	X				
George Moraitis, Jr.	X				
Jeanette Nuñez			X		
Jose Oliva	X				
H. Marlene O'Toole	X				
Mark Pafford		X			
Elizabeth Porter	X				
Kevin Rader		X			
Holly Raschein	X				
David Richardson		X			
Kenneth Roberson	X				
Darryl Rouson	X				
Cynthia Stafford		X			
W. Gregory Steube	X				
Alan Williams					X
John Wood	X				
Dana Young	X				
Richard Corcoran (Chair)	X				
Total Yeas: 19		Total Nays: 5			

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

Presentation/Workshop/Other Business Appearances:

PCS for HB 873

Browning, Kurt (General Public) - Information Only
FL State Association of Superintendents of Schools/Pasco
Superintendent of Schools, Pasco County
7227 Land O Lakes Blvd.
Land O Lakes FL 34638
Phone: (813) 794-2651

PCS for HB 873

Thomas, Malcolm (General Public) - Information Only
PADSS/Escambia Schools
Superintendent of Schools, Escambia School District
75 N. Pace Blvd.
Pensacola FL 32505
Phone: (850) 469-6130

PCS for HB 873

Melton, Ruth (Lobbyist) - Opponent
Florida School Boards Association
Director of Government Relations
203 South Monroe St.
Tallahassee FL 32301
Phone: (850) 414-2578

PCS for HB 873

Dodge, Wendy (Lobbyist) - Opponent
Polk County Public Schools
Director of Legislative Affairs
PO Box 391
Bartow FL 33831
Phone: (863) 534-0658

PCS for HB 873

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

PCS for HB 873

Cerra, Thomas (Lobbyist) - Waive In Opposition
Greater Florida Consortium of School Boards
Executive Director
1450 NE 2nd Ave Ste 912
Miami FL 33178
Phone: (305) 513-9995

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM

COMMITTEE MEETING REPORT

Appropriations Committee

2/9/2016 3:00:00PM

Location: Webster Hall (212 Knott)

Presentation/Workshop/Other Business Appearances: (continued)

PCS for HB 873

Doolin, Christian (Lobbyist) - Information Only
Small School District Council Consortium
Consultant
1118-B Thomasville Rd
Tallahassee FL 32303
Phone: (850) 508-5492

PCS for HB 873

Lawther, Nancy (General Public) - Information Only
Miami Dade County Council PTA/PTSA
VP of Advocacy and Legislation
9140 SW 59 Ave.
Miami FL 33156
Phone: (305) 665-6324

PCS for HB 873

Cerra, Robert (Lobbyist) - Waive In Opposition
Lee County Public Schools
Governmental Consultant
206 South Monroe St. #104
Tallahassee FL 32301
Phone: (850) 222-4428

Committee meeting was reported out: Wednesday, February 10, 2016 9:59:59AM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Type or Print Clearly

Bill Number: 139 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Appropriations

Name: Laura Cantwell

Title: ASD

Address: 400 Carillon Pkwy, Suite 100

City: St. Pete State/Zip: FL/33710

Phone Number: 850-570-2110

Representing: AARP

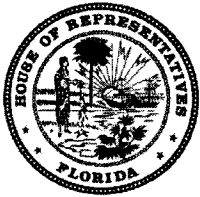
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Type or Print Clearly

Bill Number: HB 139 Meeting Date: Feb. 9, 2016

Fill in appropriate information:

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

Committee/Subcommittee: House Health Appropriations

Name: Joe Annettart

Title: Director of Governmental Affairs

Address: 118 E. Jefferson Street

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 224.1089

Representing: Florida Dental Association

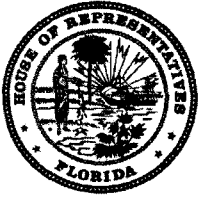
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 139 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Appropriations

Name: Chris Noland

Title: _____

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051

Representing: Florida Public Health Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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

TYPE OR PRINT CLEARLY

WLS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number 139 Date 9/2/2016
Name BRIAN PITTS
Title TRUSTEE
Address 1119 NEWTON AVENUE SOUTH
City SAINT PETERSBURG State/Zip FLORIDA/33705
Phone Number 727/897-9291
Representing JUSTICE-2-JESUS

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

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

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

Subject matter:

Committee/Subcommittee: APC



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

WLS

Bill Number: 221 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Appropriations

Name: Shai'Ron James

Title: Insurance Consumer Advocate

Address: 200 East Gaines Street

City: Tallahassee State/Zip: FL 32399

Phone Number: (850) 413-5923

Representing: DPS

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



71991984



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Number: **CS/HB 221 : Out-of-network Health Insurance Coverage** Meeting Date: **Feb 9 2016 3:00PM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **1**

Committee/Subcommittee: **Appropriations Committee**

Name: **Ecenia, Stephen**

Title:

Address: **301 E Las Olas Blvd 4th Floor**

City: **Ft Lauderdale** State/Zip: **FL 33301**

Phone Number: **(850)681-6788**

Representing: **HCA Healthcare**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
	Proponent	Proponent



71991984

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.

Bill Number: **CS/HB 221 : Out-of-network Health Insurance Coverage** Meeting Date: **Feb 9 2016 3:00PM**

PCB/PCS/Amendment #/or Presentation/Workshop Topic: **sa1**

Committee/Subcommittee: **Appropriations Committee**

Name: **Ecenia, Stephen**

Title:

Address: **301 E Las Olas Blvd 4th Floor**

City: **Ft Lauderdale** State/Zip: **FL 33301**

Phone Number: **(850)681-6788**

Representing: **HCA Healthcare**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
	Proponent	Opponent



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 221 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic:

SUPPORT THE TRUJILLO Amendment Am 1

Committee/Subcommittee: _____

Name: AMY YOUNG

Title: top Managing Partner, Ballard Partners

Address: 403 East Park Avenue

City: ~~WPC~~ Tall State/Zip: FL ~~33405~~ 32301

Phone Number: 561-577-0444

Representing: FLORIDA SOCIETY OF PATHOLOGISTS

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly



Bill Number: 221 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 406417 (Sub Am 1)

Committee/Subcommittee: Appropriations

Name: Chris Oland

Title: _____

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051

Representing: Florida Chapter, American College of Surgeons

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 221 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 399391 (Am 1)

Committee/Subcommittee: Appropriations

Name: Chris Noland

Title: _____

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32209

Phone Number: 904-233-3051

Representing: Florida Chapter, American College of Surgeons

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

[Handwritten signature]

Type or Print Clearly

Bill Number: 221 Meeting Date: Feb. 9, 14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment 406417 by Wood

Committee/Subcommittee: Appropriations

Name: Toni Large

Title: _____

Address: 519 E. Park Ave.

City: Tallahassee State/Zip: FL 32308

Phone Number: (850) 556-1461

Representing: Florida College of Emergency Physicians & Florida Orthopedic Society

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 221 Meeting Date: Feb. 9, 14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment 399391 by Trujillo

Committee/Subcommittee: Appropriations

Name: Toni Large

Title: _____

Address: 519 E. Park Ave

City: Tallahassee State/Zip: FL 32308

Phone Number: (850) 556-1461

Representing: Florida College Emergency Physicians & Florida Orthopedic Society

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 221 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Approps

Name: Caitlin Murray

Title: Director of Government Affairs

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: office of Insurance Regulation

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 221 Meeting Date: 2/9/16

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: Health Insurance coverage for
Emergency services

Committee/Subcommittee: Appropriations

Name: Audrey Brown

Title: President & C.E.O

Address: 200 W. College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-386-2804

Representing: Florida Association of Health Plans

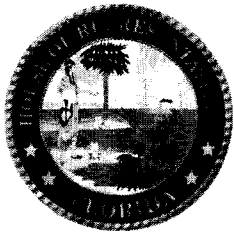
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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ASSISTANT AT THE MEETING

WLS

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE
RECORD

Bill Number 221 Date February 9, 2016

Name Kristen Butler

Title Communications Director

Address 110 E. Jefferson St.

City TLH State/Zip FL 32301

Phone Number 681-0416

Representing National Federation of Independent Business

Lobbyist (registered) YES NO

State Employee YES NO

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

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

Subject matter: _____

Committee/Subcommittee: House Appropriations



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 221 Meeting Date: 2-9-2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: HEALTH INSURANCE COVERAGE FOR EMERGENCY SERVICES

Committee/Subcommittee: HOUSE APPROPRIATIONS COMMITTEE

Name: STEPHEN R. WINN

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DRIVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Registered Lobbyist: YES NO

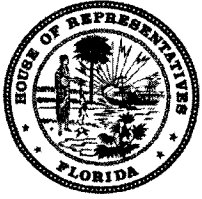
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

WAIVE TIME IN SUPPORT



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 221 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Appropriations

Name: Jeff Scott

Title: _____

Address: 1430 Piedmont Dr. E.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 251-2439

Representing: Florida Medical Association

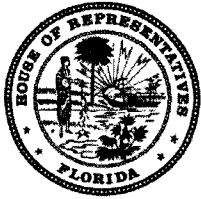
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 221 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment 406417 (Sub. Am 1)

Committee/Subcommittee: Appropriations

Name: Jeff Scott

Title: _____

Address: 1430 Piedmont Dr. E.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 251-2439

Representing: Florida Medical Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	<u>406417</u>



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 221 Meeting Date: 2/9/16 ★

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Balance Billing / amendment
406417

Committee/Subcommittee: Sub. Am I by Wood

Name: Ron Watson

Title: Lobbyist

Address: 3738 Murdon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202

Representing: Florida CHAIN

Registered Lobbyist: YES NO State Employee: YES NO

Waive in Support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 221 Meeting Date: 2/9/16

*Amendment
I*

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Balance Billing / 399391
by Trujillo

Committee/Subcommittee: _____

Name: Ron Watson

Title: Lobbyist

Address: 3738 Murdon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202

Representing: Florida CHAIN

Registered Lobbyist: YES NO

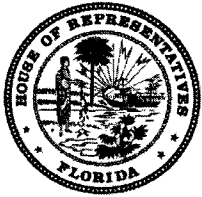
State Employee: YES NO

Waive in Support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 221 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Ron Watson

Title: Lobbyist

Address: 3738 Menden Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202

Representing: Florida CHAIN

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in Support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



~~did speak~~
did not speak

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 221 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: Medical Balanced Billing

Committee/Subcommittee: Appropriations

Name: Michael Fmstowski (S-miss-cow-ski)

Title: President

Address: 204 So. Hoover Blvd #125

City: Tampa State/Zip: FL 33609

Phone Number: 813 679-2822

Representing: Financial Planning Advisor (Advisors)

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 221 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Appropriations

Name: Tammy Perdue

Title: General Counsel

Address: 516 N. Adams St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 224 7173

Representing: Associated Industries of Florida

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 301 Meeting Date: 2/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Property Prepared for Tax-Exempt Use

Committee/Subcommittee: Appropriations

Name: Martha Cleaver

Title: Governmental Consultant

Address: P.O. Box 11275

City: Tallahassee State/Zip: FL 32302

Phone Number: 850/491-1945

Representing: Florida Association of Property Appraisers

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

Did Not Appear



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 301 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Approp

Name: Marina Pavlov - Marchner

Title: CEO/President, FL Nonprofits

Address: 512 NE 3rd Av

City: Ft. Lauderdale State/Zip: FL

Phone Number: 954-540-6118

Representing: FL Nonprofits

Registered Lobbyist: YES [] NO [X]

State Employee: YES [] NO [X]

I Wish To Speak: YES [] NO [X]

I Have Been Requested to Speak: YES [] NO [X]

Bill		Amendment	
Proponent [X]	Opponent []	Proponent []	Opponent []
Info Only []		Info Only []	



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

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number 301 Date 2/9/2016

Name BRIAN PITTS

Title TRUSTEE

Address 1119 NEWTON AVENUE SOUTH

City SAINT PETERSBURG State/Zip FLORIDA/33705

Phone Number 727/897-9291

Representing JUSTICE-2-JESUS

Lobbyist (registered) YES NO

State Employee YES NO

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

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

Subject matter:

Committee/Subcommittee: APC



50106219



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Number: **CS/HB 445 : Viatical Settlements** Meeting Date: **Feb 9 2016 3:00PM**

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

Committee/Subcommittee: **Appropriations Committee**

Name: **Bayston, Darwin**

Title: **President & CEO**

Address: **225 South Eola Drive**

City: **Orlando** State/Zip: **FL 32801**

Phone Number: **407-894-3797**

Representing: **Life Insurance Settlement Association**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Opponent		Opponent



44957700



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Number: **CS/HB 445 : Viatical Settlements** Meeting Date: **Feb 9 2016 3:00PM**

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

Committee/Subcommittee: **Appropriations Committee**

Name: **Kreiter, Michael**

Title: **Director of Legislative Affairs**

Address: **225 South Eola Drive**

City: **Orlando** State/Zip: **FL 32801**

Phone Number: **407-897-6796**

Representing: **Life Insurance Settlement Association**

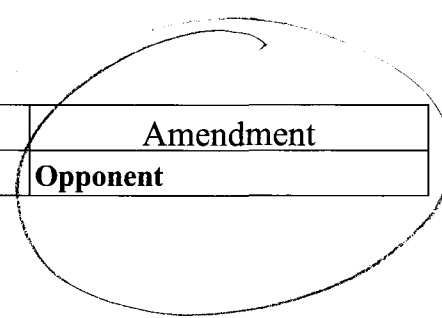
Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Opponent		Opponent





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Type or Print Clearly

Bill Number: 445 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Approps

Name: Carlin Murray

Title: Director of Insurance Affairs

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: Office of Insurance Regulation

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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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.

Bill Number: **CS/HB 445 : Viatical Settlements** Meeting Date: **Feb 9 2016 3:00PM**

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

Committee/Subcommittee: **Appropriations Committee**

Name: **Sanford, Paul**

Title:

Address: **106 South Monroe Street**

City: **Tallahassee** State/Zip: **FL 32301**

Phone Number: **850-222-7200**

Representing: **Florida Insurance Council nd American Council of Life Insurers**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
	Proponent	N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 445 Meeting Date: Feb 9th / 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Tim Meenan

Title: _____

Address: 325 W College Ave

City: Tallahassee State/Zip: FL

Phone Number: 850 425-4000

Representing: National Association of Insurance & Financial

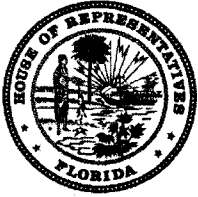
Registered Lobbyist: YES NO

State Employee: YES NO Advisors

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 445 Meeting Date: Feb. 9, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Viatical Settlements

Committee/Subcommittee: Appropriations

Name: Mark Delegal

Title: Attorney

Address: 315 S. Calhoun

City: Tallahassee State/Zip: FL 32301

Phone Number: 224-7000

Representing: New York Life

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

WLS

Bill Number: 461 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Location of Utilities

Committee/Subcommittee: Appropriations

Name: Tammy Perdue

Title: General Counsel

Address: 516 N Adams St

City: TUH State/Zip: FL 32301

Phone Number: 8502247173

Representing: Associated Industries of Florida

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Type or Print Clearly

Bill Number: 461 Meeting Date: 2-9-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Appropriations

Name: Dale Calhoun

Title: _____

Address: 201 S Monroe St Unit A

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 681 0496

Representing: Florida Natural Gas Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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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.

Bill Number: **HB 461 : Location of Utilities** Meeting Date: **Feb 9 2016 3:00PM**

PCB/PCS/Amendment # or **Relating to Location of Utilities**
Presentation/Workshop Topic:

Committee/Subcommittee: **Appropriations Committee**

Name: **Smith, Jim**

Title: **Director of Government Affairs**

Address: **315 S Calhoun St Ste 500**

City: **Tallahassee** State/Zip: **FL 32301**

Phone Number: **850)599-1779**

Representing: **CenturyLink**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Proponent		N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 461 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB 461

Committee/Subcommittee: Approps.

Name: Charles Dudley

Title: General Counsel

Address: 108 S. Monroe

City: Tallah. State/Zip: FL 32301

Phone Number: 681 0024

Representing: FL Cable Telecomm. Assoc.

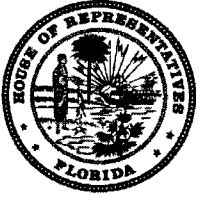
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 461 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Appropriations

Name: Frank Walker

Title: Covt. Affairs

Address: 136 E Bronough St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-661-1200

Representing: FL Chamber of Commerce

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

~~1/24~~

Bill Number: HB 401 Meeting Date: 2/9/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: LOCATION OF UTILITIES

Committee/Subcommittee: APPROPRIATIONS

Name: MEGAN SIKANE-SAMPLES

Title: LEGISLATIVE ADVOCATE

Address: P.O. BOX 1757

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850.701.3455

Representing: FLORIDA LEAGUE OF CITIES

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 461 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Location of Utilities

Committee/Subcommittee: Appropriations

Name: Casey Reed

Title: State Director - Leg. Affairs

Address: 150 E College Ave Ste 400

City: Tallahassee State/Zip: FL 32301

Phone Number: (904) 591-6002

Representing: AT&T

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 461 Meeting Date: 02-09-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Appropriations

Name: VICKI WOOLDRIDGE

Title: GOV. AFFRS. MGR.

Address: 800 NW 33rd ST

City: POMPAHO BEACH State/Zip: FL 33064

Phone Number: (954) 213-8690

Representing: SO. FLA. REGIONAL TRANS. AUTHORITY / TRI-RAIL

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 461 Meeting Date: 2/9/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: LOCATION OF UTILITIES

Committee/Subcommittee: APPROPRIATIONS

Name: TRACY HATCH

Title: GENERAL ATTORNEY

Address: 150 S. MONROE SUITE 400

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850-425-6360

Representing: AT&T

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number 451 Date 2/9/2016

Name BRIAN PITTS

Title TRUSTEE

Address 1119 NEWTON AVENUE SOUTH

City SAINT PETERSBURG State/Zip FLORIDA/33705

Phone Number 727/897-9291

Representing JUSTICE-2-JESUS

Lobbyist (registered) YES NO

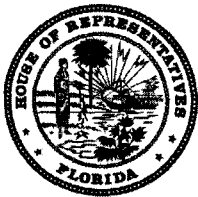
State Employee YES NO

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

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

Subject matter:

Committee/Subcommittee: APC



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 761 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Fraud w/ Payment Systems

Committee/Subcommittee: Appropriations

Name: Tammy Perdue

Title: General Counsel

Address: 516 N Adams St

City: TLH State/Zip: FL 32301

Phone Number: 8502247173

Representing: Associated Industries of Florida

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

WLS

Bill Number: 761 Meeting Date: 2/9

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Frankfurt Report

Committee/Subcommittee: Approps

Name: David Mies

Title: Director

Address: 215 S. Monroe

City: Tallahassee State/Zip: FL 32301

Phone Number: 561-6300

Representing: Florida Petroleum Council

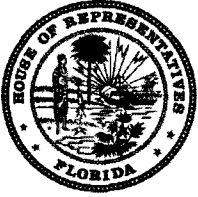
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 761 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Fraudulent Activities Associated with Payment Systems

Committee/Subcommittee: Appropriations Committee

Name: Jim Livingston

Title: Major

Address: 2008 E. 8th Avenue

City: Tampa State/Zip: FL 33605

Phone Number: 813 363-0375

Representing: Hillsborough County Sheriffs Office

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: H761 Meeting Date: 2-9-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: SKIMMING

Committee/Subcommittee: _____

Name: Lori Killinger

Title: Attorney/lobbyist

Address: 315 S. Calhoun St. Ste 830

City: Tallahassee State/Zip: FL/32301

Phone Number: 850 222 5702

Representing: RaceTrac

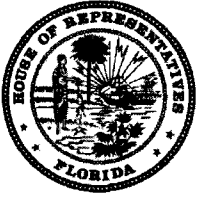
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 761 Meeting Date: 2/9/14

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Fraudulent Activities Associated with Payment Systems

Committee/Subcommittee: House Appropriations

Name: Jonathan Rees

Title: Deputy Director, Legislative Affairs

Address: 400 S. Monroe St.

City: Tallahassee State/Zip: FL/32399

Phone Number: (850) 617-7700

Representing: Florida Department of Agriculture and Consumer Services

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 761 Meeting Date: 2/9/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Appropriations

Name: Dennis Jones

Title: Retired Chief of Police

Address: 957 Pelican Bay Drive

City: Daytona Beach State/Zip: FL 32119

Phone Number: 386-566-1715

Representing: The Florida Police Chiefs Association

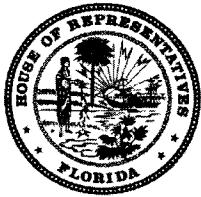
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 761 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Appropriations Committee

Name: Jennifer Martin

Title: Director of Governmental Affairs

Address: 3692 Coolidge Ct.

City: Tallahassee State/Zip: FL 32311

Phone Number: 850-558-1050

Representing: Florida Credit Union Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 0761 Meeting Date: 02-09-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Fraudulent Activities Assoc. w/ Payment Systems

Committee/Subcommittee: Appropriations Committee

Name: Erik Eagan

Title: Captain

Address: PO BOX 569

City: DeLand State/Zip: FL 32721

Phone Number: 386-547-5260

Representing: Volusia County Sheriff's Office - FL Sheriff's Assoc.

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Type or Print Clearly

Bill Number: 769 Meeting Date: 2-09-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: APP.

Name: FHAD LOWRIEY

Title: VP Government Relations

Address: 7720 Washington St.

City: Port Richey State/Zip: FL 34668

Phone Number: 727-992-8508

Representing: OPERATION PAR

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

Did Not Appear



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 769 Meeting Date: 2-9-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: MENTAL HEALTH TREATMENT

Committee/Subcommittee: Appropriations

Name: LAURA YOUMANS

Title: POLICY MONITOR LEGISLATIVE ADVOLATE

Address: W N MAURICE

City: TAL State/Zip: FL 32701

Phone Number: 254-1838

Representing: FLORIDA ASSOCIATION OF COUNTIES

Registered Lobbyist: YES [] NO [x]

State Employee: YES [] NO [x]

I Wish To Speak: YES [x] NO []

I Have Been Requested to Speak: YES [] NO [x]

Bill		Amendment	
Proponent [x]	Opponent []	Proponent []	Opponent []
Info Only []		Info Only []	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

WIS

Bill Number: 769 Meeting Date: 2-9-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Forensic MENTAL HEALTH

Committee/Subcommittee: APPROPS

Name: DAN HENDRICKSON

Title: CHAIR, ADVOCACY Committee

Address: 319 E PARK Ave PO Box 1201

City: TALLAHASSEE State/Zip: FL 32302

Phone Number: 850 570-1967

Representing: BIG BEND Mental Health Coalition / NAMI Tallahassee

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: Wish in Support YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WLS

Type or Print Clearly

Bill Number: HB 0769 Meeting Date: 02/09/14

Fill in appropriate information:

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

Committee/Subcommittee: Appropriations Committee

Name: Don Heaton

Title: Lieutenant

Address: 123 E. Indiana Ave.

City: DeLand State/Zip: Fl.

Phone Number: 386-804-6825

Representing: Volusia County Sheriff's Office - Fl Sheriff's Assoc.

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

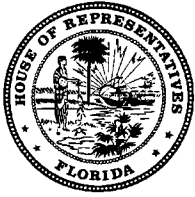
I Have Been Requested to Speak: YES NO

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



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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.

Bill Number: **CS/HB 769 : Mental Health Treatment** Meeting Date: **Feb 9 2016 3:00PM**

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

Committee/Subcommittee: **Appropriations Committee**

Name: **Wickersheim, Michael**

Title: **Director of Legislative Affairs**

Address: **1317 Winewood Boulevard, Building 1, Room 207**

City: **Tallahsee** State/Zip: **FL 32399**

Phone Number: **850-921-8301**

Representing: **Florida Department of Children and Families**

Registered Lobbyist: **Yes**

State Employee: **Yes**

I Wish To Speak: **Yes**

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 873 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS 873

Committee/Subcommittee: House Appropriations

Name: KURT BROWNING

Title: SUPERINTENDENT of Schools PASCO County

Address: 7227 LAND O LAKES BLVD

City: LAND O LAKES State/Zip: FL 34638

Phone Number: 813 794 2651

Representing: FL ST ASSOC of Supts of Schools / PASCO

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 873 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PCS 873

Committee/Subcommittee: House Appropriations

Name: Malcolm Thomas

Title: Superintendent Escambia School District

Address: 75 N Pace Blvd

City: Pensacola State/Zip: FL 32505

Phone Number: 950 469-6130

Representing: FADSS / Escambia Schools

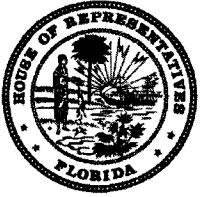
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 873 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Capital Outlay / PCS 10000

Committee/Subcommittee: Appropriations

Name: Ruth Melton

Title: Director of Government Relations

Address: 203 South Monroe

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-414-2578

Representing: Florida School Boards Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/O

Type or Print Clearly

Bill Number: 873 Meeting Date: 2-9-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 10000 PCS - Capital Outlay

Committee/Subcommittee: Appropriations

Name: Wendy M Dodge

Title: Director of Legislative Affairs

Address: PO Box 397

City: Barrow State/Zip: FL 33831

Phone Number: 863-838-3632

Representing: Polk County Public Schools

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number 873 Date 2/9/2016
Name BRIAN PITTS
Title TRUSTEE
Address 1119 NEWTON AVENUE SOUTH
City SAINT PETERSBURG State/Zip FLORIDA/33705
Phone Number 727/897-9291
Representing JUSTICE-2-JESUS

Lobbyist (registered) YES NO
State Employee YES NO

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

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

Subject matter:

Committee/Subcommittee: APC



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/O

Bill Number: CSHB 872 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: SCHOOL FACILITIES

Committee/Subcommittee: Approp.

Name: TOM CERRA

Title: EX. DIRECTOR

Address: 9737 NW 41 ST # 359

City: MIAMI State/Zip: FL 33178

Phone Number: 305-513-9995

Representing: GREATER FL. CONSORTIUM OF SCHOOL BOARDS

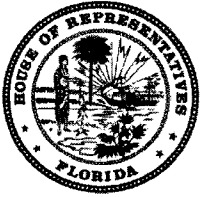
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 873 Meeting Date: 2-9-16

Fill in appropriate information:

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

Committee/Subcommittee: House Appropriations

Name: Chris Doolin

Title: Consultant - Small School District Council Consortium

Address: 1118-B Thomasville Rd.

City: TLH State/Zip: 32303

Phone Number: 850-508-5492

Representing: Small School District Council Consortium

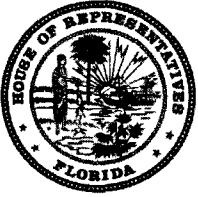
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/O

Bill Number: HB 837 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Appropriations Committee

Name: Nancy Lawther

Title: VP of Advocacy and Legislation

Address: 9140 SW 59 Ave.

City: Miami State/Zip: FL 33156

Phone Number: 305 665-6324

Representing: Miami Dade County Council PTA/PTSA

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/O

Bill Number: HB 873 Meeting Date: 2/9/2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Appropriations

Name: Bob Cerra

Title: Governmental Consultant

Address: 206 South Monroe St. #104

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 222-4428

Representing: Lee County School Board

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



did not speak

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 873 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Apprs

Name: Larry Williams

Title: _____

Address: 200 W. College Ave

City: Tally State/Zip: FL 32301

Phone Number: 904-557-8593

Representing: Florida Consortium of Public Charter Schools

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 0965 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Shad Haston

Title: CEO, Florida Assisted Living Association

Address: 2447 Millcreek Ct. Suite 3

City: Tallahassee State/Zip: Florida 32308

Phone Number: 850.383.1159

Representing: Florida Assisted Living Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Type or Print Clearly

Bill Number: 965 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Firesafety

Committee/Subcommittee: Appropriations

Name: Melody Arnold

Title: Government Affairs Mgr

Address: 307 West Park Ave

City: JLH State/Zip: FL 32301

Phone Number: ~~(850) 224-3907~~ (850) 224-3907

Representing: FL Health Care Assoc.

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

MS

Bill Number: HB 9165 Meeting Date: 2-9-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Appropriations Committee

Name: Susan Anderson

Title: VP Public Policy

Address: 2583 Halleck Ln.

City: Tallahassee State/Zip: FL 32312

Phone Number: 850-708-4971

Representing: FL ALFA

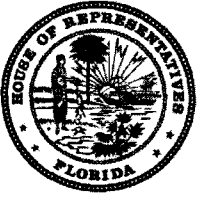
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 965 Meeting Date: Feb. 9, 2016

Fill in appropriate information:

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

Committee/Subcommittee: Appropriations

Name: Eric Prutsman

Title: _____

Address: P.O. Box 10448

City: Tallahassee State/Zip: 32302

Phone Number: 850-894-6601

Representing: Florida Fire Marshals & Inspectors Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

WLS

Bill Number: 965 Meeting Date: 2/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Fire safety

Committee/Subcommittee: Appropriations

Name: Laura Cantwell

Title: ASD

Address: 400 Carillon Pkwy, Suite 100

City: St. Pete State/Zip: FL 133716

Phone Number: 850-570-2110

Representing: AARP

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: 945 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Cynthia Henderson

Title: _____

Address: 108 E. Jefferson St. Suite A

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 559 0855

Representing: Atma

Registered Lobbyist: YES NO

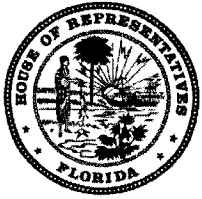
State Employee: YES NO

I Wish To Speak: YES NO

waive in support

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 965 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Bill And Amendment

Committee/Subcommittee: _____

Name: Buddy Dewar

Title: BDA Fire Safety Consultant

Address: 5501 TOURAINE DR.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-566-8733

Representing: self

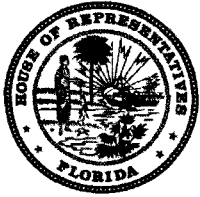
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 965 Meeting Date: 2-9-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Appropriations

Name: Elizabeth Boyd

Title: Legislative Affairs Director

Address: 400 N. Monroe St

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-413-2863

Representing: Dept. of Financial Services

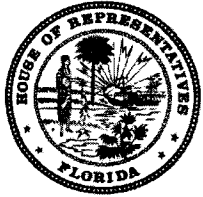
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 989 Meeting Date: 2-9-16

Fill in appropriate information:

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

Committee/Subcommittee: Appropriations

Name: Stephanie Kunkel

Title: _____

Address: 873 Kingsway Rd

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-320-4208

Representing: Conservancy of Southwest Florida

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 989 Meeting Date: 2-9-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Legacy Florida

Committee/Subcommittee: Approps

Name: Burt Saunders & Sarah Bleakley, representing Lee County

Title: _____

Address: 13- Lee County

City: _____ State/Zip: FL 32301

Phone Number: 850-224-4070

Representing: Lee County

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in Support ✓

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Type or Print Clearly

Bill Number: 989 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Appropriations

Name: Anna ~~Upton~~ Upton

Title: _____

Address: 9005 Eagles Ridge Dr.

City: Tallahassee State/Zip: FL 32312

Phone Number: (850)

Representing: The Everglades Foundation

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

W/S

Bill Number: HB 989 Meeting Date: 2/

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: H. Appropriations

Name: Deborah Keller

Title: Assoc Dir GR

Address: 286 E 5th Ave

City: Tallahassee State/Zip: FL 32303

Phone Number: 222-0199

Representing: The Nature Conservancy

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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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.

Bill Number: **HB 989 : Implementation of Water and Land Conservation Constitutional Amendment** Meeting Date: **Feb 9 2016 3:00PM**

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

Committee/Subcommittee: **Appropriations Committee**

Name: **Bracy, Carol**

Title:

Address: **2401 SE Monterey Rd**

City: **Stuart** State/Zip: **FL 34996**

Phone Number: **(850)577-0444**

Representing: **Martin County Board of County Commissioners**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **No**

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

	Bill	Amendment
Proponent		N/A



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 989 Meeting Date: February 9, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Appropriations

Name: Nicole Fogarty

Title: Legislative affairs Director for St. Lucie County

Address: 2300 Virginia Ave

City: Fort Pierce State/Zip: FL 34982

Phone Number: 772-462-0406

Representing: St. Lucie County Board of County Commissioners

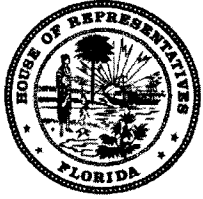
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



not present

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 989 Meeting Date: 2-9-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Land + Water Conservation

Committee/Subcommittee: Appropriations

Name: Rebecca O'Hara

Title: _____

Address: 433 N Magnolia Dr

City: Tallah State/Zip: FL 32303

Phone Number: 339 6211

Representing: FLA League of Cities

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 989 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Appropriations

Name: Monica Rodriguez

Title: _____

Address: 403 E. Park Avenue

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 766-6287

Representing: Broward County

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

Waive in support

I Have Been Requested to Speak: YES NO

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



W/S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: HB 989 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Water and Land Conservation

Committee/Subcommittee: Appropriations

Name: Eric Draper

Title: Executive Director

Address: 308 N. Monroe

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 999 1028

Representing: Audubon Florida

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 7389 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Approps

Name: Marshall Ogletree

Title: Interim Executive Director

Address: 115 N. Calhoun St

City: Tallahassee State/Zip: 32301

Phone Number: (850) 224-8220

Representing: United Faculty of Florida

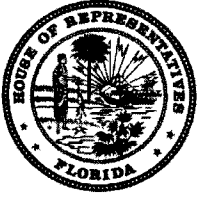
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 7089 Meeting Date: 2/9/16

Fill in appropriate information:

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

Committee/Subcommittee: Appropriations

Name: Rich Templin

Title: _____

Address: 135 S. Monroe

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 - 224 - 6926

Representing: Florida AFL-CIO

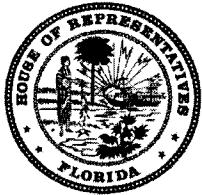
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 7099 Meeting Date: 2/5/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: State Group Insurance Program

Committee/Subcommittee: Appropriations

Name: Matt Puckett

Title: Lobbyist

Address: 300 East Brevard St.

City: Tallahassee State/Zip: FL 32301

Phone Number: _____

Representing: Florida Police Benevolent Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

WIS

Bill Number: HB 7095 Meeting Date: 2/9/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Turkey Cost

Committee/Subcommittee: Appropriations Comm.

Name: Fred Baggett

Title: _____

Address: 101 E. College Ave.

City: Tall. State/Zip: Fl. 32301

Phone Number: 425-8512

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

Waive in Support

I Have Been Requested to Speak: YES NO

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



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

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Bill Number 7095 Date 2/9/2016
Name BRIAN PITTS
Title TRUSTEE
Address 1119 NEWTON AVENUE SOUTH
City SAINT PETERSBURG State/Zip FLORIDA/33705
Phone Number 727/897-9291
Representing JUSTICE-2-JESUS

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

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

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

Subject matter:

Committee/Subcommittee: APC