



Health Quality Subcommittee

**Monday, January 11, 2016
4:00 PM – 6:00 PM
306 HOB**

Action Packet

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/11/2016 4:00:00PM

Location: 306 HOB

Summary:

Health Quality Subcommittee

Monday January 11, 2016 04:00 pm

HB 139	Favorable With Committee Substitute	Yeas: 7	Nays: 0
	Amendment 059471 Adopted Without Objection		
	Amendment 782611 Adopted Without Objection		
HB 261	Favorable	Yeas: 9	Nays: 0
HB 391	Favorable	Yeas: 7	Nays: 0
HB 571	Favorable With Committee Substitute	Yeas: 9	Nays: 0
	Amendment 085565 Adopted Without Objection		

Committee meeting was reported out: Monday, January 11, 2016 5:48:49PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/11/2016 4:00:00PM

Location: 306 HOB

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Cary Pigman (Chair)	X		
Bobby DuBose	X		
Matt Gaetz	X		
Julio Gonzalez	X		
Kristin Jacobs			X
Mike Miller	X		
Edwin Narain			X
Rene Plasencia	X		
Patrick Rooney, Jr.			X
Chris Sprowls	X		
Cynthia Stafford	X		
W. Gregory Steube	X		
Cyndi Stevenson	X		
Totals:	10	0	3

Committee meeting was reported out: Monday, January 11, 2016 5:48:49PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/11/2016 4:00:00PM

Location: 306 HOB

HB 139 : Dental Care

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X				
Matt Gaetz	X				
Julio Gonzalez			X		
Kristin Jacobs			X		
Mike Miller			X		
Edwin Narain			X		
Rene Plasencia			X		
Patrick Rooney, Jr.			X		
Chris Sprows	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
Total Yeas: 7		Total Nays: 0			

HB 139 Amendments

Amendment 059471

Adopted Without Objection

Amendment 782611

Adopted Without Objection

Appearances:

Smith, Zayne (Lobbyist) - Waive In Support
AARP
Associate State Director
200 W College Ave
Tallahassee FL 32301
Phone: (850) 228-4243

Hart, Joe Ann (Lobbyist) - Waive In Support
Florida Dental Association
Director of Governmental Affairs
118 E. Jefferson St.
Tallahassee FL 32301
Phone: (850) 224-1089

Committee meeting was reported out: Monday, January 11, 2016 5:48:49PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/11/2016 4:00:00PM

Location: 306 HOB

HB 139 : Dental Care (continued)

Appearances: (continued)

Dughi, Leslie (Lobbyist) - Waive In Support

Florida Dental Hygiene Association

101 E College Ave 101 E College Ave

Tallahassee FL

Phone: (850) 222-6891

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/11/2016 4:00:00PM

Location: 306 HOB

HB 261 : Cosmetic Product Registration

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Bobby DuBose	X				
Matt Gaetz	X				
Julio Gonzalez	X				
Kristin Jacobs			X		
Mike Miller	X				
Edwin Narain			X		
Rene Plasencia			X		
Patrick Rooney, Jr.			X		
Chris Sprowls	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
Total Yeas: 9					
		Total Nays: 0			

Appearances:

Ray, John (Lobbyist) - Waive In Support
 Seychelles Organics
 PO Box 7683
 Tallahassee FL 32314
 Phone: (850) 445-5044

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/11/2016 4:00:00PM

Location: 306 HOB

HB 391 : Pub. Rec./Emergency Medical Technicians or Paramedics

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X				
Matt Gaetz	X				
Julio Gonzalez			X		
Kristin Jacobs			X		
Mike Miller			X		
Edwin Narain			X		
Rene Plasencia			X		
Patrick Rooney, Jr.			X		
Chris Sprows	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
Total Yeas: 7		Total Nays: 0			

Appearances:

Inadvertently submitted request to speak- do not oppose this bill

Northcutt, William (General Public) - Proponent

undefined

911 SE 5th St

Gainesville Florida 32601

Phone: (352) 225-1696

Butcher, Tabatha (General Public) - Proponent

Collier County

Assistant Chief Collier County EMS

2705 Lely Cultural Pkwy

Naples Fl 34117

Phone: (239) 289-9353

Aguliers, Jorge (General Public) - Waive In Support

North Collier Fire Council & Rescue District

Deputy Chief

1885 Veterans Park Dr

Naples Fl 34109

Phone: (239) 253-8589

Committee meeting was reported out: Monday, January 11, 2016 5:48:49PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/11/2016 4:00:00PM

Location: 306 HOB

HB 571 : Music Therapy

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X				
Matt Gaetz	X				
Julio Gonzalez	X				
Kristin Jacobs			X		
Mike Miller	X				
Edwin Narain			X		
Rene Plasencia			X		
Patrick Rooney, Jr.			X		
Chris Sprows	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
Total Yeas: 9		Total Nays: 0			

HB 571 Amendments

Amendment 085565

Adopted Without Objection

Appearances:

Not Present - Submitted Written Statement

Trotter, Caleb (General Public) - Opponent

Pacific Legal Foundation

undefined

930 G St

Sacramento CA 95814

Phone: (916) 419-7111

Gooding, Lori (State Employee) (General Public) - Proponent

FSU/American Music Therapy Association

Co-Chair FI MUSIC therapy Task Force

7784 Bass Ridge Trail

Tallahassee FI 32312

Phone: (850) 644-4295

Committee meeting was reported out: Monday, January 11, 2016 5:48:49PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/11/2016 4:00:00PM

Location: 306 HOB

HB 571 : Music Therapy (continued)

Appearances: (continued)

Sandler, Steve (General Public) - Proponent

North Fl Parkinson's Awareness Chair

Vice President Parkinson's Outreach Association

803 Chestwood Ave

Tallahassee Fl 32303

Phone: (850) 345-0277

Graham

Graham, Sharon (General Public) - Proponent

Fl Music Therapist, Certification Board for Music Therapist

Chair, Fl Music Therapy Task Force

8629 Alexandra Arbor Ln

Temple Terrace Fl 33637

Phone: (813) 298-4286

Committee meeting was reported out: Monday, January 11, 2016 5:48:49PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 1-11-16
 Place: 306 HoB
 Time: 4:00 pm

Bill Number: 391
 Date Received: _____
 Date Reported: _____

Subject: Pub Rec./Emergency Medical Technicians or Paramedics

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
✓		Pigman, Chair								
✓		DuBose								
✓		Gaetz								
—		Gonzalez								
—		Jacobs								
—		Miller								
—		Narain								
—		Plascencia								
—		Rooney								
✓		Sprowls								
✓		Stafford								
✓		Steube								
✓		Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
7	0									

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 1-11-16
 Place: 306 HoB
 Time: 4:00 pm

Bill Number: 571
 Date Received: _____
 Date Reported: _____
 Subject: Music Therapy

Committee/Subcommittee Action:

- | | |
|---|--|
| <input type="checkbox"/> Favorable
<input type="checkbox"/> Favorable w/ _____ amendments
<input checked="" 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	Strike All 085565							
Yea	Nay		Yea	Nays	Yea	Nays	Yea	Nays	Yea	Nays
✓		Pigman, Chair								
✓		DuBose								
✓		Gaetz								
✓		Gonzalez								
		Jacobs								
✓		Miller								
		Narain								
		Plascencia								
		Rooney								
✓		Sproles								
✓		Stafford								
✓		Steube								
✓		Stevenson								
Yea	Nays	TOTALS	Yea	Nays	Yea	Nays	Yea	Nays	Yea	Nays
9	0									



16252824



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 261 ; Cosmetic Product Registration**

Meeting Date: **Jan 11 2016 4:00PM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Ray, John**

Title:

Address: **PO Box 7683**

City: **Tallahassee**

State/Zip: **FL 32314**

Phone Number: **(850)445-5044**

Representing: **Seychelles Organics**

Registered Lobbyist: **Yes**

State Employee: **No**

WAVE IN SUPPORT

I Wish To Speak: **Yes**

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: 148 571 Meeting Date: 1/11/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 855-65

Committee/Subcommittee: _____

Name: Steve Sandler

Title: Vice Pres. Parkinsons Outreach Association

Address: 803 Chestwood Ave.

City: Tallahassee State/Zip: FL 32303

Phone Number: 850 345-0277

Representing: North FL Parkinson's Awareness Choir

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"/>	

Spike



12979075



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: **571 : Music Therapy**

Meeting Date: **January 11, 2016 4:00 PM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Caleb Trotter**

Title:

Address: **930 G St**

City: **Sacramento**

State/Zip: **CA 95814**

Phone Number: **9164197111**

Representing: **Pacific Legal Foundation**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **No**

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

	Bill	Amendment
	Opponent	Opponent

May not be present

12/21/15 PLS/PCS



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: HB571 Meeting Date: 1-11-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 85565

Committee/Subcommittee: Health Quality

Name: Sharon Graham

Title: Chair, Florida Music Therapy Task Force

Address: 8629 Alexandra Arbor Ln

City: Temple Terrace State/Zip: FL 33637

Phone Number: 813-298-4286

Representing: Florida Music Therapists, Certification Board for Music Therapists

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"/>	

information also



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 571 Meeting Date: 01/11/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 85565

Committee/Subcommittee: Health Quality

Name: Lori Gooding
Co-chair

Title: Florida Music Therapy Task Force President
Southeast Region, American Music Therapy Assoc.

Address: 7784 Bass Ridge Trail

City: Tallahassee State/Zip: FL 32312

Phone Number: (850) 644-4295

Representing: FSU; American Music Therapy 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 checked="" type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

information also



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 139 Meeting Date: 11/11/14

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Water Quality Sub

Name: Leslie Dughi

Title: _____

Address: Greenberg Training, 101 E. College

City: _____ State/Zip: _____

Phone Number: _____

Representing: Fl. Dental Hygiene Assn

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"/>	

WS/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: HB 139 Meeting Date: 1/11/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Dental Care

Committee/Subcommittee: Health Quality Sub.

Name: Mr. Wayne Smith

Title: Associate State Director

Address: 200 W. College Ave.

City: Tally State/Zip: FL 32301

Phone Number: 850 228-4243

Representing: AARP

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"/>	

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: ~~139~~ Meeting Date: Jan. 11, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment # 59471

Committee/Subcommittee: House Health Quality

Name: ~~Joe Anne Hart~~

Title: Dir. of Governmental Affairs

Address: 118 E. Jefferson St

City: Tall State/Zip: FL 32311

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 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"/>	

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: HB 391 Meeting Date: 1-11-16

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality Subcommittee

Name: Tabatha Butcher

Title: Assistant Chief Collier County EMS

Address: 2705 Lely Cultural Pkwy

City: Naples State/Zip: FL 34117

Phone Number: 239-289-9353

Representing: Collier 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"/>	

Spoke



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 391 Meeting Date: 1/11/2016

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality Subcommittee

Name: Jorge Aguilera

Title: Deputy Chief

Address: 1885 Veterans Park Dr.

City: NAPLES State/Zip: FLA 34109

Phone Number: 239 253-8589

Representing: North Collier Fire Control & Rescue District

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



32296081



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: **391 : Pub. Rec./Emergency
Medical Technicians or
Paramedics**

Meeting Date: **January 11, 2016 4:00 PM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **Inadvertently submitted request to speak- do not oppose this bill**

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **William Northcutt**

Title:

Address: **911 SE 5th St**

City: **Gainesville** State/Zip: **Florida 32601**

Phone Number: **352-225-1696**

Representing: **[Redacted]**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **No**

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: 139 Meeting Date: Jan. 11, 2016

Fill in appropriate information:

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

Committee/Subcommittee: House Health Quality

Name: Joe Anne Hart

Title: Dir. of Governmental Affairs

Address: 118 E. Jefferson St

City: Tall 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

Bill Number: 139 Meeting Date: Jan. 11, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment # 782611

Committee/Subcommittee: House Health Quality

Name: Joe Arehart

Title: Dir. of Governmental Affairs

Address: 118 E. Jefferson St.

City: Tall State/Zip: FL 32311

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 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"/>	