



Health Quality Subcommittee

**Tuesday, November 17, 2015
10:00 AM - 11:00 AM
306 HOB**

Action Packet

**Steve Crisafulli
Speaker**

**Cary Pigman
Chair**

COMMITTEE MEETING REPORT

Health Quality Subcommittee

11/17/2015 10:00:00AM

Location: 306 HOB

Summary:

Health Quality Subcommittee

Tuesday November 17, 2015 10:00 am

HB 313	Favorable With Committee Substitute	Yeas: 11	Nays: 0
	Amendment 973839 Adopted Without Objection		
HB 325	Favorable With Committee Substitute	Yeas: 11	Nays: 0
	Amendment 608703 Withdrawn		
	Amendment 966945 Adopted Without Objection		
HB 373	Favorable With Committee Substitute	Yeas: 11	Nays: 0
	Amendment 231063 Adopted Without Objection		
HB 375	Favorable	Yeas: 11	Nays: 0

Committee meeting was reported out: Tuesday, November 17, 2015 1:08:02PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

11/17/2015 10:00:00AM

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:	11	0	2

Committee meeting was reported out: Tuesday, November 17, 2015 1:08:02PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

11/17/2015 10:00:00AM

Location: 306 HOB

HB 313 : Prescription Drug Monitoring 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 Sprowls	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
Total Yeas: 11		Total Nays: 0			

HB 313 Amendments

Amendment 973839

Adopted Without Objection

Appearances:

HB 313 Amendment 973839

Arnold, Melody (Lobbyist) - Proponent

Florida Health Care Association

Gov. Affairs Manager

307 W. Park Avenue

Tallahassee FL 32301

Phone: (850) 224-3907

HB 313

Pound, Greg (General Public) - Opponent

Saving Families

9166 Sunrise Drive

Largo FL 33773

Committee meeting was reported out: Tuesday, November 17, 2015 1:08:02PM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 11/19/15
 Place: 306 HJR
 Time: 10:00 AM

Bill Number: HB 313
 Date Received: _____
 Date Reported: _____
 Subject: Prescription Drug
Monitoring Program

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	<i>amend</i> 1							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Pigman, Chair								
✓		DuBose								
✓		Gaetz								
✓		Gonzalez								
✓		Jacobs								
✓		Miller								
✓		Narain								
✓		Plascencia								
✓		Rooney								
✓		Sproles								
✓		Stafford								
✓		Steube								
✓		Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	0									



COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 313 (2016)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Quality
 2 Subcommittee
 3 Representative Pilon offered the following:

5 **Amendment (with title amendment)**

6 Remove lines 19-23 and insert:
 7 substance, as needed, to a patient as ordered by the patient's
 8 treating physician.

10 -----

11 **T I T L E A M E N D M E N T**

12 Remove line 4 and insert:
 13 certain acts of dispensing of controlled

COMMITTEE MEETING REPORT

Health Quality Subcommittee

11/17/2015 10:00:00AM

Location: 306 HOB

HB 325 : Involuntary Examinations under the Baker Act

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: 11		Total Nays: 0			

HB 325 Amendments

Amendment 608703

Withdrawn

Amendment 966945

Adopted Without Objection

Appearances:

HB 325

Mixon, Corinne (Lobbyist) - Waive In Support
Florida Academy of Physician Assistants
119 E. Park Ave.
Tallahassee FL 32301
Phone: (850) 222-2591

HB 325

Lapolt, Alisa (Lobbyist) - Waive In Support
Fl. Nurses Association
P. O. Box 1344
Tallahassee FL 32302
Phone: (850) 443-1319

Committee meeting was reported out: Tuesday, November 17, 2015 1:08:02PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

11/17/2015 10:00:00AM

Location: 306 HOB

HB 325 : Involuntary Examinations under the Baker Act (continued)

Appearances: (continued)

HB 325

Whitaker, Stan (General Public) - Waive In Support
FL Association of Nurse Practitioner
6294 NW Torreya Pk. Rd.
Bristol FL 32321
Phone: (850) 545-8301

HB 325

Floyd, Chris (Lobbyist) - Waive In Support
Florida Association of Nurse Practitioners
Consultant
101 College Avenue
Tallahassee FL 32301
Phone: (813) 624-5117

HB 325

Carvajal, Allison (Lobbyist) - Waive In Support
Florida Nurse Practitioner Network, Inc.
120 S. Monroe St.
Tallahassee FL 32303
Phone: (850) 727-7087

HB 325

Badette, Laurie (General Public) - Proponent
Rosette Poletti Institute of Nursing
Nursing Student
Phone: (305) 968-4316

HB 325

Samson, Berval (General Public) - Proponent
Inter-Haitan Cooperation and Integration Foundation
Executive Director
Phone: (305) 968-4316

HB 325

Dominique, Rachelle (General Public) - Proponent
Inter-Haitan Cooperation and Integration Foundation
Phone: (305) 968-4316

Durandis, Daphne (General Public) - Proponent

Rosette Poletti Institute of Nursing
Nursing Student
Phone: (305) 968-4316

HB 325

Exilus, Angela (General Public) - Proponent
Rosette Poletti Institute of Nursing
Nursing Student
Phone: (305) 968-4316

Committee meeting was reported out: Tuesday, November 17, 2015 1:08:02PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

11/17/2015 10:00:00AM

Location: 306 HOB

HB 325 : Involuntary Examinations under the Baker Act (continued)

Appearances: (continued)

HB 325

Ruben, Sarah (General Public) - Proponent
Rosette Poletti Institute of Nursing
Nursing Student
Phone: (305) 968-4316

HB 325

Mathulin, Rebecca (General Public) - Proponent
Rosette Poletti Institute of Nursing
Nursing Student
Phone: (305) 968-4316

HB 325

Ferrier, Sharley (General Public) - Proponent
Rosette Poletti Institute of Nursing
Nursing Student
Phone: (305) 968-4316

HB 325

Baptiste, Winnie (General Public) - Proponent
Rosette Poletti Institute of Nursing
Nursing Student
Phone: (305) 968-4316

HB 325

Thomas, Manuella (General Public) - Proponent
Rosette Poletti Institute of Nursing
Nursing Student
Phone: (305) 968-4316

Committee meeting was reported out: Tuesday, November 17, 2015 1:08:02PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 11/19/15
 Place: 1306 HQS
 Time: 10:00 AM

Bill Number: HB 325
 Date Received: _____
 Date Reported: _____
 Subject: Domestic Exams
Under the Baker Act

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	1		2					
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Pigman, Chair								
✓		DuBose								
✓		Gaetz								
✓		Gonzalez								
✓		Jacobs								
✓		Miller								
✓		Narain								
✓		Plascencia								
✓		Rooney								
✓		Sprowls								
✓		Stafford								
✓		Steube								
✓		Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	0									



Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED _____ (Y/N)

ADOPTED AS AMENDED _____ (Y/N)

ADOPTED W/O OBJECTION _____ (Y/N)

FAILED TO ADOPT _____ (Y/N)

WITHDRAWN (Y/N)

OTHER

Prior to consideration

1 Committee/Subcommittee hearing bill: Health Quality

2 Subcommittee

3 Representative Campbell offered the following:

4

5 **Amendment**

6 Remove lines 76-79 and insert:

7 (2) "Physician assistant" has the same meaning as defined

8 in s. 458.347(2)(e).



Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Quality
 2 Subcommittee

3 Representative Campbell offered the following:

4
5 **Amendment**

6 Remove lines 76-79 and insert:

7 (2) "Physician assistant" has the same meaning as defined
 8 in s. 458.347(2)(e) or s. 459.022(2)(e).

COMMITTEE MEETING REPORT

Health Quality Subcommittee

11/17/2015 10:00:00AM

Location: 306 HOB

HB 373 : Mental Health Counseling Interns

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: 0			

HB 373 Amendments

Amendment 231063

Adopted Without Objection

Appearances:

HB 373

Mixon, Corinne (Lobbyist) - Waive In Support
Florida Mental Health Counselors Association
119 E. Park Ave.
Tallahassee FL 32301
Phone: (850) 766-5795

Committee meeting was reported out: Tuesday, November 17, 2015 1:08:02PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 11/19/15
 Place: 306 HOB
 Time: 10:00 AM

Bill Number: HB 373
 Date Received: _____
 Date Reported: _____
 Subject: Mental Health
Counseling Centers

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	<i>Amended</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Pigman, Chair								
✓		DuBose	W	3						
✓		Gaetz								
✓		Gonzalez								
✓		Jacobs								
✓		Miller								
✓		Narain								
✓		Plascencia								
✓		Rooney								
✓		Sprowls								
✓		Stafford								
✓		Steube								
✓		Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	0									



COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 373 (2016)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Quality

2 Subcommittee

3 Representative Burgess offered the following:

4

5 **Amendment**

6 Remove lines 73-74 and insert:

7 2017, expires March 31, 2022, and may not be renewed or

8 reissued. A registration issued after April 1, 2017, expires 60

COMMITTEE MEETING REPORT

Health Quality Subcommittee

11/17/2015 10:00:00AM

Location: 306 HOB

HB 375 : Physician Assistants

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: 11	Total Nays: 0			

Appearances:

HB 375

Mixon, Corinne (Lobbyist) - Waive In Support

Fl Academy of Physician Assistants

119 E. Park Ave.

Tallahassee Fl 32301

Phone: (850) 766-5795

HB 375

Smith, Zayne (Lobbyist) - Waive In Support

AARP

200 W. College Ave #304

Tallahassee FL 32301

Phone: (850) 228-4243

Committee meeting was reported out: Tuesday, November 17, 2015 1:08:02PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 11/19/15
 Place: 306 HOB
 Time: 10:00 AM

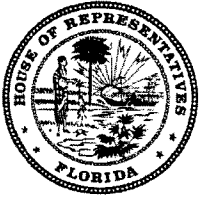
Bill Number: HB 395
 Date Received: _____
 Date Reported: _____
 Subject: Physician Assistants

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Pigman, Chair								
✓		DuBose								
/		Gaetz								
/		Gonzalez								
✓		Jacobs								
✓		Miller								
✓		Narain								
✓		Plascencia								
✓		Rooney								
✓		Sprowls								
✓		Stafford								
✓		Steube								
✓		Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	0									



W.T.S

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 313 Meeting Date: 11/17/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Amendment # 973839

Committee/Subcommittee: Health Quality Subcommittee

Name: Melody Arnold

Title: Govt Affairs Manager

Address: 307 W Park Ave

City: Tallahassee State/Zip: FL/32301

Phone Number: 850-224-3907

Representing: Florida Health Care Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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 313 Meeting Date: 11/17/15

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Greg Pound

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: Fla. 33773

Phone Number: _____

Representing: Saving Families

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

WJS

Bill Number: HB 325 Meeting Date: 11/17/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Relating to the Baker Act

Committee/Subcommittee: Health @ Quality

Name: Corinne Mixon

Title: Lobbyist

Address: 119 E Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 222-2591

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 checked="" 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

WLS

Bill Number: 325 Meeting Date: 11/17/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Involuntary Exams - Baker Act

Committee/Subcommittee: Health Quality

Name: Alisa LaFollet

Title: Lobbyist

Address: PO Box 1344

City: Tallahassee State/Zip: FL 32302

Phone Number: (850) 443-1319

Representing: Florida Nurses Association

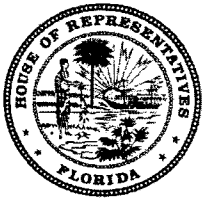
Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



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

WJS

Bill Number: 325 Meeting Date: 11/17/2011

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Center

Name: Stan Whittaker

Title: Chair FLANF

Address: 6294 NW Torrey A PK Rd

City: Bristol State/Zip: FLA

Phone Number: 882-545-8301

Representing: FLA Nurse practitioner Association

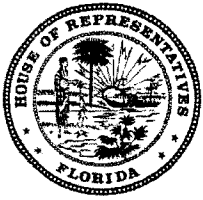
Registered Lobbyist: YES NO

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"/>	



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

WIS

Bill Number: 325 Meeting Date: 11/17/2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Involuntary Exams under Baker Act

Committee/Subcommittee: Health Reality

Name: Chris Floyd

Title: Mr.

Address: 101 College Ave

City: Tallahassee State/Zip: 32301

Phone Number: 813-624-5117

Representing: FLA Assoc of Nurse Practitioners

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

WLS

Bill Number: HB 325 Meeting Date: 11-17-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Involuntary Exams under the Baker Act

Committee/Subcommittee: Health Quality

Name: Allison Carvajal

Title: Consultant

Address: 120 S. Monroe St.

City: TALLAHASSEE State/Zip: FL. 32303

Phone Number: 727-7087

Representing: Florida Nurse Practitioner Network

Registered Lobbyist: YES NO

State Employee: YES NO

WAIVE IN SUPPORT

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



29037408



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 325 : Involuntary Examinations under the Baker Act** Meeting Date: **Nov 17 2015 10:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Badette, Laurie**

Title: **Nursing Student**

Address:

City: State/Zip:

Phone Number: **305-968-4316**

Representing: **Rosette Poletti Institute of Nursing**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
	Proponent	N/A



87689030



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 325 : Involuntary Examinations under the Baker Act**

Meeting Date: **Nov 17 2015 10:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Samson, Berval**

Title: **Executive Director**

Address:

City: State/Zip:

Phone Number: **305-968-4316**

Representing: **Inter-Haitan Cooperation and Integration Foundation**

Registered Lobbyist: **No**

State Employee: **No**

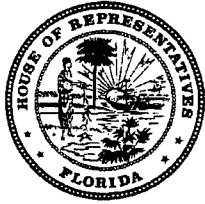
I Wish To Speak: **Yes**

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

	Bill	Amendment
	Proponent	N/A



29037408



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 325 : Involuntary Examinations under the Baker Act**

Meeting Date: **Nov 17 2015 10:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Dominique, Rachelle**

Title:

Address:

City: State/Zip:

Phone Number: **305-968-4316**

Representing: **Inter-Haitan Cooperation and Integration Foundation**

Registered Lobbyist: **No**

State Employee: **No**

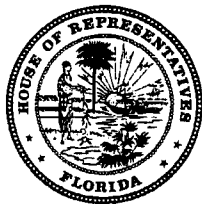
I Wish To Speak: **Yes**

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

	Bill	Amendment
Proponent		N/A



29037408



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 325 : Involuntary Examinations under the Baker Act** Meeting Date: **Nov 17 2015 10:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Durandis, Daphne**

Title: **Nursing Student**

Address:

City: State/Zip:

Phone Number: **305-968-4316**

Representing: **Rosette Poletti Institute of Nursing**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Proponent		N/A



29037408



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill Number: **HB 325 : Involuntary Examinations under the Baker Act**

Meeting Date: **Nov 17 2015 10:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Exilus, Angela**

Title: **Nursing Student**

Address:

City: State/Zip:

Phone Number: **305-968-4316**

Representing: **Rosette Poletti Institute of Nursing**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
	Proponent	N/A



87689030



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 325 : Involuntary Examinations under the Baker Act**

Meeting Date: **Nov 17 2015 10:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Ruben, Sarah**

Title: **Nursing Student**

Address:

City: State/Zip:

Phone Number: **305-968-4316**

Representing: **Rosette Poletti Institute of Nursing**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
	Proponent	N/A



29037408



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 325 : Involuntary Examinations under the Baker Act**

Meeting Date: **Nov 17 2015 10:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Mathulin, Rebecca**

Title: **Nursing Student**

Address:

City: State/Zip:

Phone Number: **305-968-4316**

Representing: **Rosette Poletti Institute of Nursing**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Proponent		N/A



87689030



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill Number: **HB 325 : Involuntary Examinations under the Baker Act**

Meeting Date: **Nov 17 2015 10:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Ferrier, Sharley**

Title: **Nursing Student**

Address:

City: State/Zip:

Phone Number: **305-968-4316**

Representing: **Rosette Poletti Institute of Nursing**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Proponent		N/A



87689030



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill Number: **HB 325 : Involuntary Examinations under the Baker Act** Meeting Date: **Nov 17 2015 10:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Baptiste, Winnie**

Title: **Nursing Student**

Address:

City: State/Zip:

Phone Number: **305-968-4316**

Representing: **Rosette Poletti Institute of Nursing**

Registered Lobbyist: **No**

State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
Proponent		N/A



29037408



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 325 : Involuntary Examinations under the Baker Act**

Meeting Date: **Nov 17 2015 10:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Thomas, Manuella**

Title: **Nursing Student**

Address:

City: State/Zip:

Phone Number: **305-968-4316**

Representing: **Rosette Poletti Institute of Nursing**

Registered Lobbyist: **No**

State Employee: **No**

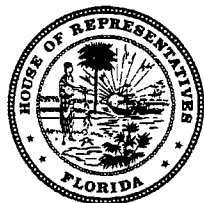
I Wish To Speak: **Yes**

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

	Bill	Amendment
Proponent		N/A



29037408



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill Number: **HB 325 : Involuntary Examinations under the Baker Act** Meeting Date: **Nov 17 2015 10:00AM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Thomas, Manuella**

Title: **Nursing Student**

Address:

City: State/Zip:

Phone Number: **305-968-4316**

Representing: **Rosette Poletti Institute of Nursing**

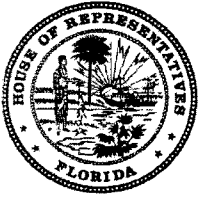
Registered Lobbyist: **No**

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

WIS

Bill Number: 373 Meeting Date: 11/17/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Mental Health Interns

Committee/Subcommittee: Health Quality

Name: Cosinne Mixon

Title: Lobbyist

Address: 119 E Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 766-5795

Representing: Florida Mental Health Counselors Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WLS

Type or Print Clearly

Bill Number: HB 375 Meeting Date: 11/17/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Relating to Physician Assistants

Committee/Subcommittee: Health Quality

Name: Corinne Nixon

Title: Lobbyist

Address: 119 E Park Ave

City: Tallahassee State/Zip: FL, 32301

Phone Number: (950) 222-2591

Representing: Florida Academy to Physician Assistants

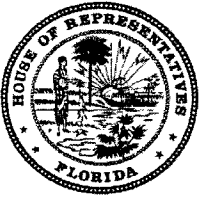
Registered Lobbyist: YES NO

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"/>	



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

WIS

Bill Number: HB 375 Meeting Date: 11/17/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Physician Assistants

Committee/Subcommittee: Health Quality Sub

Name: Zayne Smith

Title: Associate State Director

Address: 200 W. College Ave.

City: Tallah State/Zip: 32301

Phone Number: 850 228-4243

Representing: ARP

Registered Lobbyist: YES NO

State Employee: YES NO

waive it 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"/>	