



Health Quality Subcommittee

**Tuesday, October 20, 2015
9:00 AM - 11:00 AM
306 HOB**

Action Packet

**Steve Crisafulli
Speaker**

**Cary Pigman
Chair**

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/20/2015 9:00:00AM

Location: 306 HOB

Summary:

Health Quality Subcommittee

Tuesday October 20, 2015 09:00 am

HB 81	Favorable With Committee Substitute	Yeas: 11	Nays: 1
	Amendment 812783 Adopted Without Objection		
	Amendment 426863 Adopted Without Objection		
HB 107	Favorable	Yeas: 12	Nays: 0
HB 173	Favorable With Committee Substitute	Yeas: 12	Nays: 0
	Amendment 167267 Adopted Without Objection		
HB 249	Favorable With Committee Substitute	Yeas: 12	Nays: 0
	Amendment 605747 Adopted Without Objection		
HB 4007	Favorable	Yeas: 12	Nays: 0

Committee meeting was reported out: Tuesday, October 20, 2015 1:56:33PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/20/2015 9:00:00AM

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: Tuesday, October 20, 2015 1:56:33PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/20/2015 9:00:00AM

Location: 306 HOB

HB 81 : Infectious Disease Elimination Pilot Program

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X				
Matt Gaetz			X		
Julio Gonzalez	X				
Kristin Jacobs	X				
Mike Miller	X				
Edwin Narain	X				
Rene Plasencia	X				
Patrick Rooney, Jr.	X				
Chris Sprows	X				
Cynthia Stafford	X				
W. Gregory Steube		X			
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
	Total Yeas: 11	Total Nays: 1			

HB 81 Amendments

Amendment 812783

Adopted Without Objection

Amendment 426863

Adopted Without Objection

Appearances:

HB 81

Jill Gann (Lobbyist) - Waive In Support
FL Alcohol & Drug Abuse Association, Inc.
Legislative Affairs Director
2868 Mahan Dr.
Tallahassee FL 32308
Phone: (850) 878-2196

HB 81

Ron Watson (Lobbyist) - Waive In Support
Florida CHAIN
Lobbyist
3738 Mundon Way
Tallahassee FL 32309
Phone: (850) 567-1202

Committee meeting was reported out: Tuesday, October 20, 2015 1:56:33PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/20/2015 9:00:00AM

Location: 306 HOB

HB 81 : Infectious Disease Elimination Pilot Program (continued)

Appearances: (continued)

HB 81

Deborah Brodsky (State Employee) - Information Only
Project on Accountable Justice
Director, Project on Accountable Justice
1128 Marion Avenue
Tallahassee FL 32303

HB 81

Barbara Lumpkin (Lobbyist) - Waive In Support
Baptist Health South Florida
Consultant
468 Green Springs Circle
Winter Springs FL 32708
Phone: (407) 227-7705

HB 81

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

HB 81

Chris Nuland (Lobbyist) - Waive In Support
Florida Public Health Association
1000 Riverside Avenue
Jacksonville FL 32204
Phone: (904) 233-3051

HB 81

Stephen Winn (Lobbyist) - Waive In Support
Florida Osteopathic Medical Association
Executive Director
2544 Blairstone Pines Drive
Tallahassee FL 32301
Phone: (850) 878-7364

HB 81

Jason King (Lobbyist) - Proponent
AIDS Healthcare Foundation
Legislative Affairs Manager
700 SE 3rd Avenue, #400
Ft. Lauderdale FL 33316
Phone: (954) 610-3064

Committee meeting was reported out: Tuesday, October 20, 2015 1:56:33PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/20/2015 9:00:00AM

Location: 306 HOB

HB 81 : Infectious Disease Elimination Pilot Program (continued)

Appearances: (continued)

HB 81

Chanelle Diaz - Proponent

Self

Medical Student

1555 N. Treasure Drive

Miami Beach FL 33141

Phone: (786) 290-1833

HB 81

Hansel Tookes, MD - Proponent

FMA

Resident Physician

475 Brickell Avenue

Miami FL 33131

HB 81

Avery Coleman (Lobbyist) - Waive In Support

Florida Association Community Health Centers

2340 Hansen Lane

Tallahassee FL 32301

Phone: (321) 228-7339

Committee meeting was reported out: Tuesday, October 20, 2015 1:56:33PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 10/20/15
 Place: 306 HOB
 Time: 9:00 AM

Bill Number: HB 81
 Date Received: _____
 Date Reported: _____
 Subject: Infectious Disease
Elimination Pilot Program

Committee/Subcommittee Action:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input checked="" 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	1		2					
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Pigman, Chair								
<input checked="" type="checkbox"/>		DuBose	<i>Adopted w/o</i>	<i>Adopted w/o</i>						
<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"/>		Sproles								
<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
11	1									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/20/2015 9:00:00AM

Location: 306 HOB

HB 107 : Physical Therapy

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:

HB 107

Mark Stoff (General Public) - Proponent

Self

Physical Therapist

3063 Bent Grass Lane

Tallahassee FL 32311

Phone: (772) 485-1021

HB 107

Kathy Swanick - Waive In Support

Florida Physical Therapy Association

FPTA President

2104 Delta Way, Suite 7

Tallahassee FL 32303

Phone: (850) 222-1243

Committee meeting was reported out: Tuesday, October 20, 2015 1:56:33PM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 10/20/15
 Place: 306 HOB
 Time: 9:00 AM

Bill Number: HB 1097
 Date Received: _____
 Date Reported: _____
 Subject: Physical Therapy

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman, Chair								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gaetz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gonzalez								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jacobs								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Miller								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Narain								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plascencia								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rooney								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sprowls								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stafford								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steube								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									

Rep Narain - Yes after roll call

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/20/2015 9:00:00AM

Location: 306 HOB

HB 173 : Medical Faculty Certification

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X				
Matt Gaetz	X				
Julio Gonzalez	X				
Kristin Jacobs	X				
Mike Miller	X				
Edwin Narain				X	
Rene Plasencia	X				
Patrick Rooney, Jr.	X				
Chris Sprows	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
Total Yeas: 12		Total Nays: 0			

HB 173 Amendments

Amendment 167267

Adopted Without Objection

Appearances:

HB 173

Ryan Britton (Lobbyist) (State Employee) - Waive In Support

Florida Atlantic University

Ex. Director of Governmental Relations for FAU

777 Glades Road, Adm. 247

Boca Raton FL 33431

Phone: (861) 297-2583

HB 173

Layne Smith (Lobbyist) - Waive In Support

Mayo Clinic College of Medicine

Director, State Gov. Relations

4500 San Pablo Road

Jacksonville FL 32224

Phone: (904) 953-7334

Committee meeting was reported out: Tuesday, October 20, 2015 1:56:33PM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 10/20/15
 Place: 306 HOB
 Time: 9:00 AM

Bill Number: HB 173
 Date Received: _____
 Date Reported: _____
 Subject: Medical Faculty Certification

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	1							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman, Chair								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gaetz								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gonzalez								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jacobs								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Miller								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narain								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plascencia								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rooney								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sproles								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stafford								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Steube								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	0									

Rep Narain - Yes after roll call

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/20/2015 9:00:00AM

Location: 306 HOB

HB 249 : Culinary Education Programs

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 249 Amendments

Amendment 605747

Adopted Without Objection

Appearances:

HB 249

Dennis Haas - Proponent

ARC Broward

CEO, ARC Broward Culinary Institute

10250 NW 53rd St.

Sunrise FL 33351

Phone: (954) 732-1114

HB 249

Susan Goldstein (Lobbyist) - Waive In Support

ARC, Broward

Advocate-Parent

3158 Inverness

Weston FL 33332

Phone: (954) 830-6300

Committee meeting was reported out: Tuesday, October 20, 2015 1:56:33PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/20/2015 9:00:00AM

Location: 306 HOB

HB 4007 : Medical Assistant Certification

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			

Committee meeting was reported out: Tuesday, October 20, 2015 1:56:33PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
Meeting Date: 10/20/15
Place: 306 HOB
Time: 9:00 AM

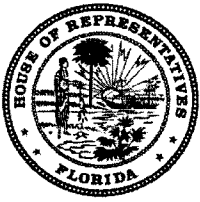
Bill Number: HB 4007
Date Received: _____
Date Reported: _____
Subject: Medical Assistant Certification

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"/>	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
12	0									



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: HB 501 Meeting Date: Oct 2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Needle Exchange Program

Committee/Subcommittee: House Health Quality

Name: Jill Egan

Title: Legislative Affairs Director

Address: 2908 Mulvan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 878-2196

Representing: Fl Alcohol & Drug Abuse Association, Inc

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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: #281 Meeting Date: 10/20/15

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality

Name: Ron Watson

Title: hobbyist

Address: 3738 Munden Way

City: Tallahassee State/Zip: FL 32309

Phone Number: (850) 567-1202

Representing: Florida CHAIN

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in support!!

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 81 Meeting Date: 10-20-15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Deborah Brodsky

Title: Director, Project on Accountable Justice

Address: 1128 Marion Ave

City: Tallahassee State/Zip: FL 32303

Phone Number: _____

Representing: Project on Accountable Justice

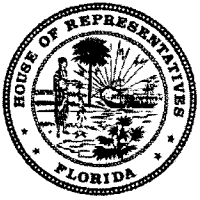
Registered Lobbyist: YES NO

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"/>	



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: 81 Meeting Date: 10/20/15

Fill in appropriate information:

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

Committee/Subcommittee: Health Care Quality

Name: BARBARA HUMPHREYS

Title: CONSULTANT

Address: 468 GREENSPRING CIRCLE

City: WINTER SPRINGS State/Zip: FL 32708

Phone Number: 407 227 7705

Representing: BAPTIST HEALTH SOUTH FLORIDA

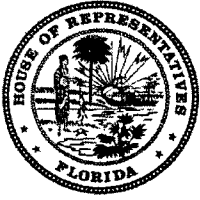
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO *Support*

I Have Been Requested to Speak: YES NO

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



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: 81 Meeting Date: 10/20/15

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality

Name: Mary Thomas

Title: Assistant General Counsel

Address: 1430 Piedmont Dr. E

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 224 6496

Representing: Florida Medical Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



HTS

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: 81 Meeting Date: 10/20/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 81

Committee/Subcommittee: Health Quality

Name: Chris Nuland

Title: _____

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051

Representing: Florida Public Health Association

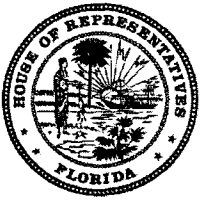
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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: HB 81 Meeting Date: 10-20-2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: INFECTIOUS DISEASE ELIMINATION PRIZE PROGRAM

Committee/Subcommittee: HEALTH QUALITY

Name: STEPHEN R. WIND

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DR

City: TALAHASSEE State/Zip: FL 32301

Phone Number: 850-878-7364

Representing: FLORIDA DENTOPATHIC MEDICAL ASSOCIATION

Registered Lobbyist: YES NO

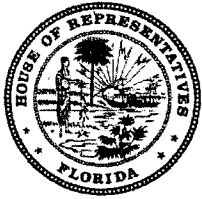
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

WAIVE TIME IN SUPPORT



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 81 Meeting Date: 10/20/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Infectious Disease Elimination Act

Committee/Subcommittee: Health Quality

Name: Jason King

Title: Legislative Affairs Manager

Address: 700 SE 3rd Ave #400

City: Fort Lauderdale State/Zip: FL, 33316

Phone Number: 954-610-3064

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"/>
Info Only	<input type="checkbox"/>	Proponent	<input type="checkbox"/>
		Opponent	<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: 81 Meeting Date: 10/20/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Infectious diseases elimination act

Committee/Subcommittee: Health Quality

Name: Chanelle Diaz

Title: Medical student

Address: 1555 N Treasure Dr

City: Miami Beach State/Zip: FL 33141

Phone Number: 786 2901833

Representing: Self

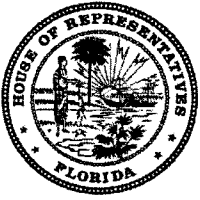
Registered Lobbyist: YES NO

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"/>	



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: 81 Meeting Date: 10/20/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Infectious Disease Pilot Program

Committee/Subcommittee: Health Quality

Name: Hangel Tooke S, MD

Title: Resident Physician

Address: 475 Brickell Ave

City: Miami State/Zip: FL 33131

Phone Number: _____

Representing: FMA

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

WILS

Bill Number: 81 Meeting Date: 10/20/15

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality

Name: Avery Coleman

Title: _____

Address: 2340 Hareon Lane

City: Tallahassee State/Zip: Fl. 32301

Phone Number: (321) 228-7339

Representing: Florida Association Community Health Centers

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"/>	



59738941



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 107 : Physical Therapy** Meeting Date: **Oct 20 2015 9:00AM**

PCB/PCS/Amendment # or **support for HB107**
Presentation/Workshop Topic:

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **STOFF, MARK**

Title: **PHYSICAL THERAPIST**

Address: **3063 BENT GRASS LANE**

City: **TALLAHASSEE** State/Zip: **FL 32311**

Phone Number: **772-485-1021**

Representing: *Self*

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Proponent		N/A



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: 107 Meeting Date: October 20, 2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Quality Sub Committee

Name: Kathy Swand swasick? swanick

Title: FPTA President

Address: 2104 Delta Way Suite 7

City: Tallahassee State/Zip: 32303

Phone Number: 850 - 222 - 1243

Representing: Florida Physical Therapy Association

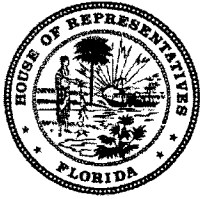
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



WTS

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 173 Meeting Date: 10/20/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: HB 173

Committee/Subcommittee: Health Quality

Name: Ryan Britton

Title: Ex. Dir. of Government Relations for FAU

Address: 777 Glades Rd. Adm 247

City: Boca Raton State/Zip: 33431

Phone Number: 861.297.2583

Representing: Florida Atlantic University

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"/>	



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: HB 173 Meeting Date: 10/20/2015

Fill in appropriate information:
PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment 167267
MEDICAL FACULTY CERTIFICATES

Committee/Subcommittee: HEALTH QUALITY

Name: LAYNE SMITH

Title: DIRECTOR, STATE GOV. RELATIONS

Address: 4500 SAN PABLO ROAD

City: Jacksonville State/Zip: FL 32224

Phone Number: 904-953-7334

Representing: MAYO CLINIC COLLEGE OF MEDICINE

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"/>	



89931760



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 249 : Culinary Education Programs** Meeting Date: **Oct 20 2015 9:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Haas, Dennis**

Title: **ARC Broward Culinary InstitutCEO**

Address: **10250 NW 53rd St.**

City: **Sunrise** State/Zip: **FL 33351**

Phone Number: **954-732-1114**

Representing: **ARC Broward**

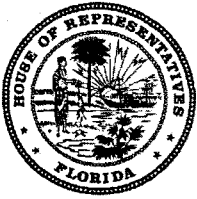
Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
	Proponent	N/A



MIS

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: 249 Meeting Date: 10-20-15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Susan Goldstein

Title: Advocate - Parent

Address: 3158 Inverness

City: Weston State/Zip: FL 33332

Phone Number: (954) 830-6300

Representing: ARC, Broward -

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"/>	