

# **Health Quality Subcommittee**

Monday, January 25, 2016 4:00 PM - 6:00 PM 306 HOB

**Action Packet** 

# Health Quality Subcommittee 1/25/2016 4:00:00PM

Location: 306 HOB

**Summary:** 

**Health Quality Subcommittee** 

Monday January 25, 2016 04:00 pm

HB 977 Favorable	Vith Committee Substitute	Yeas: 12	Nays: 0
Amendment 8	Adopted Without Objection		
Amendment 0	06501 Adopted as Amended		
HB 1151 Temporar	ily Postponed		
Amendment 9	28825 Adopted Without Objection		
HB 1211 Favorable	With Committee Substitute	Yeas: 13	Nays: 0
Amendment 0	P1179 Adopted Without Objection		
Amendment 7	77409 Adopted Without Objection		
Amendment 8	Adopted Without Objection		
HB 1277 Favorable		Yeas: 12	Nays: 0
HB 1313 Favorable		Yeas: 12	Nays: 0
HB 1411 Favorable		Yeas: 7	Nays: 6

# **Health Quality Subcommittee**

1/25/2016 4:00:00PM

Location: 306 HOB

### Attendance:

	Present	Absent	Excused
Cary Pigman (Chair)	×		
Bobby DuBose	X		
Matt Gaetz	X		
Julio Gonzalez	X		
Kristin Jacobs	×		
Mike Miller	X		
Edwin Narain	X		
Rene Plasencia	X		
Patrick Rooney, Jr.	X		
Chris Sprowls	X	<del></del>	
Cynthia Stafford	X		
W. Gregory Steube	X	<u></u> -	
Cyndi Stevenson	X		
Totals:	13	0	0

# Health Quality Subcommittee 1/25/2016 4:00:00PM

Location: 306 HOB

**HB 977**: Behavioral Health Workforce

X 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 Sprowls	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				-
Cary Pigman (Chair)	X				
	Total Yeas: 12	Total Nays: 0	)		

### **HB 977 Amendments**

#### Amendment 867625

X Adopted Without Objection

### Amendment 006501

X Adopted as Amended

### **Appearances:**

DeCastro, Martha (Lobbyist) - Waive In Support Florida Hospital Association VP for Nursing 306 E College Ave Tallahassee FL 32301 Phone: (850) 222-9800

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

Committee meeting was reported out: Monday, January 25, 2016 8:16:22PM

# Health Quality Subcommittee

1/25/2016 4:00:00PM

Location: 306 HOB

HB 977 : Behavioral Health Workforce (continued)

**Appearances: (continued)** 

King, Jason (Lobbyist) - Waive In Support AIDS Healthcare Foundation Legislative Affairs Manager 700 SE 3rd Ave Ft Lauderdale FL 33316 Phone: (954) 610-3064

Mixon, Corinne (Lobbyist) - Waive In Support Florida Academy of Physician Assistants 119 E Park Ave Tallahassee FL 32301 Phone: (850) 766-5795

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comm		bcommittee: eeting Date: Place: Time:	Health (	गाः हिम्बर		ate Rec	orted:		inal t	_ 	`
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	l Vote Bill Nay	MEMBI	ERS	Straight Veas	Nays	Yeas	en to Nays	Yeas	Navs	Yeas	
V	iay	Pigman, Cha	ir	1 cas	nays	1 cas	Inays	1 648	itays	1 cas	1

	l Vote		Stroke	n all	a lin	ey to				
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		Gaetz	0		/ /·	þú				
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									

### **Health Quality Subcommittee** 1/25/2016 4:00:00PM

Location: 306 HOB HB 1151 : Parentage

X | Temporarily Postponed

#### **HB 1151 Amendments**

#### Amendment 928825

X | Adopted Without Objection

#### **Appearances:**

Garcia-Vera, Gabriel - Waive In Support Nat. Latina Institute for Repro. Health FL Field Coordinator 8330 Biscayne Blvd. Miami FL 33138

King, Jason (Lobbyist) - Waive In Support AIDS Healthcare Foundation Legislative Affairs Mgr. 700 SE 3rd Ave., #400 Ft. Lauderdale FL 33316 Phone: (954) 610-3064

Kelly, Amber (Lobbyist) - Opponent FL Family Action, Leg. Arm of FL Family Policy Council Legislative Assistant P. O. Box 10626 Tallahassee FL 32302 Phone: (407) 418-0250

Frazier, Debbie - Waive In Support Self 12495 Quercus Lane Wellington FL 33414 Phone: (561) 707-5529

Smith, Carlos Guillermo (Lobbyist) - Waive In Support **Equality Florida Public Policy Coordinator** 2237 Stonington Ave Orlando FL 32817 Phone: (404) 934-4944

Print Date: 1/25/2016 8:16 pm Leagis ® Page 5 of 13

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

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	ıl Vote ı Bill	MEMB	ERS	Struke	all						
Yea	Nay			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	
		Pigman, Cha	ir	h	X						
		DuBose		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	40						

	l Vote Bill	MEMBERS	Struke	alf						
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Pigman, Chair	-h	W						
		DuBose	-/	40						
		Gaetz								
		Gonzalez	U	)						
		Jacobs	-	/						
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

# Health Quality Subcommittee

1/25/2016 4:00:00PM

Location: 306 HOB

HB 1211: Drugs, Devices, and Cosmetics

X | Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X		*****		<u> </u>
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: 13	Total Nays: 0	)		

#### **HB 1211 Amendments**

#### Amendment 091179

X Adopted Without Objection

### Amendment 777409

X Adopted Without Objection

#### Amendment 861535

X Adopted Without Objection

### **Appearances:**

Bill & Amendments (#777409,91179)
Miller, Matilde (Lobbyist) - Waive In Support
Department of Business & Professional Regulation
Chief of Staff
1940 N Monroe St
Tallahassee FL 32399
Phone: (850) 487-4827

# Health Quality Subcommittee

1/25/2016 4:00:00PM

Location: 306 HOB

HB 1211: Drugs, Devices, and Cosmetics (continued)

**Appearances:** (continued)

Henderson, Cynthia (Lobbyist) - Waive In Support Epic Pharmacies, Inc 108 E Jefferson St, Ste. A Tallahassee FL 32301 Phone: (850) 559-0855

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

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			Pigman, Chair	<del>                                     </del>	/	/	/				
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## Health Quality Subcommittee

1/25/2016 4:00:00PM

Location: 306 HOB

HB 1277: Licensure of Foreign-Trained Physicians

X 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 Sprowls	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X			•	
	Total Yeas: 12	Total Nays:	0		

#### **Appearances:**

Saintil, Harry (General Public) - Information Only Haitian Foreign Trained Physicians 1100 Lowry Ave Unit #33 Lakeland Florida 33801 Phone: (863) 258-6749

Cordia, John (General Public) - Waive In Support Florida Association of Foreign-Trained Physicians / FAFTP 221 NE 173rd Street

North Miami Beach FL 33162 Phone: (786) 487-3915

Jean-Baptiste, Dr. Lauryne (General Public) - Waive In Support Self

1525 Fairway Road Pembroke Pines FL 33026 Phone: (954) 627-4238

Boursiquot, Marie (General Public) - Waive In Support

Self 1200 Hampton Blvd North Lauderdale FL Phone: (754) 245-2314

Limontas, Dr. Marie (General Public) - Waive In Support

1929 NW 72nd Way Pembroke Pines FL 33024 Phone: (954) 380-2605

Committee meeting was reported out: Monday, January 25, 2016 8:16:22PM

# Health Quality Subcommittee 1/25/2016 4:00:00PM

Location: 306 HOB

HB 1277: Licensure of Foreign-Trained Physicians (continued)

**Appearances: (continued)** 

Saintil, Dr. Ketsia (General Public) - Waive In Support Foreign Trained Physicians 1100 Lowry Ave, Unite 33 Lakeland FL 33801 Phone: (863) 510-5869

Dorescar, George F. (General Public) - Waive In Support Pastor 1140 N Florence Ave Lakeland FL 33805 Phone: (863) 934-3455

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee:	Health Quality	Bill Number: HB 1277
Meeting Date:	1/25/16	Date Received:
Place:	301 HOB	Date Reported: 2
Time:	4:20 Pm	Subject:
Committee/Subcommittee A	Action:	Subject: Francis & Lyerans
Favorable		Retained for Reconsideration
Favorable w/	amendments	Reconsidered
Favorable w/Commit	tee/Subcommittee Subs	titute Temporarily Postponed
Other Action:		Unfavorable

On Yea	Nay	MEMBERS	Yeas		1					
,		<u> </u>	LCAN	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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		DuBose								
,		Gaetz						<del> </del>		
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i_		Rooney								
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Yeas	Nove	TOTALS	Yeas	Nove	Yeas	Nave	Yeas	Nove	Yeas	Nove
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# Health Quality Subcommittee

1/25/2016 4:00:00PM

Location: 306 HOB

HB 1313 : Low-THC Cannabis for Medical Use

X 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 Sprowls	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
	Total Yeas: 12	Total Nays: (	0		

### **Appearances:**

Watson, Ronald (Lobbyist) - Proponent ALT Med LLC 3738 Mundon Way Tallahassee FL 32309 Phone: (850) 567-1202

Rotundo, Louis (Lobbyist) - Waive In Support Florida Medical Cannabis Association 302 Pinestraw Circle Altamonte Springs FL 32714 Phone: (407) 699-9361

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comi	mittee/Subcommittee:	Health Quality	Bill Num	ber: HB 1313
	Meeting Date:	1125/16	Date Recei	ved:
	Place:	304, HOB	Date Repor	teds A
	Time:	HI W P Dr.	A Subj	ject: DW-IHC Lorendra
		V		moderal les
Comi	nittee/Subcommittee A	Action:	<i>V</i> -	- (
	Favorable			Retained for Reconsideration
	Favorable w/	amendments		Reconsidered
	Favorable w/Commit	tee/Subcommittee Sub	stitute 🔲	Temporarily Postponed
	Other Action:			Unfavorable

1	Vote							- CANEN		
	Bill	MEMBERS	<b>V</b> 7	NI	Vaca	Ninna	Vasa	Nava	Vees	Nove
Yea	Nay	D: CI :	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1	_	Pigman, Chair								
		DuBose								
		Gaetz								
<u> </u>		Gonzalez								
سسا		Jacobs								
1		Miller								
1		Narain								
سسأ	-	Plascencia								
1		Rooney								
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12										

# **Health Quality Subcommittee**

1/25/2016 4:00:00PM

Location: 306 HOB

**HB 1411**: Termination of Pregnancies

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 Sprowls	X	*			<del></del>
Cynthia Stafford		X			
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
	Total Yeas: 7	Total Nays: 6	;		

#### **Appearances:**

Smith, Carlos Guillermo (Lobbyist) - Opponent Equality Florida 2237 Stonington Ave Orlando FL 32817

Phone: (404) 934-4944

DeVane, Barbara (Lobbyist) - Waive In Opposition

**FL NOW** 625 E Brevard St. Tallahassee Fl 32308 Phone: (850) 222-3969

Kelly, Amber (Lobbyist) - Proponent Florida Family Action Legislative Assistant PO Box 10626

Tallahassee FL 32302 Phone: (407) 418-0250

Bill & Amendment

Rivera, Mariah (General Public) - Opponent

Constituent 1200 Scotia Dr, #304 Hypoluxo FL 33462 Phone: (561) 404-3895

## **Health Quality Subcommittee**

1/25/2016 4:00:00PM

Location: 306 HOB

HB 1411 : Termination of Pregnancies (continued)

Appearances: (continued)

Diaz, Kimberly (Lobbyist) - Waive In Opposition FL Alliance of Planned Parenthood Affiliates Legislative Representative 2300 N FL Mango Rd West Palm Beach FL 33409 Phone: (561) 471-9942

Pocles-Tolchin, Madison (General Public) - Opponent Constituent 1945 NW 8th Ave, #34 Boca Raton FL 33432 Phone: (561) 350-6106

Delgado, Ingrid (Lobbyist) - Waive In Support Florida Conference of Catholic Bishops Associate for Social Concerns & Respect Life 201 W Park Ave Tallahassee FL 32301 Phone: (850) 205-6825

Gentile, Haley (General Public) - Waive In Opposition Self 2064 Holmes St Tallahassee FL 32310 Phone: (239) 210-8923

Fort, Pamela Burch (Lobbyist) - Waive In Opposition ACLU of Florida 104 S Monroe St Tallahassee FL 32301 Phone: (850) 425-1344

McKinstry, Molly (Lobbyist) (State Employee) - Information Only Agency for Health Care Administration 2626 Mahan Drive Tallahassee FL 32303 Phone: (850) 412-3612

Sullivan, Cindy (General Public) - Waive In Opposition Self 127 Celebration Blvd Celebration Fl 34747 Phone: (813) 440-3392

Moleski, Christine (General Public) - Waive In Support Self 1960-A Buford Blvd Tallahassee FL 32308

Phone: (850) 445-5979

Committee meeting was reported out: Monday, January 25, 2016 8:16:22PM

# Health Quality Subcommittee

1/25/2016 4:00:00PM

Location: 306 HOB

**HB 1411 : Termination of Pregnancies (continued)** 

Appearances: (continued)

Ward, Teresa (Lobbyist) (General Public) - Waive In Support

FL Right to Life PO Box 1125 Tallahassee Florida 32302 Phone: (850) 544-5171

Garcia-Vera, Gabriel - Opponent Nat. Latina Institute for Reproductive Health

FL Field Coordinator 8330 Biscayne Blvd. Miami FL 33138

Willard, Hannah - Waive In Opposition

630 Hillcrest St., Apt. 10

Orlando FL 32803 Phone: (407) 451-8460

Daubert, Alex - Waive In Opposition

1729 Gurtler Ct., #3 Orlando FL 32804 Phone: (717) 965-2808

Golabek, Fran - Waive In Support
Former Co-Director of Open Door Womens' Clinic

2656 Breton Ridge Dr. Tallahassee FL 32312 Phone: (813) 629-7722

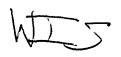
Calvo, Nelson - Waive In Support

Print Date: 1/25/2016 8:16 pm Leagis ® Page 13 of 13

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health, Quality	Bill Number:
Meeting Date: 1) 25/16	Date Received:
Place: 74.198	Date Reported:
Time: 4:00 AM	Subject: Jermentory Pregnancie
, , , ,	Previorale 5
Committee/Subcommittee Action:	0
Favorable Favorable	Retained for Reconsideration
Favorable w/ amendments	Reconsidered
Favorable w/Committee/Subcommittee Su	bstitute
Other Action:	Unfavorable
· ·	

	Vote Bill	MEMBERS								
Yea	- Nay	MENIDERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1		Pigman, Chair								· · · · · · · · · · · · · · · · · · ·
	1	DuBose								<u> </u>
i,		Gaetz								
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	i	Miller								
	i	- Narain								
	i	-Plascencia								
1		Rooney								
<i></i>		Sprowls								
	<u> </u>	Stafford							_	
1		Steube								
1/		Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 977 Meeting Date: 1-25-16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Dehavioral Hearth Workford
Committee/Subcommittee: HEATH QUALITY
Name: MARTHA DECASTRO
Title: VP for NURSing
Address: 306E. Collect Arenue
City:
Phone Number: (850) 222 9800
Representing: Frozida Hospitar Association
Registered Lobbyist: YES NO State Employee: YES NO
WANUE
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: Meeting Date: 1-25-2016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Leath (Unovalionia
Name: THAD LOWREY
Title: VP Governmental Relations
Address: 7720 Sunt 102 Washington St.
City: Part Richary State/Zip: [-2 34668]
Phone Number: 727 - 992 - 850 8
Representing: OPERATION DAR
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Have Been Requested to Speak: YES NO Info Only





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

Bill Number: _	977	Meeting Date:	1/25	16	
Fill in appropriate PCB/PCS/Amen Presentation/Wo	dment # or				
Committee/Subo	committee:	Health Qualife	<del>}</del>		
Name: Ja	son King			<del></del>	
Title: Ulg	islative At	fairs Manager			
Address: 70	10 SE Brd	Are #400			
. <u>.</u>		State/Zip:	L 33	316	
Phone Number:	954-60-	3064			
Representing:	AIDS +	teathcase Four	ndation		
	byist: YES NO	State Employ		NO U	
I Wish To Speak:	YES NO	Bil		Amend	
I Have Been Reque	ested to Speak: YES	NO Proponent Info Only	Opponent	Proponent Info Only	Opponent





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 977 Meeting Date: 1/25/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Behavior of Head-
Committee/Subcommittee: Healt Innovation
Name: Corinne Mixon
Title: Lobby15+
Address: 119 E. Pork Ave
City: Tallanossee State/Zip: F=L 32301
Phone Number: 76 6 5795
Representing: Florida Academy of Physician Assistants
Representing: Florida Academy of Physician Assistants  Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES V NO Bill Amendment
I Have Been Requested to Speak: YES NO Y Info Only Info





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: HB 1151 Meeting Date: 1 25 1 16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health Quality
Name: Gabriel Garcia-Vera
Title: FL Field Coordinator
Address: 8330 Biscarne Blud
City: Miami State/Zip: FL; 33138
Phone Number:
Representing: Nat. Latina Institute for Repro
Registered Lobbyist: YES NO State Employee: YES NO He. a. H
tion of the second of the seco
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On





Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{two}}$  copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: 48/15/ Meeting Date: 1/25/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Heafth Quality
Name: Jason King
Title: Legislative Albirs Mg.
Address: 700 SE 3rd Ave #400
City: Ft- Laudordale State/Zip: FL,83316
Phone Number: 954-610-3064
Representing: Alos Healthcare Foundation
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: <u>HB1151</u> Meeting Date: <u>Jan. 25, 2016</u>
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Parentage
Committee/Subcommittee: Health Quality Subcommittee
Name: Amber Kelly
Title: Legislative Assistant
Address: PO Box 10626
City: Tallahassee State/Zip: \$\frac{1}{2} \frac{32302}{2}
Phone Number: (407) 418-0250
Representing: FL Family Action, Legislative Arm of FL Family  Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponent Opponent Opponent Opponent Opponent Opponent Opponent D
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only





Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{two}}$  copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: <u>HB 1/51</u> Meeting Date: <u>/-25-/6</u>
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Debbie Frazier
Title:
Address: 12495 Quercus Lane
City: Wellington State/Zip: 7 33414
Phone Number: 561 - 707-5529
Representing: Self
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO NO Bill Amendment  Proponent Opponent Oppo
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only



76275686





### 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:	1151 : Parentage	Meeting Date:	January 25, 2016 4:00 PM
PCB/PCS/Ame Presentation/W	endment # or N/A Vorkshop Topic:		
Committee/Su	bcommittee: Health	Quality Subcommittee	
Name:	Carlos Guillermo Smith	A Agent	
Title:			
Address:	2237 Stonington Ave		
City:	Orlando	State/Zip:	FL 32817
Phone Number	r: 4049344944		
Representing:	Equality Florida		
Regi	istered Lobbyist: Yes	State Employee:	No
I Wish To Spe	ak: No	Bill	Amendment

N/A

I Have Been Requested To Speak: No Proponent



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

Bill Number:	1211		_ Meeting Date:	1/25	12016	
Fill in appropr PCB/PCS/Amo Presentation/W	endment # or	$O_1$		mench		
Committee/Su	bcommittee:	Health	Quality			
Name: W	1atelek	W. Bar	· · · · · · · · · · · · · · · · · · ·	7		
Title:	he I	Staff				-
Address:	1940	V. Mine	pe St.			
City: Ta	llahass	ee	_	L/3	32399	•
Phone Number	r: <u>(</u> 85	0)487	-4827			
Representing:	DBF	<b>1</b>				
Registered Lo	obbyist: YES	NO	State Employee	: YES	NO	
		-				
I Wish To Speak	: YES 🚺 N	10 <u> </u>	Bill		Amend	ment
			Proponent	Opponent	Proponent P	Opponent
I Have Been Req	uested to Speal	c: YES NO	Info Only		Info Only	
					1.++-	7



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:	1211	Meeting Date:	1/25/20	16
Fill in appropriate PCB/PCS/Amend Presentation/Wor	dment # or	777409	(Amenchne	nt)
Committee/Subco	ommittee:	alth Que	Dity	
Name: Mat	ilde M.	ller	Q	
Title:	I of St	tall		
Address:	740 N.	Monroe ?	St.	
City: Tal	lahassee	State/Zip:	L/3239	9
Phone Number:	(850)	487-482	27	•
Representing:	DBPF	2		
Registered Lobb	yist: YES NO	State Employee	E YES NO NO	
I Wish To Speak:	YES NO	Bill	Amen	dment
I Have Been Reques	sted to Speak: YES	NO Proponent Info Only Info Only	Opponent Proponent Info Only	Opponent





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

Bill Number:	1211	Meeting Date:	1/25/20	16
Fill in appropri PCB/PCS/Ame Presentation/W		Bill as	aminde d	)
Committee/Sub	ocommittee: Hea	th Quality	Subcommitte	<u>se</u>
Name: 1	at lde Mille	or O		
Title:	hied of St	w//		
Address:	1940 N. 7	Vouroe S	trut	
City:	allahassee	State/Zip:	L/32399	ገ
Phone Number	(850)48	17-482	7	
Representing:	DBPR	>		
Registered Lo	bbyist: YES NO	State Employee	: YES NO	
	•			
I Wish To Speak:	YES NO	Bill	Ameno	lment
I Have Been Requ	uested to Speak: YES N	Proponent V Info Only	Opponent  Proponent Info Only	Opponent 🗀
			h7+ 5	





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 1211 Meeting Date: 125/10
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Cynthia Henderson
Title:
Address: 108 E, lefferson St Suite A
Address: 108 E, Jefferson St Sinte A  City: Tallahassee State/Zip: FL 3230
Phone Number: 850 559 0855
Representing: EPIC PX
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only Info Only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: _	HB	1277	N	Meeting Date	:Ja	Muary 2	5,2016
Fill in appropriate PCB/PCS/Amen Presentation/Wo	dment#	or				•	,
Committee/Subo	committe	e:	Hz.	alt4 0	Quality	Sus ce	muittec
Name:	,	HARR	Υ	SAINT	<u>.</u>		
Title:	·		M.	<u>.</u> .			
Address:	1100	, Low	Ly_	Auc	H THU	33	
City:	AKELU	છ્યું	S	State/Zip:	FL	3380	
Phone Number:	(	863)	728	- 674	9		
Representing:	Fo	reign .	Traine	a Ph	y Si Cian	·. J	
Registered Lob			71	State Employ	<u></u>	NO X	
I Wish To Speak:	YES 🔀	NO		Bi	11	Amend	lment
				Proponent	Opponent	Proponent	Opponent
I Have Been Reque	sted to Sp	eak: YES	NO X	Info Only		Info Only	



31469633



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.

Bill Number:	1277: Licensure of Fore Trained Physicians	eign- Meeting Date:	January 25, 2016 4:00 PM
PCB/PCS/Amer Presentation/Wo			
Committee/Sub	committee: Health	Quality Subcommittee	
Name:	John Cordia		
Title:	The second secon		
Address:	221 NE 173rd Street		
City:	North Miami Beach	State/Zip:	FLORIDA 33162
Phone Number:	786-487-3915	The state of the s	
Representing:	Florida Association of F	oreign-Trained Physicians /	FAFTP
Regis	tered Lobbyist: No	State Employee:	No
I Wish To Speal	k: Yes	Bill	Amendment

I Have Been Requested To Speak: No Proponent





Please fill out the <u>entire</u> form and submit  $\underline{two}$  copies to the committee/subcommittee Administrative Assistant at the meeting.





Please fill out the <u>entire</u> form and submit  $\underline{two}$  copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number: 1277 Meeting Date: 0'
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  FORCIAL PHYSICIAN BILL
Committee/Subcommittee:
Name: MARIE BOURSIZUOT
Title:
Address: 1200 HAMPTON BUN
City: NORTH LAUDERDACE State/Zip: FL
Phone Number: 754-245 - 2314
Representing:
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: $\frac{HB}{127}$ Meeting Date: $\frac{C}{JS}$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Dr Mara Limontas
Title: Dac for
Address: 1929 NW 72nd Way
City: Ponts of Pines State/Zip: F( 33024
Phone Number: 954 - 380 - 2605
Representing:
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: <u>H B 1277</u> Meeting Date: <u>1.25-16</u>
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health Quality Subcommittee
Name: Ketsin Saintil
Title: M.P.
Address: 1100 Lowry Ave Kinit 33
City: <u>Lakeland</u> State/Zip: <u>FL 3380/</u>
Phone Number: (863) - 510 - 5869
Representing: Foreign trained Physicians
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO V Info Only Info





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:	1277	N	Meeting Date:_	Jan!	25 /2016	
PCB/PCS/Ame	iate information: endment # or forkshop Topic:					
Committee/Sub	ocommittee:	ALTH				
Name:	GEOR GES	F. DORES	CAR			
Title:	PASTOR					
Address:	1140 NF 108E	TNCE &	AVE NUE			
City:	AKELAND	S	tate/Zip: 🕎	4 3380	5	
Phone Number:	863-93	4-3 <i>455</i>				
Representing:						
Registered Lol	bbyist: YES N		State Employe	e: YES	NO 🔽	
Wish To Speak:	YES NO NO		Bill		Ameno	lment
l Have Been Requ	ested to Speak: YES		Proponent  Info Only	Opponent	Proponent Info Only	Opponent 🗌



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:    DOW THO COMMUNITY
Committee/Subcommittee:
Name: Kon Watson
Title: Jobby 15t
Address: 3738 Mundun Wuy
City: Tallwassee State/Zip: FL 32309
Phone Number: (850) 567-1202
Representing: Att Med
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponen
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: _	1313	I	Meeting Date	: <i>L/</i>	25/16	
Fill in appropriate PCB/PCS/Amer Presentation/Wo	ndment # or					
Committee/Sub	committee:	HEA	th	Que	aliby	
Name:	Louis	Ro	TUN	do	,	
Title:						
Address:	202 Pine	stratu	· Cio	de		
City: Allan	onte Spine	<u> </u>	State/Zip: <u>F</u>	327	14	
Phone Number:		699-				
Representing:	F/A. Me	dical	Conna	613	ASSOCIA	tion
Registered Lob	obyist: YES 1 NO		State Emplo	yee: YES	NO NO	
I Wish To Speak:	YES NO		В	ill	Ameno	dment
I Have Been Requ	ested to Speak: YES	¬ NO □	Proponent Info Only	Opponent	Proponent Info Only	Opponent



27809574



### 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:	1411 : Termination of Pregnancies	Meeting Date:	January 25, 2016 4:00 PM		
PCB/PCS/Ame Presentation/W	ndment # or N/A orkshop Topic:				
Committee/Sub	ocommittee: Health	Quality Subcommittee			
Name:	Carlos Guillermo Smith	h			
Title:	en e				
Address:	2237 Stonington Ave				
City:	Orlando	State/Zip:	FL 32817		
Phone Number	4049344944				
Representing:	Equality Florida				
Regis	stered Lobbyist: Yes	State Employee:	No		
I Wish To Spea	k: Yes	Bill	Amendment		
I Have Been Re	equested To Speak: No	Opponent	N/A		





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Termination December 1
Committee/Subcommittee: Health Smality
Name: Barbara De Vare
Title: MS
Address: 625 E. Brevard St
City: Jallahasree State/Zip: Fl 32308
Phone Number: 850-222-3969
Representing: FL MW
Registered Lobbyist: YES NO State Employee: YES NO V
waire in opposition
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: HB   4   Meeting Date: Jan. 25, 2016
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic: Termination of Pregnancies
Committee/Subcommittee: Heath Quality Subcommittee
Name: Amber Kelly
Title: Législative Assistant
Address: PO Box 10626
City: Tallahassee State/Zip: FL 32302
Phone Number: (407) 418-0250
Representing: FL Family Action
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



## 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	1411	_ Dat	te <u>  / 2</u>	5/2	316			
Name	Maria	1 P	ivera					
Title	Const	itu	ant	·· - · · · · · · · · · · · · · · · · ·				. <u>.                                   </u>
Address	1200 Sco	hu_	Dr. #	304	···			
City	Hypol	W	0		Sta	te/Zip 🛨	L/3346	Z
Phone Number	561-400	4-2	3895					
Representing	,		and the second					
Lobbyist (regist State Employee	,	YES YES		NO NO				
If you are testify proponent or an							r position as a	
							r position as a  Amendment	<u>Bill</u>
proponent or an					l as a w		_	Bill
proponent or an	opponent is	the sa	ame as on	the bill	l as a w	vhole.	_	Bill
proponent or an	opponent is to speak	the sa	ame as on	the bill	l as a w Pr Oj	vhole.	<u>Amendment</u>	
proponent or an	opponent is to speak e been reques	the sa	ame as on o speak	the bill	l as a w Pr Oj	oponent	<u>Amendment</u>	
proponent or an	opponent is to speak	the sa	ame as on o speak	the bill	l as a w Pr Oj	oponent	<u>Amendment</u>	



# 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	J411 Da	te \	125/1	(D			
Name	Kimbe	rly DIC	17				
Title	Legista	tive Ru	oresenta	ative \$			
Address	<u> 2300</u>	N. FLMA	ngo Ro	ત્ર			
City	West Pain	n Beach	State	Zip FL	13346	)9	
Phone Number	561 A	BM. 471.	9942	in many and see a	W 78 11		
Representing	FL. AUI	ance of	Plann	ed Para	enthood	AMiliate	J
Lobbyist (register State Employee If you are testify proponent or an	YES	□ N amendment, j			oosition as a		
				A	<u>Amendment</u>	<u>Bill</u>	
I wish	to speak		Prop	onent	and the second second		
I have	been requested to	o speak	Орр	onent			
			Info	rmatioń			
	Subject matter:	HB 1	-111				
Committee	e/Subcommittee:	HCa	th Qu	cality			



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: Meeting Date: 1/25/16
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health Quality
Name: Madison Podes-Tolchin
Title: Constituent
Address: 1945 NW 4th Ave HZY
City: Boca Raton State/Zip: FL 3343Z
Phone Number: (561) 350 - 6106
Representing:
Registered Lobbyist: YES NO State Employee: YES NO
· ·
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only Info Only





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 14] Meeting Date: 1/25/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic: Terring tion of Prancies
Committee/Subcommittee: Health Quality
Name: Irand belado
Title: Associate for Social Correns + Peopeet Life
Address: 201 W Parc Av
City: Tallahassee State/Zip: F1/32301
Phone Number: 850-705-6825
Representing: Florida Conference of Catholic Bishops
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Opponent Opponent Opponent O
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only





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

Bill Number: 日日1411 Meeting Date: <u>しない みち, みのしな</u>
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health quality Subcommittee
Name: Haley Gentile
Title: Na
Address: 2064 Holmes Swelt
City: Tallahassel State/Zip: FL 32310
Phone Number: <u>239-210-8923</u>
Representing: myself
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment  Proponent Opponent Opponen
I Have Been Requested to Speak: YES NO No Info Only 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	14/1 Date 1/25/16	
Name	Pamela Burch Fort	
Title		
Address	104 S. Monroe Street	
City	Tallahassee State/Zip Fl	32301
Phone Number		
Representing	ACLU of Florida	
Lobbyist (regist	stered) YES NO [	
State Employee	e YES 🗌 NO 🗓	
	fying regarding an amendment, please indicate if your p on opponent is the same as on the bill as a whole.	osition as a
	A	amendment Bill
I wish	sh to speak Proponent	
I have	ve been requested to speak Opponent	
	Information	
	Subject matter: Termination of Pre	gnancies
Committe	tee/Subcommittee: Halth Policy Subcom	te



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{two}}$  copies to the committee/subcommittee Administrative Assistant at the meeting.

Bill Number:	HB	1411	Meeting Date: 11 26/16	
Fill in appropr PCB/PCS/Ame Presentation/W	endmei	nt # or		
Committee/Sub	comm	nittee: <u>House</u>	Health Innovation	
Name:	<u>olly</u>	Mckinstry		
		<del>-</del>	of Health Quality	
		Mahan Drive		
			State/Zip:PL   32303_	
Phone Number	:	850-412-31	612	
Representing:	_Aa	ency for H	ealth Care Administr	ation
		YES NO		
I Wish To Speak:	YES	NO NO	Bill	Amendment
I Have Been Regi	iested to	o Speak: YES 🔽 NO [	Proponent Opponent Info Only	Proponent Opponent Info Only





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: HB 1411 Meeting Date: 1/25/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Terming him of Pregnancies
Committee/Subcommittee: Health Quality Subcommittee
Name: Cindy Sullivan
Title: <u>Citizen of Florida</u>
Address: 127 Celebration Blud.
City: Celebration State/Zip: FL 34747
Phone Number: 8/3 - 440 - 339 2
Representing: Self
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: 1/25/16 Meeting Date: 1/25/16
Fill in appropriate information:  PCB/PCS/Amendment # or  Presentation/Workshop Topic:  Health Quality Subcommittee
Committee/Subcommittee:
Name: Christine Moleski
Title:
Address: 1960-A Butord Blud
City: Tallahossee State/Zip: FL 32308
Phone Number: 850-445-5979
Representing: Sef
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO V Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On



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#### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Number:	HB 1411 : Termination Pregnancies	of Meeting Date:	Jan 25 2016 4:00PM
PCB/PCS/Ame Presentation/W	endment # or N/A Yorkshop Topic:		
Committee/Sub	ocommittee: Health	Quality Subcommittee	
Name:	Ward, Teresa	4	
Title:			
Address:	POB 1125		
City:	Tallahassee	State/Zip:	Florida 32302
Phone Number	: 8505445171		
Representing:	FLACIDA RI	SHYDLIFE	
Regis	stered Lobbyist: Yes	State Employee:	No
I Wish To Spea	ak: Yes	Bill	Amendment
I Have Been Re	equested To Speak: No	Proponent	N/A



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: _	1411	Meeting Date:	1/25/	16
Fill in approprion PCB/PCS/Amer Presentation/Wo	ndment # or		! [	
Committee/Sub	_	Health Qu	ality	
Name:	Gabriel	Garcia-1	Vera'	<u> </u>
Title:	FLF	ield Coord	dinater	
Address:	X330	Biscarne	Blvd	
City:	Miami	State/Zip:	TL, 3313	S
Phone Number:		·		
Representing:	Nat. L	atina Insti	tuta for	Reara
Registered Lob	obyist: YES NO	State Employee:	YES NO NO	Health
	/			
I Wish To Speak:	YES NO	Bill	Amen	dment
I Have Been Requ	ested to Speak: YES	NO Proponent Opp	ponent Proponent Info Only	Opponent





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:	1411	N	Meeting Date:	1/25	5/16	
PCB/PCS/Ame	riate information: endment # or Vorkshop Topic:					
Committee/Sul	bcommittee:	Healt	L Qua	Lity		
Name: \d	nnah Willa	d				
Title:						
Address:	630 HILL cre	of St	Apt 10			
City:	Orlando	S	tate/Zip:f(	328	03	
Phone Number	r: 407 (	451 84	160			
Representing:						
Registered Lo	obbyist: YES NO		State Employee:	YES	NO 🗀	
I Wish To Speak:	: YES NO NO		Bill		Amend	ment
I Have Been Rea	uested to Speak: YES	¬ NO Г	Proponent O	pponent 🗂	Proponent  Info Only	Opponent





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:   B   1411   Meeting Date:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health Quality
Name: Alex Daubert
Title:
Address: 1729 GURTLER CT. #3
City: ORLANDO State/Zip: FL, 32804
Phone Number: (717) 965-2808
Representing:
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On





Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number: _	[41]	M	leeting Date:	Jai	1-25,20	<u></u>
<i>Fill in appropric</i> PCB/PCS/Amen	dment # or				ŕ	
Presentation/Wo	rkshop Topic:	. 7		<del>- } .</del>		
Committee/Subc	committee:	Healt	h Qual	ury	Subcor	nmillec
Name:		Fran	Golab	rek		
Title:		Form	er Co	- dire	chol of	Open Da
Address:	2656	Breton	Ridge	= N	-	cline
 City:	Tallaha		tate/Zip: $\int$	PC 30	BA	
Phone Number:		813-6	29- 7	7722		
Representing:						
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Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Bill Number:	LIB 1377 Thomas dy	Meeting Date:	1/25/1,	<u>~</u>	
Fill in appropri PCB/PCS/Ame Presentation/W					
Committee/Sub	committee:				
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