



Health Quality Subcommittee

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

Action Packet

COMMITTEE MEETING REPORT

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 With Committee Substitute	Yeas: 12	Nays: 0
	Amendment 867625 Adopted Without Objection		
	Amendment 006501 Adopted as Amended		
HB 1151	Temporarily Postponed		
	Amendment 928825 Adopted Without Objection		
HB 1211	Favorable With Committee Substitute	Yeas: 13	Nays: 0
	Amendment 091179 Adopted Without Objection		
	Amendment 777409 Adopted Without Objection		
	Amendment 861535 Adopted Without Objection		
HB 1277	Favorable	Yeas: 12	Nays: 0
HB 1313	Favorable	Yeas: 12	Nays: 0
HB 1411	Favorable	Yeas: 7	Nays: 6

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

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/25/2016 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 Sprows	X		
Cynthia Stafford	X		
W. Gregory Steube	X		
Cyndi Stevenson	X		
Totals:	13	0	0

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

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/25/2016 4:00:00PM

Location: 306 HOB

HB 977 : Behavioral Health Workforce

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

Adopted Without Objection

Amendment 006501

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

COMMITTEE MEETING REPORT

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

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

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

Committee/Subcommittee: Health Quality
 Meeting Date: 1/25/16
 Place: 306 HOB
 Time: 4:00 pm

Bill Number: HB 999
 Date Received: _____
 Date Reported: _____
 Subject: Behavioral Health
Workforce

Committee/Subcommittee Action:

- | | |
|---|---|
| <input type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input checked="" 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	<i>Study all</i>		<i>Amend to</i>					
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman, Chair								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gaetz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gonzalez								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jacobs								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Miller								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Narain								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plascencia								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rooney								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sprows								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stafford								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steube								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/25/2016 4:00:00PM

Location: 306 HOB

HB 1151 : Parentage

Temporarily Postponed

HB 1151 Amendments

Amendment 928825

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

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

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 1/25/16
 Place: 306 HOB
 Time: 4:00 pm

Bill Number: HB 1151
 Date Received: _____
 Date Reported: _____
 Subject: Parentage

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	<i>Strike all</i>		Yea	Nay	Yea	Nay	Yea
Yea	Nay		Yea	Nays	Yea	Nays	Yea	Nays	Yea	Nays	
		Pigman, Chair									
		DuBose									
		Gaetz									
		Gonzalez									
		Jacobs									
		Miller									
		Narain									
		Plascencia									
		Rooney									
		Sprowls									
		Stafford									
		Steube									
		Stevenson									
Yea	Nays	TOTALS	Yea	Nays	Yea	Nays	Yea	Nays	Yea	Nays	

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/25/2016 4:00:00PM

Location: 306 HOB

HB 1211 : Drugs, Devices, and Cosmetics

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: 13		Total Nays: 0			

HB 1211 Amendments

Amendment 091179

Adopted Without Objection

Amendment 777409

Adopted Without Objection

Amendment 861535

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

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

COMMITTEE MEETING REPORT

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

Committee/Subcommittee: Health Quality
 Meeting Date: _____
 Place: _____
 Time: _____

Bill Number: HB 1211
 Date Received: _____
 Date Reported: _____
 Subject: Drugs, Devices, and
Genetics

Committee/Subcommittee Action:

- | | |
|---|---|
| <input type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input checked="" 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	Amend 1		Amend 2		Amend 3			
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman, Chair								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gaetz	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gonzalez	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jacobs								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Miller								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Narain								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plascencia								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rooney								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sprowls								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stafford								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steube								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/25/2016 4:00:00PM

Location: 306 HOB

HB 1277 : Licensure of Foreign-Trained Physicians

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

COMMITTEE MEETING REPORT

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

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

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

Committee/Subcommittee: Health Quality
 Meeting Date: 1/25/16
 Place: 302 HOB
 Time: 4:30 pm

Bill Number: HB 1297
 Date Received: _____
 Date Reported: _____

Subject: License of Foreign-Trained Physicians

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman, Chair								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gaetz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gonzalez								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jacobs								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Miller								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Narain								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plascencia								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rooney								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Spowls								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stafford								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Steube								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/25/2016 4:00:00PM

Location: 306 HOB

HB 1313 : Low-THC Cannabis for Medical Use

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: 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

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

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

Committee/Subcommittee: Health Quality
 Meeting Date: 1/25/16
 Place: 304 HOB
 Time: 4:45 pm

Bill Number: HB 1313
 Date Received: _____
 Date Reported: _____
 Subject: EW-TAC Comma
for medical use

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"/>		Pigman, Chair								
<input checked="" type="checkbox"/>		DuBose								
<input checked="" type="checkbox"/>		Gaetz								
<input checked="" type="checkbox"/>		Gonzalez								
<input checked="" type="checkbox"/>		Jacobs								
<input checked="" type="checkbox"/>		Miller								
<input checked="" type="checkbox"/>		Narain								
<input checked="" type="checkbox"/>		Plascencia								
<input checked="" type="checkbox"/>		Rooney								
<input checked="" type="checkbox"/>		Sprows								
<input checked="" type="checkbox"/>		Stafford								
<input checked="" type="checkbox"/>		Steube								
<input checked="" type="checkbox"/>		Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									

COMMITTEE MEETING REPORT

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				
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

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

COMMITTEE MEETING REPORT

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

COMMITTEE MEETING REPORT

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

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

Committee/Subcommittee: Health Quality
 Meeting Date: 1/23/16
 Place: 3rd Floor
 Time: 4:00 pm

Bill Number: HB1411
 Date Received: _____
 Date Reported: _____

Subject: Terminating
pregnancies

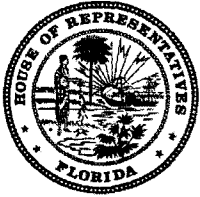
Committee/Subcommittee Action:

- 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
<input checked="" type="checkbox"/>		Pigman, Chair								
	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>		Gaetz								
<input checked="" type="checkbox"/>		Gonzalez								
	<input checked="" type="checkbox"/>	Jacobs								
	<input checked="" type="checkbox"/>	Miller								
	<input checked="" type="checkbox"/>	Narain								
	<input checked="" type="checkbox"/>	Plascencia								
<input checked="" type="checkbox"/>		Rooney								
<input checked="" type="checkbox"/>		Sprows								
	<input checked="" type="checkbox"/>	Stafford								
<input checked="" type="checkbox"/>		Steube								
<input checked="" type="checkbox"/>		Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
7	6									

WIS



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: 977 Meeting Date: 1-25-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: BEHAVIORAL HEALTH Workforce

Committee/Subcommittee: HEALTH QUALITY

Name: MARTHA DeCASTRO

Title: VP for Nursing

Address: 306 E. College Avenue

City: TLH State/Zip: FL 32301

Phone Number: (850) 222 9800

Representing: Florida Hospital Association

Registered Lobbyist: YES NO

State Employee: YES NO

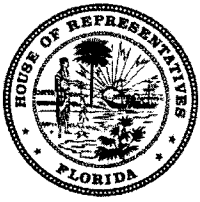
WAVE

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"/>	

WJS



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: 977 Meeting Date: 1-25-2016

Fill in appropriate information:

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

Committee/Subcommittee: Health Innovation

Name: THAD LOWREY

Title: VP Governmental Relations

Address: 7720 suit 102 Washington St.

City: Port Richey State/Zip: FL 34668

Phone Number: 727-992-8508

Representing: OPERATION PAR

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



WLS

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: 977 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Quality

Name: Jason King

Title: Legislative Affairs Manager

Address: 700 SE 2nd Ave #400

City: Ft-Lauderdale State/Zip: FL 33316

Phone Number: 954-620-3064

Representing: AIDS Healthcare Foundation

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



WIS

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: 977 Meeting Date: 1/25/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Innovation

Name: Corinne Mixon

Title: Lobbyist

Address: 119 E. Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 766 5795

Representing: Florida Academy of Physician Assistants

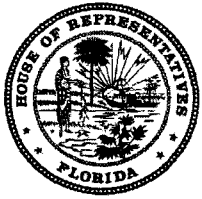
Registered Lobbyist: YES NO

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"/>	



WLS

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 1151 Meeting Date: 1/25/16

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 Biscayne Blvd

City: Miami State/Zip: FL, 33138

Phone Number: _____

Representing: Nat. Latina Institute for Repro

Registered Lobbyist: YES NO State Employee: YES NO Health

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"/>	

WLS



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 1151 Meeting Date: 1/25/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality

Name: Jason King

Title: Legislative Affairs Mgr.

Address: 700 SE 3rd Ave #400

City: Ft-Lauderdale State/Zip: FL, 33316

Phone Number: 954-610-3064

Representing: APOS Healthcare Foundation

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1151 Meeting Date: Jan. 25, 2016

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: FL 32302

Phone Number: (407) 418-0250

Representing: FL Family Action, Legislative Arm of FL Family Policy Council

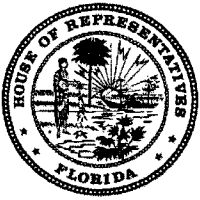
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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"/>	



WHS

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 1151 Meeting Date: 1-25-16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Debbre Frazier

Title: _____

Address: 12495 Quercus Lane

City: Wellington State/Zip: FL 33414

Phone Number: 561-707-5529

Representing: Self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



76275686

WJCS



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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Carlos Guillermo Smith**

Title:

Address: **2237 Stonington Ave**

City: **Orlando** State/Zip: **FL 32817**

Phone Number: **4049344944**

Representing: **Equality Florida**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **No**

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1211 Meeting Date: 1/25/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 91179 (Amendment)

Committee/Subcommittee: Health Quality

Name: Matilda Miller

Title: Chief of Staff

Address: 1940 N. Monroe St.

City: Tallahassee State/Zip: FL / 32399

Phone Number: (850) 487-4827

Representing: DBPR

Registered Lobbyist: YES NO

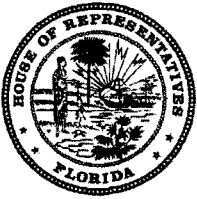
State Employee: YES NO

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"/>	

WLS



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: 1211 Meeting Date: 1/25/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 777409 (Amendment)

Committee/Subcommittee: Health Quality

Name: Matilde Miller

Title: Chief of Staff

Address: 1940 N. Monroe St.

City: Tallahassee State/Zip: FL/32399

Phone Number: (850) 487-4827

Representing: DBPR

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"/>	

Handwritten initials/signature



WHS

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: 1211 Meeting Date: 1/25/2016

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality Subcommittee

Name: Matilde Miller

Title: Chief of Staff

Address: 1940 N. Monroe Street

City: Tallahassee State/Zip: FL/32399

Phone Number: (850) 487-4827

Representing: DBPR

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"/>	

WHS

WA 5



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: 1211 Meeting Date: 1/25/10

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Cynthia Henderson

Title: _____

Address: 108 E. Jefferson St Suite A

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 559 0855

Representing: EPIC RX

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 1277 Meeting Date: January 25, 2016

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality Subcommittee

Name: HARRY SAINTIL

Title: M.D.

Address: 1100 Lowry Ave UNIT A 33

City: LAKELAND State/Zip: FL 33801

Phone Number: (863) 258-6749

Representing: Foreign Trained Physicians

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



31469633

WTS



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 Foreign-Trained Physicians** Meeting Date: **January 25, 2016 4:00 PM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **John Cordia**

Title:

Address: **221 NE 173rd Street**

City: **North Miami Beach** State/Zip: **FLORIDA 33162**

Phone Number: **786-487-3915**

Representing: **Florida Association of Foreign-Trained Physicians / FAFTP**

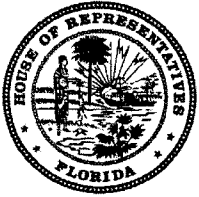
Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Proponent		N/A



WLS

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 1277 Meeting Date: 01/25/15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Lauryne Sean-Baptiste

Title: Dr.

Address: 1525 Fairway Road

City: Pembroke Pine State/Zip: FL / 33026

Phone Number: 954 - 627 - 4238

Representing: _____

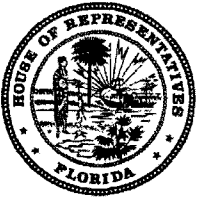
Registered Lobbyist: YES NO

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



HS

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: 1277 Meeting Date: 0

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: FOREIGN PHYSICIAN BILL

Committee/Subcommittee: _____

Name: MARIE BOURSIGNOT

Title: _____

Address: 1200 HAMPTON BLVD

City: NORTH LAUDERDALE State/Zip: FL

Phone Number: 754-245-2314

Representing: _____

Registered Lobbyist: YES NO

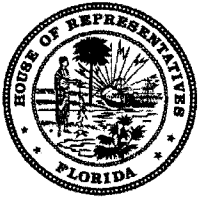
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

HIS



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 1277 Meeting Date: 1/25/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: _____

Name: Dr Maria Limontas

Title: Doctor

Address: 1929 NW 72nd Way

City: Pembroke Pines State/Zip: FL 33024

Phone Number: 954 - 380 - 2605

Representing: _____

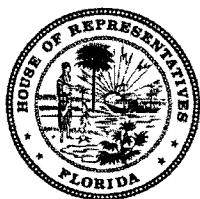
Registered Lobbyist: YES NO

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



WLS

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 1277 Meeting Date: 1-25-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: 1

Committee/Subcommittee: Health Quality subcommittee

Name: Ketsia Saintil

Title: M.P.

Address: 1100 Lowry Ave Unit 33

City: Lakeland State/Zip: FL 33801

Phone Number: (863)-510-5869

Representing: Foreign trained Physicians

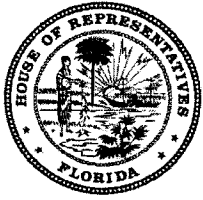
Registered Lobbyist: YES NO

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"/>	



WLS

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: 1277 Meeting Date: Jan 125/2016

Fill in appropriate information:

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

Committee/Subcommittee: HEALTH

Name: GEORGE F. DORESCAR

Title: PASTOR

Address: 1140 N FLORENCE AVENUE

City: LAKELAND State/Zip: FL 33805

Phone Number: 863-934-3455

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 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 1313 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: low THC Cannabis

Committee/Subcommittee: _____

Name: Ron Watson

Title: lobbyist

Address: 3738 Murdon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: (850) 567-1202

Representing: AH Med

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"/>	



WLS

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: 1313 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Quality

Name: LOUIS ROTUNDO

Title: _____

Address: 302 Pinestraw Circle

City: Altamonte Springs State/Zip: FL 32714

Phone Number: 407-699-9361

Representing: FLA. Medical Cannabis Association

Registered Lobbyist: YES NO

State Employee: YES NO

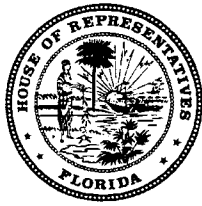
I Wish To Speak: YES NO

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"/>	



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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Carlos Guillermo Smith**

Title:

Address: **2237 Stonington Ave**

City: **Orlando** State/Zip: **FL 32817**

Phone Number: **4049344944**

Representing: **Equality Florida**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Opponent		N/A



WFO

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: 1411 Meeting Date: 1-25-14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Termination of Pregnancy

Committee/Subcommittee: Health Indulity

Name: Barbara DeVane

Title: Ms

Address: 625 E. Brevard St

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-222-3969

Representing: FL NOW

Registered Lobbyist: YES NO

State Employee: YES NO

waive in opposition

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 1411 Meeting Date: Jan. 25, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Termination of Pregnancies

Committee/Subcommittee: Health Quality Subcommittee

Name: Amber Kelly

Title: Legislative 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

I Have Been Requested to Speak: YES NO

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



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

TYPE OR PRINT CLEARLY

**COMMITTEE/SUBCOMMITTEE APPEARANCE
RECORD**

Bill Number 1411 Date 1/25/2016
 Name Maricah Rivera
 Title Constituent
 Address 1700 Scotia Dr. #304
 City Hypoluxo State/Zip FL 133462
 Phone Number 561-404-3895
 Representing _____

Lobbyist (registered) YES NO
 State Employee YES NO

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

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

Subject matter: HB 1411

Committee/Subcommittee: Health Quality



WFO

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 Date 1/25/10

Name Kimberly Diaz

Title Legislative Representative

Address 2300 N. Palmango Rd.

City West Palm Beach State/Zip FL / 33409

Phone Number 561. 471. 9942

Representing FL Alliance of Planned Parenthood Affiliates

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

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

Table with 4 columns: Statement, Proponent, Opponent, Information, Amendment, Bill. Includes checkboxes for 'I wish to speak' and 'I have been requested to speak'.

Subject matter: HB 1411

Committee/Subcommittee: Health Quality



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: 1411 Meeting Date: 1/25/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality

Name: Madison Podas-Tolchin

Title: Constituent

Address: 1945 NW 4th Ave #34

City: Boca Raton State/Zip: FL 33432

Phone Number: (561) 350-6106

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"/>	



WT 5

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: 1211 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Termination of Pregnancies

Committee/Subcommittee: Health Quality

Name: Ingrid Delgado

Title: Associate for Social Concerns & Respect Life

Address: 201 W Park Av

City: Tallahassee State/Zip: FL/32301

Phone Number: 850-705-6825

Representing: Florida Conference of Catholic Bishops

Registered Lobbyist: YES NO

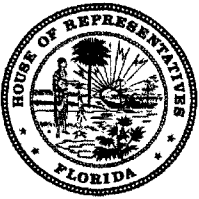
State Employee: YES NO

I Wish To Speak: YES NO

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"/>	

WFO



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: HB1411 Meeting Date: Jan 25, 2014

Fill in appropriate information:

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

Committee/Subcommittee: Health quality Subcommittee

Name: Haley Gentile

Title: w/a

Address: 2064 Holmes Street

City: Tallahassee State/Zip: FL 32310

Phone Number: 239-210-8923

Representing: myself

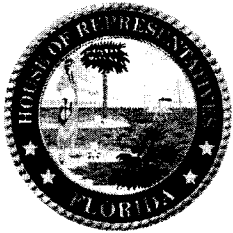
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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"/>	



WIO

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 Date 1/25/16

Name Pamela Burch Fort

Title _____

Address 104 S. Monroe Street

City Tallahassee State/Zip FL 32301

Phone Number 850/425-1344

Representing ACLU of Florida

Lobbyist (registered) YES NO

State Employee YES NO

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

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

Subject matter: Termination of Pregnancies

Committee/Subcommittee: Health Policy Subemte



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 1411 Meeting Date: 1/26/16

Fill in appropriate information:

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

Committee/Subcommittee: House Health Innovation

Name: Molly McKinstry

Title: Deputy Secretary of Health Quality Assurance

Address: 2626 Mahan Drive

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-412-3612

Representing: Agency for Health Care Administration

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



160

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 1411 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Termination of Pregnancies

Committee/Subcommittee: Health Quality Subcommittee

Name: Cindy Sullivan

Title: Citizen of Florida

Address: 127 Celebration Blvd.

City: Celebration State/Zip: FL 34747

Phone Number: 813-440-3392

Representing: Self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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"/>	

WJS



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: 1411 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 Buford Blvd

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-445-5979

Representing: Self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



82172538

WES



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 1411 : Termination of Pregnancies** Meeting Date: **Jan 25 2016 4:00PM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Ward, Teresa**

Title:

Address: **POB 1125**

City: **Tallahassee** State/Zip: **Florida 32302**

Phone Number: **8505445171**

Representing: **FLORIDA RIGHT TO LIFE**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Proponent		N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1411 Meeting Date: 1/25/16

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 Biscayne Blvd

City: Miami State/Zip: FL, 33138

Phone Number: _____

Representing: Nat. Latina Institute for Repro

Registered Lobbyist: YES NO State Employee: YES NO Health

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"/>	

WFO



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: 1411 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Quality

Name: Hannah Willard

Title: _____

Address: 630 Hillcrest St Apt 10

City: Orlando State/Zip: FL 32803

Phone Number: 407 451 8460

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"/>	

WTO



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 ~~1411~~ 1411 Meeting Date: 1/25/16

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

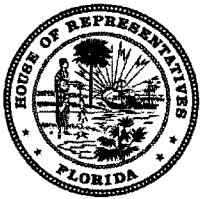
State Employee: YES NO

I Wish To Speak: YES NO

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"/>	

WLS



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: 1411 Meeting Date: Jan. 25, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic:

Committee/Subcommittee: Health Quality Subcommittee

Name: Fran Golabek

Title: Former co director of Open Door women's clinic

Address: 2656 Breton Ridge Dr

City: Tallahassee State/Zip: FL 32312

Phone Number: 813-629-7722

Representing: _____

Registered Lobbyist: YES NO

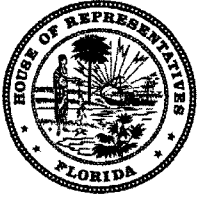
State Employee: YES NO

Waive Speaking & 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"/>	



WLU

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 1277 ^{liconstruction}
of Foreign Dry Meeting Date: 4/25/18

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Nelson Calus

Title: _____

Address: _____

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 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"/>	