



Health Innovation Subcommittee

Wednesday, January 13, 2016
1:00 PM – 3:00 PM
306 HOB

Action Packet

Steve Crisafulli
Speaker

Kenneth Roberson
Chair

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/13/2016 1:00:00PM

Location: 306 HOB

Summary:

Health Innovation Subcommittee

Wednesday January 13, 2016 01:00 pm

HB 89	Favorable	Yeas: 13	Nays: 0
HB 363	Favorable	Yeas: 12	Nays: 1
HB 421	Temporarily Postponed		
	Motion by Rep. Jones to TP the bill.	Passed	
	Amendment 602351	Adopted Without Objection	
HB 471	Favorable	Yeas: 12	Nays: 0
HB 819	Favorable	Yeas: 12	Nays: 1

Committee meeting was reported out: Wednesday, January 13, 2016 5:50:46PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/13/2016 1:00:00PM

Location: 306 HOB

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Kenneth Roberson (Chair)	X		
John Cortes	X		
Fred Costello	X		
Manny Diaz, Jr.	X		
Walter Hill	X		
Mia Jones	X		
Scott Plakon	X		
Paul Renner	X		
Hazelle Rogers	X		
Chris Sprowls	X		
Richard Stark	X		
W. Gregory Steube	X		
Jay Trumbull	X		
Totals:	13	0	0

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/13/2016 1:00:00PM

Location: 306 HOB

HB 89 : Florida Kidcare Program

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.	X				
Walter Hill	X				
Mia Jones	X				
Scott Plakon	X				
Paul Renner	X				
Hazelle Rogers	X				
Chris Sprowls	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
	Total Yeas: 13	Total Nays: 0			

Appearances:

Woodall, Karen (Lobbyist) - Waive In Support
Florida Center for Fiscal & Economic Policy
579 E Call St
Tallahassee FL 32301
Phone: (850) 321-9386

Scher, Jessica (Lobbyist) - Waive In Support
United Way of Miami-Dade
Director of Public Policy
3250 S.W. 3rd Avenue
Miami FL 33143
Phone: (305) 322-6143

Granger, Ted (Lobbyist) - Waive In Support
United Way of FI
President
510 7th Avenue
Tallahassee FL 32303
Phone: (850) 488-8276

Birken, Brittany (Lobbyist) - Waive In Support
Florida Children's Council
CEO
111 N Gadsden St
Tallahassee FL 32301
Phone: (850) 212-0408

Committee meeting was reported out: Wednesday, January 13, 2016 5:50:46PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/13/2016 1:00:00PM

Location: 306 HOB

HB 89 : Florida Kidcare Program (continued)

Appearances: (continued)

Lapolt, Alisa (Lobbyist) - Waive In Support

Fl Nurses Association

Lobbyist

P.O. Box 1344

Tallahassee FL 32302-1344

Phone: (850) 443-1319

Romo, Margarita (General Public) - Waive In Support

Farmworkers and Others

37240 Calle de Milagros/Lock St

Dade City FL 33523

Phone: (352) 206-7763

Steward, Dawn (Lobbyist) - Waive In Support

2130 Blossom Lane

Winter Park FL 32789

Phone: (407) 645-0273

Curva, Ph.D., Fely (Lobbyist) - Waive In Support

Fl Impact; Budd Bell Clearing House on Human Services

Partner Curva & Associates LLC

1212 Piedmont Dr.

Tallahassee FL 32312

Phone: (850) 508-2256

McQuone, Michael (Lobbyist) - Proponent

Florida Conference of Catholic Bishops

Associate Director for Health

201 W Park Ave

Tallahassee FL 32301

Phone: (850) 205-7207

Uhlfelder, Steven (Lobbyist) - Waive In Support

Children's Cabinet

Member of Fla Cabinet on Children & Youth

519 E Park Ave

Tallahassee FL 32301

Phone: (850) 980-6435

Liem, Amy (Lobbyist) - Waive In Support

Florida Legal Services

2425 Torreya Dr

Tallahassee FL 32303

Phone: (850) 385-7900

Tapia, Daniel (General Public) - Waive In Support

Greater Miami Chamber of Commerce

Director for Gov't Affairs

1601 Biscayne Blvd

Miami FL 33132

Phone: (305) 577-5469

Committee meeting was reported out: Wednesday, January 13, 2016 5:50:46PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/13/2016 1:00:00PM

Location: 306 HOB

HB 89 : Florida Kidcare Program (continued)

Appearances: (continued)

Watson, Ron (Lobbyist) - Waive In Support

Florida C H A I N

Lobbyist

3738 Mundon Way

Tallahassee FL 32309

Phone: (850) 567-1202

Gonzalez, Alina (Lobbyist) - Waive In Support

Miami-Dade County

111 NW 1st St

Miami FL 33128

Phone: (305) 375-5600

Ferro, Lani (Lobbyist) - Waive In Support

Miami Children's Health System

3100 SW 62nd Avenue

Miami FL 33155

Phone: (305) 878-9590

Oeters, Phillis (General Public) - Waive In Support

Baptist Health South Florida

6855 Red Road

Coral Gables FL 33146

Phone: (305) 205-2457

Haas, Mind (General Public) - Waive In Support

Florida PTA

President FL PTA

7097 Central FL Pkwy

Orlando FL 32806

Ragbeer, Diana (Lobbyist) - Waive In Support

The Children's Trust

Director of Public Policy

3100 SW 3rd Ave, 8th Floor

Miami FL 33129

Phone: (305) 571-5718

Bell, Doug (Lobbyist) - Waive In Support

Florida Chapter American Academy of Pediatrics

101 N Monroe St

Tallahassee FL 32301

Phone: (850) 681-4270

Committee meeting was reported out: Wednesday, January 13, 2016 5:50:46PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
 Meeting Date: 1/13/16
 Place: 306 HOB
 Time: 1:00pm

Bill Number: HB 89
 Date Received: _____
 Date Reported: _____
 Subject: Fl. Kidney Program

Committee/Subcommittee Action:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Favorable
<input type="checkbox"/> Favorable w/ _____ amendments
<input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute
<input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Retained for Reconsideration
<input type="checkbox"/> Reconsidered
<input type="checkbox"/> Temporarily Postponed
<input type="checkbox"/> Unfavorable |
|---|--|

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Cortes								
✓		Costello								
✓		Diaz								
✓		Hill								
✓		Jones								
✓		Plakon								
✓		Renner								
✓		Rogers								
✓		Sproles								
✓		Stark								
✓		Steube								
✓		Trumbull								
✓		Roberson, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/13/2016 1:00:00PM

Location: 306 HOB

HB 363 : Health Insurance For Opioids

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.	X				
Walter Hill	X				
Mia Jones	X				
Scott Plakon	X				
Paul Renner	X				
Hazelle Rogers	X				
Chris Sprowls	X				
Richard Stark		X			
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
	Total Yeas: 12	Total Nays: 1			

Appearances:

de la Garza, MD, Miguel (General Public) - Proponent

F SIPP

5417 George St

New Port Richey FL 34652

Phone: (727) 846-7618

Winn, Stephen (Lobbyist) - Waive In Support

Florida Osteopathic Medical Association

Executive Director

2544 Blairstone Pines Dr

Tallahassee FL 32301

Phone: (850) 878-7364

O'Doski, Rhett (Lobbyist) - Opponent

Express Scripts, Inc

115-1 E Park Ave

Tallahassee FL 32301

Phone: (850) 322-8786

Langford, Pam (General Public) - Proponent

H E A L S of the South

President

PO Box 180813

Tallahassee FL 32312

Phone: (850) 443-8029

Committee meeting was reported out: Wednesday, January 13, 2016 5:50:46PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/13/2016 1:00:00PM

Location: 306 HOB

HB 363 : Health Insurance For Opioids (continued)

Appearances: (continued)

Jordan, Guy (Lobbyist) - Proponent

Pfizer, Inc

Director, Pfizer

9628 Deer Valley Dr

Tallahassee FL 32312

Phone: (850) 322-7168

Book, Ron (Lobbyist) - Waive In Support

Teva Pharmaceuticals, USA

104 W Jefferson St

Tallahassee FL 32301

Phone: (850) 224-3427

Gran, Jill (Lobbyist) - Waive In Support

Florida Alcohol & Drug Abuse Association, Inc

2868 Mahan Dr

Tallahassee FL 32308

Phone: (850) 878-2196

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health Innovation
 Meeting Date: 1/13/16
 Place: 306 HOB
 Time: 1:00 pm

Bill Number: HB 363
 Date Received: _____
 Date Reported: _____
 Subject: Health Insurance for Opeds

- Committee/Subcommittee Action:
- Favorable
 - Favorable w/ _____ amendments
 - Favorable w/Committee/Subcommittee Substitute
 - Other Action: _____
 - Retained for Reconsideration
 - Reconsidered
 - Temporarily Postponed
 - Unfavorable

Final Vote On Bill		MEMBERS								
			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓	/	Cortes								
✓	/	Costello								
✓	/	Diaz								
✓	/	Hill								
✓	/	Jones								
✓	/	Plakon								
✓	/	Renner								
✓	/	Rogers								
✓	/	Sprowls								
✓	/	Stark								
✓	/	Steube								
✓	/	Trumbull								
✓	/	Roberson, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	1									

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/13/2016 1:00:00PM

Location: 306 HOB

HB 421 : Reimbursement of Medicaid Providers

Temporarily Postponed

HB 421 Actionable Items

Motion by Rep. Jones to TP the bill.

Passed

HB 421 Amendments

Amendment 602351

Adopted Without Objection

Appearances:

Huey, Michael (Lobbyist) - Proponent
Laboratory Corporation of America
Government Consultant
PO Box 11189
Tallahassee FL 32302
Phone: (850) 577-9090

Russell, Douglas (Lobbyist) - Waive In Support
Quest Diagnostics, Inc
9604 Deer Valley Dr
Tallahassee FL 32312
Phone: (850) 445-0206

Bondi, Pam (State Employee) - Opponent
Attorney General
PL 01, The Capitol
Tallahassee FL 32399
Phone: (850) 245-0184

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Health Innovation
 Meeting Date: 1/13/16
 Place: 306 HOB
 Time: 1:00 pm

Bill Number: HB 421
 Date Received: _____
 Date Reported: _____
 Subject: Reimbursement of Medicaid Providers

Committee/Subcommittee Action:

- | | |
|--|---|
| <input type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input checked="" type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

*Strike all
and
adopt
H.R.*

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Cortes								
		Costello								
		Diaz								
		Hill								
		Jones								
		Plakon								
		Renner								
		Rogers								
		Sprowls								
		Stark								
		Steube								
		Trumbull								
		Roberson, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/13/2016 1:00:00PM

Location: 306 HOB

HB 471 : Responsibilities of Health Care Providers

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.	X				
Walter Hill	X				
Mia Jones	X				
Scott Plakon	X				
Paul Renner	X				
Hazelle Rogers	X				
Chris Sprowls	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull			X		
Kenneth Roberson (Chair)	X				
Total Yeas: 12		Total Nays: 0			

Appearances:

Thomas, Mary (Lobbyist) - Waive In Support
Florida Medical Association
Assistant General Counsel
1430 Piedmont Dr E
Tallahassee FL 32308
Phone: (850) 224-6496

Committee meeting was reported out: Wednesday, January 13, 2016 5:50:46PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
 Meeting Date: 1/13/16
 Place: 306 HOB
 Time: 1:00 pm

Bill Number: HB 471

Date Received: _____

Date Reported: _____

Subject: Responsibilities of Health Care Providers

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Cortes								
✓		Costello								
✓		Diaz								
✓		Hill								
✓		Jones								
✓		Plakon								
✓		Renner								
✓		Rogers								
✓		Sprolws								
✓		Stark								
✓		Steube								
✓		Trumbull								
✓		Roberson, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/13/2016 1:00:00PM

Location: 306 HOB

HB 819 : Sunset Review of Medicaid Dental Services

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
John Cortes	X				
Fred Costello	X				
Manny Diaz, Jr.	X				
Walter Hill	X				
Mia Jones		X			
Scott Plakon	X				
Paul Renner	X				
Hazelle Rogers	X				
Chris Sprows	X				
Richard Stark	X				
W. Gregory Steube	X				
Jay Trumbull	X				
Kenneth Roberson (Chair)	X				
	Total Yeas: 12	Total Nays: 1			

Appearances:

Stoutamire, Casey (Lobbyist) - Waive In Support

Florida Dental Association
118 E. Jefferson St.
Tallahassee FL 32308
Phone: (850) 224-1089

Cantwell, Laura (Lobbyist) - Waive In Support

AARP
Associate State Director Advocacy
400 Carillon Parkway Suite 100
St. Petersburg FL 33716
Phone: (850) 570-2110

Brown, Audrey (Lobbyist) - Opponent

Florida Association of Health Plans, Inc
President & CEO
200 W College Ave
Tallahassee FL 32301
Phone: (850) 386-2904

Committee meeting was reported out: Wednesday, January 13, 2016 5:50:46PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
 Meeting Date: 1/13/16
 Place: 306 HOB
 Time: 1:00 pm

Bill Number: HB 819
 Date Received: _____
 Date Reported: _____

Subject: Direct Reimbursement of Medicaid Dental Services

Committee/Subcommittee Action:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cortes								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Costello								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diaz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hill								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jones								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plakon								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rogers								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sproles								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stark								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steube								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trumbull								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roberson, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	1									



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 89 Meeting Date: 1/13/16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Karen Woodall

Title: _____

Address: 579 E. Call

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-321-9386

Representing: Florida Center for Fiscal & Economic Policy

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

None for 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

Bill Number: 89 Meeting Date: 1/13/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Innovation

Name: JESSICA SCHER

Title: Director, Public Policy

Address: 3250 SW 3rd AVE

City: MIAMI State/Zip: FL 33143

Phone Number: 305-322-6143

Representing: United Way of Miami-Dade

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 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

Bill Number: 89 Meeting Date: 1/13/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Innovation

Name: Ted Granger

Title: President

Address: 310 7th Ave

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-488-8276

Representing: United Way 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"/>	

Waive 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

Bill Number: HR 89 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Related to Florida Kid Care Program

Committee/Subcommittee: Health Innovation Subcommittee

Name: Brittany Birken

Title: CEO

Address: 111 North Gadsden

City: Tucl State/Zip: FL 32301

Phone Number: (850) 212-0408

Representing: Florida Childrens 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"/>	

Waive 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

Bill Number: 89 Meeting Date: 1/13

Fill in appropriate information:

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

Committee/Subcommittee: Health Innovation

Name: Alisa LaPort

Title: Lobbyist

Address: Tallahassee

City: _____ State/Zip: _____

Phone Number: _____

Representing: Florida Nurses Association

Registered Lobbyist: YES NO

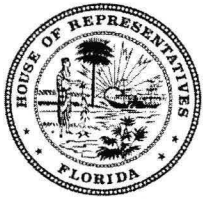
State Employee: YES NO

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 Or 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

Bill Number: HB 0089 Meeting Date: 1/13/16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: MARGARITA ROMO - ROMO

Title: _____

Address: 37240 Calle de Madagos / Lock St.

City: Dade City State/Zip: 71 33523

Phone Number: 352-206-7763

Representing: Farmworkers and others

Registered Lobbyist: YES NO

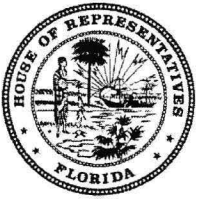
State Employee: YES NO

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"/>	

Waver 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

Bill Number: 89 Meeting Date: 1-13-2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: FI Kid CARE

Committee/Subcommittee: Health INNOVATION Sub

Name: DAWD STEWART

Title: Myself

Address: 2130 Blossom Lane

City: Winter Park State/Zip: FI 32789

Phone Number: 407-645-0273

Representing: Myself

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 Or 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

Bill Number: 869 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: FL Kidcare Program

Committee/Subcommittee: Health Innovation Subcommittee

Name: Fely Curva, Ph.D.

Title: Partner, Curva & Associates LLC

Address: 1212 Piedmont Dr.

City: Tallahassee State/Zip: FL 32312

Phone Number: (850) 508-2256

Representing: FL IMPACT ; Budd Bell Clearinghouse on Human Services

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"/>	

Waive 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

Bill Number: 89 Meeting Date: 13 JANUARY 2016

Fill in appropriate information:

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

Committee/Subcommittee: HEALTH INNOVATION SUBCOMMITTEE

Name: MICHAEL McQUONE (MICK-CUE-ONE)

Title: ASSOCIATE DIRECTOR FOR HEALTH

Address: 201 W. PARK AVENUE

City: TALLAHASSEE State/Zip: FLORIDA 32301

Phone Number: 850-284-9130 (m) 850-205-7207 (o)

Representing: FLORIDA CONFERENCE OF CATHOLIC BISHOPS

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: 089 Meeting Date: Jan 13, 2010

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: KID CARE PROGRAM

Committee/Subcommittee: HEALTH INNOVATION

Name: Steve UHL FELDER

Title: Member of Fla. Cabinet on Children + Youth

Address: 519 E. PARK AVE

City: TALLAHASSEE State/Zip: FLA 32301

Phone Number: 980-0435

Representing: Children's Cabinets

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"/>	

Wave for 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

Bill Number: HB 89 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Innovation Subcommittee

Name: Amy Liem

Title: _____

Address: 2425 Torrey a Dr.

City: Tallahassee State/Zip: FL 32303

Phone Number: 850 - 385 - 7900

Representing: Florida Legal 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"/>	

Waive 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

Bill Number: HB 89 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: FL Kidcave Program

Committee/Subcommittee: Health Innovation Sub

Name: Daniel Tapia

Title: Director, Gov. affairs

Address: 1601 Biscayne Blvd

City: Miami State/Zip: FL 33132

Phone Number: 305-577-5469

Representing: Greater Miami 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"/>	

Name 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

Bill Number: HB 89 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: KidCare lawfully residing Bill

Committee/Subcommittee: House Innovation

Name: Ron Watson

Title: Lobbyist

Address: 3738 Mardon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: (850) 567-1202

Representing: Florida CHAIN

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"/>	

Waive 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

Bill Number: 89 Meeting Date: 1/13/16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: DIANA RAGBECK

Title: DIRECTOR, PUBLIC POLICY

Address: 3100 SW 3RD AVE # 8TH FLOOR

City: MIAMI State/Zip: 33129

Phone Number: 305 571 5718

Representing: THE CHILDREN'S TRUST

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 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

Bill Number: HB 89 Meeting Date: 1/13/15

Fill in appropriate information:

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

Committee/Subcommittee: INNOVATION SUB COM

Name: ALINA GONZALEZ

Title: INTERGOV

Address: 111 NW 1ST

City: MIAMI State/Zip: FL 33128

Phone Number: 305-375-5600

Representing: MIAM-DADE COUNTY

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 Or 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

Bill Number: HB 89 Meeting Date: 1/13/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Innovation

Name: Lani Ferro

Title: Miami Children's Health System

Address: 3100 SW 62nd Avenue

City: Miami State/Zip: FL 33155

Phone Number: (305) 878-9590

Representing: Miami children's Health System

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 Or 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

Bill Number: # 89 Meeting Date: 1/03/14

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Phyllis Oeters

Title: Baptis Health South Florida

Address: 6855 Red Rd.

City: Coral Gables, FL State/Zip: FL 33146

Phone Number: _____

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO
Waive in Support - Yes

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: 89 Meeting Date: 1/13/14

Fill in appropriate information:

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

Committee/Subcommittee: Health & Innovation Sub

Name: Mind Haas

Title: Florida PTA President

Address: 7097 Central FL Pkwy

City: Orl State/Zip: 32806

Phone Number: _____

Representing: Florida PTA

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 or 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

Bill Number: 89 Meeting Date: 1/13/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Insurance

Name: Doog Bell

Title: _____

Address: 101 N. Monroe

City: Tall State/Zip: FL

Phone Number: 681 4270

Representing: Red Cross FLA Chapter American Academy Pediatrics

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"/>	

Wave for 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

Bill Number: HB 303 Meeting Date: 1/19/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: in support of bill

Committee/Subcommittee: _____

Name: Miguel de la Garza, MD

Title: _____

Address: 5417 George ST

City: New Port RICKEY State/Zip: FL 34652

Phone Number: ~~813 729 9769~~ (827) 846-7618

Representing: RSPP

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 363 Meeting Date: 1-13-2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HEALTH INSURANCE FOR OPIOIDS

Committee/Subcommittee: HEALTH INNOVATION

Name: STEPHEN R. WINN

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DR

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 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

Bill Number: 363 Meeting Date: 1-13-2016

Fill in appropriate information:

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

Committee/Subcommittee: Health Innovation

Name: Rhett O'Doski

Title: _____

Address: 115-1 E. Park Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 322 4746

Representing: Express Scripts

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 363 Meeting Date: 1-13-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: OAPP'S

Committee/Subcommittee: Health Innovation

Name: Pam Langford

Title: President

Address: PO Box 180813

City: Tallahassee State/Zip: FL, 32310

Phone Number: _____

Representing: HEALS of the South

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: 363 Meeting Date: 1-13

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Abuse Deterrent Opioid

Committee/Subcommittee: Health Innovation

Name: Guy Jordan

Title: Director, Pfizer

Address: 9628 Deer Valley Dr.

City: Tallahassee State/Zip: FL 32312

Phone Number: 850-322-7168

Representing: Pfizer

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 363 - Meeting Date: 1/13/16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Ron Book

Title: _____

Address: 104 West Jefferson

City: TJH State/Zip: 32301

Phone Number: 850-224-3477

Representing: TEVA Pharmaceutical

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 for 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

Bill Number: 363 Meeting Date: 14 Jun 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Health Ins/Opioids

Committee/Subcommittee: Health Innovation

Name: Jill Gran

Title: Legislator

Address: 2868 Mahan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-878-2196

Representing: FL Alcohol + Drug Abuse Assoc

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: 421 Meeting Date: 1-13-16

Fill in appropriate information:

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

Committee/Subcommittee: Health Innovation

Name: Pam Bondi

Title: Attorney General

Address: PL-01

City: _____ State/Zip: _____

Phone Number: _____

Representing: _____

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: 421 Meeting Date: 1/13/16

Fill in appropriate information:

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

Committee/Subcommittee: HEALTH INNOVATION

Name: DOUG RUSSELL

Title: _____

Address: 9604 DEER VALLEY DR.

City: TALL. State/Zip: FL 32312

Phone Number: 850.445.0206

Representing: QUEST DIAGNOSTICS

Registered Lobbyist: YES NO

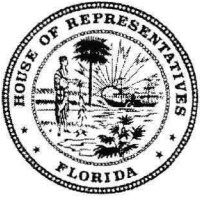
State Employee: YES NO

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"/>	

Waiver 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

Bill Number: HB 421 Meeting Date: Wed. Jan. 13, 2006

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Reimbursement for Medicaid Providers

Committee/Subcommittee: Health Innovation

Name: Michael Huey

Title: Government Consultant

Address: PO Box 11189

City: Tallahassee State/Zip: FL 32302

Phone Number: 850.577.9090

Representing: Laboratory Corporation of America

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: 471 Meeting Date: 1/13/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Innovation

Name: Mary Thomas

Title: Assistant General Counsel

Address: 1430 Piedmont Dr E

City: Tallahossee State/Zip: FL 32308

Phone Number: 850 224 6496

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"/>	

Wanna be 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

Bill Number: 819 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Sunset Review of Dental

Committee/Subcommittee: Health Innovation

Name: Cassy Stoutamire

Title: Lobbyist

Address: 118 E Jefferson St.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-224-1089

Representing: FL Dental Assc.

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: 819 Meeting Date: 11/13/10

Fill in appropriate information:

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

Committee/Subcommittee: Health Innovation Subcommittee

Name: Laura Cantwell

Title: Associate State Director Advocacy

Address: 400 Carillon Pkwy, Suite 100

City: St. Pete State/Zip: FL

Phone Number: 850-570-2110

Representing: AARP

Registered Lobbyist: YES NO

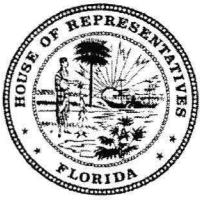
State Employee: YES NO

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"/>	

Waive 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

Bill Number: 819 Meeting Date: 1/13/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Sunset Review of Medicaid Dental Services

Committee/Subcommittee: Health Innovation

Name: Andrey Brown

Title: President & CEO

Address: 200 W. College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-386-2904

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 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"/>	