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# Health Quality Subcommittee

Tuesday, December 1, 2015  
3:30 PM - 5:30 PM  
306 HOB

## Action Packet

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

12/1/2015 3:30:00PM

**Location:** 306 HOB

### Summary:

#### Health Quality Subcommittee

*Tuesday December 01, 2015 03:30 pm*

HB 315	Favorable With Committee Substitute	Yeas: 9	Nays: 3
	Amendment 860277 Adopted Without Objection		
HB 423	Favorable	Yeas: 12	Nays: 1
HB 517	Favorable With Committee Substitute	Yeas: 13	Nays: 0
	Amendment 319725 Adopted Without Objection		
HB 547	Temporarily Postponed		
	Amendment 190379 Failed to Adopt	Yeas: 6	Nays: 7
	Amendment 754831 Adopted	Yeas: 8	Nays: 5
	Amendment 351333 Adopted Without Objection		
	Amendment 532279 Adopted Without Objection		
	Amendment 019783 Withdrawn		

Committee meeting was reported out: Tuesday, December 01, 2015 7:07:06PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

12/1/2015 3:30:00PM

Location: 306 HOB

### Attendance:

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

Committee meeting was reported out: Tuesday, December 01, 2015 7:07:06PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

12/1/2015 3:30:00PM

Location: 306 HOB

### HB 315 : Medical Examiners

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				
<b>Total Yeas: 9</b>		<b>Total Nays: 3</b>			

### HB 315 Amendments

#### Amendment 860277

Adopted Without Objection

### Appearances:

HB 315

Sainvil, Daphnee (Lobbyist) - Waive In Opposition

Broward County  
115 S. Andrews Ave., Rm. 426  
Ft. Lauderdale FL 33301  
Phone: (954) 253-7320

HB 315

Cantwell, Laura (Lobbyist) - Waive In Support

AARP  
Associate State Director Advocacy  
400 Carillon Pky., Ste. 100  
St Petersburg FL 33716  
Phone: (850) 570-2110

Committee meeting was reported out: Tuesday, December 01, 2015 7:07:06PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

12/1/2015 3:30:00PM

**Location:** 306 HOB

**HB 315 : Medical Examiners (continued)**

**Appearances: (continued)**

HB 315

McCarty, Jess (Lobbyist) - Waive In Opposition

Miami-Dade County  
111 NW 1st St., 2810  
Miami FL 33128  
Phone: (305) 379-7110

HB 315

Scott, Jeff (Lobbyist) - Waive In Support

Florida Medical Association  
1430 Piedmont Dr. E.  
Tallahassee FL 32308  
Phone: (850) 224-6496

HB 315

Coney, Lisa - Waive In Support

FCCFA  
FL Cemetery Cremation & Funeral Assoc. Bd. Member; Gov. Affairs  
994 E. Altamonte Dr.  
Altamonte Springs FL 32701  
Phone: 32701

HB 315 and Amendment 860277

Harbin, Susan (Lobbyist) - Waive In Opposition

Florida Association of Counties  
100 S. Monroe St.  
Tallahassee FL 32301  
Phone: (770) 546-8845

Committee meeting was reported out: Tuesday, December 01, 2015 7:07:06PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

12/1/2015 3:30:00PM

Location: 306 HOB

### HB 423 : Drug Prescription by Advanced Registered Nurse Practitioners & 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 Sprowls	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
<b>Total Yeas: 12</b>		<b>Total Nays: 1</b>			

#### Appearances:

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

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

Pallentino, Julia - Waive In Support  
Florida Nurse Practitioner Network  
ARNP  
120 S. Monroe St.  
Tallahassee FL 32303  
Phone: (850) 727-7087

Arnold, Melody (Lobbyist) - Waive In Support  
Florida Health Care Association  
Government Affairs Manager  
307 W. Park Ave  
Tallahassee FL 32301  
Phone: (386) 547-1197

Committee meeting was reported out: Tuesday, December 01, 2015 7:07:06PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

12/1/2015 3:30:00PM

**Location:** 306 HOB

**HB 423 : Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants  
(continued)**

**Appearances: (continued)**

Daniel, David (Lobbyist) - Waive In Support  
Florida Chamber of Commerce  
136 S Bronough St  
Tallahassee FL 32301  
Phone: (850)224-5081

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

Killinger, Lori (Lobbyist) - Waive In Support  
Florida Association of Nurse Anesthetists, Inc  
315 S Calhoun St Ste 830  
Tallahassee FL 32301  
Phone: (850) 222-5702

Lumpkin, Barbara (Lobbyist) - Waive In Support  
Baptist Health South Florida  
6855 Red Road  
Coral Gables FL 33143  
Phone: (407)227-7705

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

Cantwell, Laura (Lobbyist) - Waive In Support  
AARP  
400 Carillon Pky Ste 100  
St Petersburg FL 33716  
Phone: (850)577-5163

Zander, Skylar (Lobbyist) - Waive In Support  
Americans for Prosperity  
Deputy State Director  
200 W College Ave  
Tallahassee Fl 32301  
Phone: (850) 728-4522

Committee meeting was reported out: Tuesday, December 01, 2015 7:07:06PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

12/1/2015 3:30:00PM

Location: 306 HOB

HB 517 : Licensure of Life Support Services

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				
	<b>Total Yeas: 13</b>	<b>Total Nays: 0</b>			

### HB 517 Amendments

#### Amendment 319725

Adopted Without Objection

### Appearances:

HB 517

Donaldson, Laura (Lobbyist) - Proponent  
North Collier Fire Control & Rescue District  
1101 W. Swann Ave.  
Tampa FL 33606  
Phone: (813) 514-4700

HB 517

Aguilear, Jorge - Waive In Support  
North Collier Fire Control & Rescue District  
Deputy Chief of EMS  
1885 Veterans Park Dr.  
Naples FL 34109  
Phone: (239) 253-8589

Committee meeting was reported out: Tuesday, December 01, 2015 7:07:06PM



# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

12/1/2015 3:30:00PM

**Location:** 306 HOB

**HB 517 : Licensure of Life Support Services (continued)**

**Appearances: (continued)**

HB 517

Cunningham, James - Waive In Support

North Collier Fire Control & Rescue District

Operations Chief

1885 Veterans Park Dr.

Naples FL 34109

Phone: (239) 597-3222

HB 517

Panozzo, Dr. Jeff - Proponent

North Collier Fire Control & Rescue District

Medical Director

1885 Veterans Park Dr.

Naples FL 34109

Phone: (239) 597-3222

HB 517

Killinger, Lori (Lobbyist) - Waive In Support

Bonita Springs FCD

315 S. Calhoun St. Ste 830

Tallahassee FL 32301

Phone: (850) 222-5702

HB 517

Harbin, Susan (Lobbyist) - Opponent

Florida Association of Counties

Legislative Advocate

100 S. Monroe St.

Tallahassee FL 32301

Phone: (770) 546-8845

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

12/1/2015 3:30:00PM

**Location:** 306 HOB

**HB 547 : Practice of Pharmacy**

*Temporarily Postponed*

**HB 547 Amendments**

**Amendment 190379**

*Failed to Adopt*

	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				
<b>Total Yeas: 6</b>		<b>Total Nays: 7</b>			

**Amendment 754831**

*Adopted*

	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				
<b>Total Yeas: 8</b>		<b>Total Nays: 5</b>			

Committee meeting was reported out: Tuesday, December 01, 2015 7:07:06PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

12/1/2015 3:30:00PM

**Location:** 306 HOB

**HB 547 : Practice of Pharmacy (continued)**

### HB 547 Amendments (continued)

#### Amendment 351333

*Adopted Without Objection*

#### Amendment 532279

*Adopted Without Objection*

#### Amendment 019783

*Withdrawn*

### Appearances:

Johns, Thomas - Proponent

Florida Society of Health System Pharmacists  
President  
1048 NW 50th Drive  
Gainesville FL 32608  
Phone: (352) 265-0404

Schuh, Mike - Proponent

FSHP  
Clinical Pharmacist  
4252 Summerton Oaks Circle  
Jacksonville FL 32223  
Phone: (904) 571-6667

Sando, Karen - Proponent

Florida Society of Health System Pharmacists  
Clinical Assistant Professor  
7583 SW 81st Way  
Gainesville FL 32608  
Phone: (727) 278-8351

Dalin, Gary - Proponent

FHSP  
PharmD  
800 Meadows Rd  
Boca raton FL 33486  
Phone: (561) 637-1611

Ramba, Melissa (Lobbyist) - Waive In Support

Florida Retail Federation  
Director of Governmental Affairs  
227 S Adams St  
Tallahassee FL 32301  
Phone: (850) 570-0269

Committee meeting was reported out: Tuesday, December 01, 2015 7:07:06PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

12/1/2015 3:30:00PM

**Location:** 306 HOB

**HB 547 : Practice of Pharmacy (continued)**

**Appearances: (continued)**

Fischer, Michael (Lobbyist) - Waive In Support  
Florida Independent Pharmacy Network  
1400 Village Square Blvd #3-200  
Tallahassee FL 32312  
Phone: (850)264-3878

Lenchus, Joshua - Opponent  
Florida Chapter of the ACP, FOMA  
Associate Professor of Medicine and Anesthesiology  
1611 NW 12 Ave,  
Miami FL 33136  
Phone: (954) 817-5684

Jackson, Michael (Lobbyist) - Waive In Support  
Florida Pharmacy Association  
610 N. Adams St.  
Tallahassee FL 32309  
Phone: (850) 222-2400

Nuland, Christopher (Lobbyist) - Opponent  
Florida Chapter of the American College of Physicians Services, Inc  
2410 Ormsby Cir W  
Jacksonville FL 32210  
Phone: (904)233-3051

Baldim, Kathy - Information Only  
FSMD  
PharmD  
6177 Bartram Village Dr.  
Jacksonville FL 32258  
Phone: (904) 686-4392

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

Committee/Subcommittee: Health Quality  
 Meeting Date: 12-1-15  
 Place: 306 HOB  
 Time: 3:30 pm

Bill Number: 315  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Medical Examiners

**Committee/Subcommittee Action:**

- |   |   |
|---|---|
| <input 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	<i>Strike All</i> 860277							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Pigman, Chair								
	✓	DuBose								
✓		Gaetz								
✓		Gonzalez								
	✓	Jacobs								
✓		Miller								
✓		Narain								
✓		Plascencia								
✓		Rooney								
✓		Sprowls								
	✓	Stafford								
✓		Steube								
—		Stevenson								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
9	3									

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

Committee/Subcommittee: Health Quality  
 Meeting Date: 12-1-15  
 Place: 306 HOB  
 Time: 3:30pm

Bill Number: 423  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Drug Prescription by  
Advanced Registered Nurse  
Practitioners + 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								
✓		Sproles								
✓		Stafford								
✓		Steube								
✓		Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	1									

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

Committee/Subcommittee: Health Quality Bill Number: 517  
 Meeting Date: 12-1-15 Date Received: \_\_\_\_\_  
 Place: 306 RBB Date Reported: \_\_\_\_\_  
 Time: 3:30 pm Subject: Licensure of Life Support Services

**Committee/Subcommittee Action:**

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

Final Vote On Bill		MEMBERS	Strike All 319 725							
Yeas	Nays		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
13	0									

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

Committee/Subcommittee: Health Quality  
Meeting Date: 12-1-15  
Place: 306 HOB  
Time: 3:30 pm

Bill Number: 547  
Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Practice of Pharmacy

**Committee/Subcommittee Action:**

- Favorable
- Favorable w/ \_\_\_\_\_ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: \_\_\_\_\_
- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

532279

Final Vote On Bill		MEMBERS	#1 754831		#A1 190379		#2 351333		#3 Gaetz	
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Pigman, Chair	✓		✓					
		DuBose		✓		✓				
		Gaetz	✓		✓					
		Gonzalez		✓		✓				
		Jacobs		✓		✓				
		Miller	✓			✓				
		Narain	✓			✓				
		Plascencia	✓			✓				
		Rooney	✓			✓				
		Spowls	✓			✓				
		Stafford		✓		✓				
		Steube		✓		✓				
		Stevenson	✓			✓				
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
			8	5	6	7	13	0	13	0

Postponed

Adopted w/o objection

Adopted w/o objection



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

Committee/Subcommittee: Health Quality  
 Meeting Date: 12-1-15  
 Place: 306 HOB  
 Time: 3:30 pm

Bill Number: 547  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Practice of Pharmacy

**Committee/Subcommittee Action:**

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

Final Vote On Bill		MEMBERS	#4 Gonzalez							
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



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 Gaetz offered the following:

4

5 **Amendment**

6 Remove line 84 and insert:

7 doctor of pharmacy must have completed such additional training,  
 8 including successfully completing an 8-hour course and  
 9 subsequent examination offered by the Florida Medical  
 10 Association or the Florida Osteopathic Medical Association that  
 11 encompasses the initiation, modification, discontinuance, and  
 12 administration of drug therapy management



SubCommittee on Health Quality  
 Action \_\_\_\_\_  
 Date \_\_\_\_\_

HOUSE AMENDMENT FOR DRAFTING PURPOSES ONLY  
 (may be used in Committee, but not on House Floor)

Amendment No. 3

Bill No. 547

(For filing with the Clerk, Committee and Member Amendments **must** be prepared on computer)

If amendment is text of another bill insert:  
 Bill No. \_\_\_\_\_ Draft No. \_\_\_\_\_

Representative(s)/The Committee on Gaetz

offered the following amendment:

Amendment

on page 4, line 84,

Delete line 84 and insert:

doctors of pharmacy must have completed  
 such additional training, including successfully  
 completing an 8-hour course and subsequent  
 examination offered by the Florida Medical  
 Association or the Florida Osteopathic Medical  
 Association that encompass the initiation, modification,  
 discontinuance and administration of drug  
 therapy management



Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

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

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1 Committee/Subcommittee hearing bill: Health Quality  
 2 Subcommittee

3 Representative Gonzalez offered the following:

4  
5 **Amendment**

6 Between lines 105 and 106, insert:

7 (3) A pharmacist may administer a prescribed medication by  
 8 intradermal, subcutaneous, or intramuscular injection to a  
 9 patient authorized by and within the framework of an established  
 10 protocol under a supervising physician licensed under chapter  
 11 458 or chapter 459 and the supervising physician has prescribed  
 12 such medication to the patient.



Committee on Health Quality  
 Action \_\_\_\_\_  
 Date \_\_\_\_\_

HOUSE AMENDMENT FOR DRAFTING PURPOSES ONLY

(may be used in Committee, but not on House Floor)

Amendment No. 4

Bill No. \_\_\_\_\_

(For filing with the Clerk, Committee and Member Amendments **must** be prepared on computer)

If amendment is text of another bill insert:  
 Bill No. \_\_\_\_\_ Draft No. \_\_\_\_\_

Representative(s)/The Committee on \_\_\_\_\_

offered the following <sup>SUBSTITUTE</sup> amendment: to AMENDMENT THE BILL AS AMENDED.

Amendment

on page 5, line 105

3) IF PHARMACIST MAY ADMINISTER A PRESCRIBED MEDICATION  
~~INTRAVENOUS~~  
BY A SUBCUTANEOUS OR INTRAVENOUS OCULAR INJECTION TO  
A PATIENT AUTHORIZED BY HIM WITHIN THE FRAMEWORK  
OF AN ESTABLISHED PROTOCOL UNDER A SUPERVISING  
PHYSICIAN LICENSED UNDER CHAPTER 458 OR CHAPTER 459.  
AND THE SUPERVISING PHYSICIAN HAS PRESCRIBED  
SUCH MEDICATION TO THE PATIENT



### 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 315 Meeting Date: 12/1/15

*Fill in appropriate information:*

PCB/PCS/Amendment # or

Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: Health Quality Subcommittee

Name: Daphnee Sainvil

Title: Lobbyist

Address: 115 S. Andrews Ave, Rm. 426

City: Ft. Lauderdale State/Zip: FL, 33301

Phone Number: 954-253-7320

Representing: Broward County

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

Bill		Amendment	
Proponent <input 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"/>	

*6/12*



### 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: 315 Meeting Date: 12/11/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Medical Examiners

Committee/Subcommittee: Health Quality Subcommittee

Name: Laura Cantwell

Title: Associate State Director Advocacy

Address: 400 Camino Pkwy, Suite 100

City: St. Petersburg State/Zip: FL 33716

Phone Number: 850-570-2110

Representing: AARP

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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

*W/L*



### 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: 315 Meeting Date: 12-1-15

*Fill in appropriate information:*

PCB/PCS/Amendment # or Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: \_\_\_\_\_

Name: JESS MCCARTY

Title: \_\_\_\_\_

Address: 111 NW 1st St 2B10

City: MIAMI State/Zip: 33128

Phone Number: 305-979-7110

Representing: MIAMI-DADE COUNTY

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

Bill		Amendment	
Proponent <input 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"/>	

35/5





### 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: 315 Meeting Date: 12/1/15

*Fill in appropriate information:*

PCB/PCS/Amendment # or Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: Health Quality

Name: Jeff Scott

Title: General Counsel

Address: 1430 Piedmont Dr E

City: Tallahassee State/Zip: FL

Phone Number: 850 774 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 type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

*12/1/15*



### 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 315 Meeting Date: 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Medical Examiner Fees

Committee/Subcommittee: Health Quality

Name: LISA CONEY

Title: Florida Cemetery Cremation & Funeral Assoc. Board member, Government Affairs

Address: ~~12000~~ 994 E. Altamonte Dr.

City: Altamonte Springs State/Zip: FL 32701

Phone Number: 407-636-1995

Representing: FCCFA

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 checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	

*UVE*



Wj 6

### 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: 315 Meeting Date: 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: 860277

Committee/Subcommittee: Health Quality

Name: Susan Harbin

Title: Legislative Advocate

Address: 100 S. Monroe St.

City: Tallahassee State/Zip: FL 32308

Phone Number: 770 546 8845

Representing: Florida Association of Counties

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 checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Wants in Opposition



### 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: 423 Meeting Date: 12/1/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Prescriptions by NP & PA's

Committee/Subcommittee: Health Quality Sub

Name: Chris Floyd

Title: Consultant

Address: 101 College Ave.

City: Tally State/Zip: FL 32301

Phone Number: 813-624-5117

Representing: FL 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"/>	

2/5





### 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: 423 Meeting Date: 12/01/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Relating to drug prescription by Advance Registered Nurse practitioners and physician assistants

Committee/Subcommittee: Health Quality

Name: Carone Nixon

Title: lobbiest

Address: 119 E Park ave

City: Tallahassee State/Zip: 32301

Phone Number: (850) 225-2591

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

W/S





### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 423 Meeting Date: 12-1-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Prescription ARNP's & PA's

Committee/Subcommittee: Health Quality

Name: Julia Pallentino

Title: ARNP

Address: 120 S. Monroe St.

City: TLH. State/Zip: 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 checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S ✓



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 423 Meeting Date: 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Rx by ARNP

Committee/Subcommittee: Health Quality

Name: Melody Arnold

Title: Govt Affairs Mngr

Address: 307 West Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: (352) 547-1197

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

W/S

✓



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

*Type or Print Clearly*

Bill Number: 423 Meeting Date: 12-1-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Prescription by ANP

Committee/Subcommittee: HEALTH QUALITY SUB

Name: DAVID DANIEL

Title: \_\_\_\_\_

Address: 311 EAST PARK AVENUE

City: TALLAHASSEE State/Zip: FL 32304

Phone Number: 850 224-5081

Representing: FLORIDA CHAMBER OF COMMERCE

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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

W/S







### 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: 423 Meeting Date: 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: Health Quality

Name: Alisa LaPolt

Title: Lobbyist

Address: \_\_\_\_\_

City: Tallahassee State/Zip: \_\_\_\_\_

Phone Number: 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"/>	

*w/s*





# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

*Type or Print Clearly*

Bill Number: H 423 Meeting Date: 12-1-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: \_\_\_\_\_

Name: Lori Killinger

Title: Attorney/lobbyist

Address: 315 S. Calhoun St. Ste 830

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 222 5702

Representing: Florida Association of Nurse Anesthetists

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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

w/s ✓



# 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: 423 Meeting Date: 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Prescription by APRNs & PAs

Committee/Subcommittee: Health Quality

Name: BARBARA Lumpkin

Title: CONSULTANT

Address: 468 Reed Spring Cir

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  *Wade*

I Have Been Requested to Speak: YES  NO

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

*W/S* ✓



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 423 Meeting Date: 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Drug Prescription by N/P 3; PAs

Committee/Subcommittee: Health Quality

Name: MARTHA DeCASTRO

Title: VP Nursing

Address: 306 EAST College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 222 9800

Representing: Florida Hospital Association

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO  *WAD*

I Have Been Requested to Speak: YES  NO

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

*w/s* ✓



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

*Type or Print Clearly*

Bill Number: 423 Meeting Date: 12/11/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Prescription by APRN

Committee/Subcommittee: Health Quality Subcommittee

Name: Laura Cantwell

Title: Associate State Director Advocacy

Address: 400 Carillon Pkwy, Suite 100

City: St Petersburg State/Zip: FL / 33716

Phone Number: 850-570-2110

Representing: AARP

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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

*W/S* ✓



### 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 423 Meeting Date: 12/11/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: House Health Quality Subcommittee

Name: Skylar Zander

Title: Deputy State Director

Address: 200 W College Ave

City: Tallahassee State/Zip: FL

Phone Number: 850-728-4522

Representing: Americans for Prosperity

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"/>	

*ups* ✓



### 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: 517 Meeting Date: 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Licensure of Life Support Services

Committee/Subcommittee: Health Quality Subcommittee

Name: Laura Donaldson

Title: Attorney

Address: 1101 W. Swann Ave.

City: Tampa State/Zip: FL 33606

Phone Number: 813-514-4700

Representing: North Collier Fire Control + Rescue District

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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



### 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: 517 Meeting Date: 12/1/2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: License of Life Support Service

Committee/Subcommittee: Health Quality Subcomm

Name: George Aguilar

Title: Deputy Chief of Ops

Address: 1355 Veterans Park Dr

City: Nimes State/Zip: FLA 34109

Phone Number: 352-253-8588

Representing: 12000 12000 Fire Control & Support Division

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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

W/S





# 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: 517 Meeting Date: 12-1-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Licensure of Life Support Services

Committee/Subcommittee: Health Quality Subcommittee

Name: James Cunningham

Title: Operations Chief

Address: 1885 Veterans Park DR

City: Naples State/Zip: FL 34109

Phone Number: 239-597-3222

Representing: North Collier Fire Control & Rescue District

Registered Lobbyist: YES  NO

State Employee: YES  NO

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

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



### 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: 517 Meeting Date: 12-1-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Licensure of Life Support Services

Committee/Subcommittee: Health Quality

Name: Dr. Jeff Parozzo

Title: Medical Director

Address: 1885 Veterans Park Dr.

City: Naples State/Zip: FL 34109

Phone Number: 239-597-3222

Representing: North Naples

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"/>	

3080



### 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: 517 Meeting Date: 12-1-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: ~~5~~

Committee/Subcommittee: \_\_\_\_\_

Name: Lori Killinger

Title: attorney/lobbyist

Address: 315 S. Calhoun St.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 222 5702

Representing: Bonita Springs FCD

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"/>	

*W/S*



# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 517 Meeting Date: ~~12/1/15~~ 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: (319725)  
Licensure of Life Support Services

Committee/Subcommittee: Health Quality

Name: Susan Harbin

Title: Legislative Advocate

Address: 100 S. Monroe

City: Tallahassee State/Zip: FL 32308

Phone Number: 770 546-8845

Representing: Florida Association of Counties

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"/>	

*Spike*



### 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: 547 Meeting Date: 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Advanced Pharmacy Access

Committee/Subcommittee: Health care

Name: Kathy Baldwin, Pharm D

Title: FSMP

Address: 6117 Bartram Village Dr

City: Jkt State/Zip: FL 30258

Phone Number: 904-686-4392

Representing: FSMP

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: 547 Meeting Date: 12/8/15

*Fill in appropriate information:*

PCB/PCS/Amendment # or Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: Health Quality

Name: Chris Muland

Title: \_\_\_\_\_

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051

Representing: Florida Society of Plastic Surgeons / Florida Chapter American College of 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 checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	





98732877



### 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: **547 : Practice of Pharmacy** Meeting Date: **December 01, 2015 3:30 PM**

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

Committee/Subcommittee: **Health Quality Subcommittee**

Name: **Michael Jackson**

Title:

Address: **610 North Adams Street**

City: **Tallahassee** State/Zip: **Florida 32301**

Phone Number: **8502222400**

Representing: **Florida Pharmacy Association**

Registered Lobbyist: **Yes** State Employee: **No**

I Wish To Speak: **Yes**

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

	Bill	Amendment
I Wish To Speak: <b>Yes</b>	<b>Proponent</b>	<b>Proponent</b>
I Have Been Requested To Speak: <b>No</b>		

*Handwritten mark*





# 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: 547 Meeting Date: \_\_\_\_\_

*Fill in appropriate information:*

PCB/PCS/Amendment # or Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: \_\_\_\_\_

Name: DR. JOSHUA LENCHUS

Title: ASSOCIATE PROFESSOR OF MEDICINE AND ANESTHESIOLOGY

Address: 1611 NW 12 AVE.

City: MIAMI State/Zip: FL 33136

Phone Number: 954-817-5684

Representing: PROGRAM MANAGER OF THE ACP, FOMA, FMAJ

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: 547 Meeting Date: 12-2-15

*Fill in appropriate information:*

PCB/PCS/Amendment # or Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: Health Quality

Name: Mike Fischer

Title: \_\_\_\_\_

Address: PO BOX 1197

City: JALAHASSIE State/Zip: FL 32303

Phone Number: 264-3878

Representing: FLORIDA INDEPENDENT PHARMACISTS

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"/>	

*005*

*✓*



# 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: 547 Meeting Date: \_\_\_\_\_

Fill in appropriate information:

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

Committee/Subcommittee: \_\_\_\_\_

Name: Melissa Ramba

Title: Director of Government Affairs

Address: 227 S Adams

City: Tallahassee State/Zip: FL

Phone Number: \_\_\_\_\_

Representing: Florida Retail Federation

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"/>	

40/5 ✓



### 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: 547 Meeting Date: 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: Health Quality Subcommittee

Name: Gary Dalin

Title: Pharmacist

Address: 13750 Plaza Mayor Dr

City: Delray Beach State/Zip: FL 33446

Phone Number: 561-637-1611

Representing: Florida Society of Healthsystems Pharmacists

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 547 Meeting Date: 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: \_\_\_\_\_

Committee/Subcommittee: House Health Quality Subcommittee

Name: Karen R. Sando, PharmD

Title: Clinical Assistant Professor

Address: 7583 SW 81st way

City: Gainesville State/Zip: FL, 32608

Phone Number: 727-278-8351

Representing: Florida Society of Health-System Pharmacists

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

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Type or Print Clearly

Bill Number: 547 Meeting Date: 12-1-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Access to Pharmacist Services

Committee/Subcommittee: House Health Quality Subcommittee

Name: Mike Schuch, PharmD

Title: Clinical Pharmacist

Address: 4252 Summerford Oaks Circle

City: Jacksonville State/Zip: FL 32223

Phone Number: 904-571-6667

Representing: FSHP

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"/>	

*Sucks*





# 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: 547 Meeting Date: 12/1/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Access to Pharmacist Services Act

Committee/Subcommittee: House Health Quality Subcommittee

Name: Thomas Johns, PharmD

Title: President, Florida Society of Health System Pharmacists

Address: 1048 NW 50th Drive

City: Gainesville State/Zip: FL 32608

Phone Number: 352 265 0904

Representing: Florida Society of Health System Pharmacists

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"/>	

