

Health Quality Subcommittee

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

Action Packet

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Amendment 019783 Withdrawn		

Health Quality Subcommittee

12/1/2015 3:30:00PM

Location: 306 HOB

Attendance:

	Present	Absent	Excused
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		
Totals:	13	o	0

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				
	Total Yeas: 9	Total Nays:	3		

HB 315 Amendments

Amendment 860277

X 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

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

Health Quality Subcommittee

12/1/2015 3:30:00PM

Location: 306 HOB

HB 423 : Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X				
Matt Gaetz		X			
Julio Gonzalez	X				
Kristin Jacobs	X				
Mike Miller	X				
Edwin Narain	X				
Rene Plasencia	X				
Patrick Rooney, Jr.	X				
Chris Sprowls	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
	Total Yeas: 12	Total Nays:	1		

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

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

Health Quality Subcommittee 12/1/2015 3:30:00PM

Location: 306 HOB

HB 517: Licensure of Life Support Services

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X				
Matt Gaetz	X				
Julio Gonzalez	X				
Kristin Jacobs	X				
Mike Miller	X				
Edwin Narain	X				
Rene Plasencia	X				
Patrick Rooney, Jr.	X				
Chris Sprowls	X				
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
	Total Yeas: 13	Total Nays: 0)		

HB 517 Amendments

Amendment 319725

X 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

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

Print Date: 12/1/2015 7:07 pm Leagis ® Page 8 of 11

Health Quality Subcommittee 12/1/2015 3:30:00PM

Location: 306 HOB

HB 547 : Practice of Pharmacy

X Temporarily Postponed

HB 547 Amendments

Amendment 190379

X 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				
	Total Yeas: 6	Total Nays: 7	,		

Amendment 754831

X 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				
	Total Yeas: 8	Total Nays:	5		

Health Quality Subcommittee

12/1/2015 3:30:00PM

Location: 306 HOB

HB 547 : Practice of Pharmacy (continued)

HB 547 Amendments (continued)

Amendment 351333

X Adopted Without Objection

Amendment 532279

X Adopted Without Objection

Amendment 019783

X 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

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

	: 12-1-15	Bill Number: 315 Date Received: Date Reported: Subject: Medical Examiners
Committee/Subcommittee Eavorable Favorable w/		Retained for Reconsideration Reconsidered
Final Vote	Strike All	

Final Vote On Bill		MEMBERS	Strike All 810277 Yeas Nays		Vess					
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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	1	DuBose	10	00						
1		Gaetz	3/2	Xe						
1		Gonzalez	. 79	1						
	1	Jacobs	No.					· · · · · · · · · · · · · · · · · · ·		
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

Committee/Subcommittee: Health Quality Meeting Date: 12-1-15 Place: 300 HDB Time: 3:30000 Committee/Subcommittee Action: Favorable Favorable w/ amendments Favorable w/Committee/Subcommittee Substitute Other Action:						Bill Nu Date Rec Date Rep Su	mber: _ eived: _ orted: _ bject: _ Reta Reco	onsidered	rescrip ed Reg ones t		y Wurse ian Passistan
	Vote Bill	MEMBE	MEMBERS								
Yea	Nay			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1		Pigman, Chair									
1		DuBose									
,	1	Gaetz	70.5					7			
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1		Jacobs									
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Final Vote On Bill		MEMBERS								
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Committee/Subcommittee: Health Quality Meeting Date: 12-1-15 Date Received:										
Final Vote On Bill MEMBERS		MEMBERS	Strike	AII.						
Yea	Nay	MEMBERS	319 725 Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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On	Bill	MEMBERS	75483	31	1903	379	351 33	3	Go	<i>letz</i>
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		Pigman, Chair	1		V					
		DuBose		1		1		6		
		Gaetz	/		/		X	Ø .		0
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Final	Vote		#4							
	Bill	MEMBERS	Gonza	lez						
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Pigman, Chair								
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		Gaetz		W/						
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays



COMMITTEE/SUBCOMMITTEE AMENDMENT Bill No. HB 547 (2016)

Amendment No.

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COMMITTEE/SUBCOMMI	TTEE ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	✓ (Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	
Representative Gaetz of Amendment	fered the following:
Remove line 84 and	insert:
	have completed such additional training.
including successfully	completing an 8-hour course and
subsequent examination	offered by the Florida Medical
Association or the Flor	ida Osteopathic Medical Association that
encompasses the initiat	ion, modification, discontinuance, and
administration of drug	therapy management



SubCommittee on	Durkh
Action	1 Charles
Date	

Amendment No. 3		Bill No	547
(For filing with the Cl	erk, Committee and Mem	ber Amendments must be prepared o	n computer)
	mendment is text o	of another bill insert: Draft No.	
depresentative(s)/The Commi	ttee on Gae	+2	
ffered the following amendm	ent:		
mendment	2		
on page	, line <u>84</u>	у	
Delet line 8	34 and	insert.	
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theapy Mara	general		<u> </u>



COMMITTEE/SUBCOMMITTEE AMENDMENT Bill No. HB 547 (2016)

Amendment No.

TTEE	ACTION
_	(Y/N)
_	(Y/N)
	(Y/N)
	(Y/N)
1	(Y/N)
_	

Committee/Subcommittee hearing bill: Health Quality

Subcommittee

Representative Gonzalez offered the following:

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Amendment

Between lines 105 and 106, insert:

(3) A pharmacist may administer a prescribed medication by intradermal, subcutaneous, or intramuscular injection to a patient authorized by and 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.

019783 - h0547-line105-2.docx

Published On: 12/1/2015 6:24:35 PM



Committee on	11.11	1	
Action	Herria	Clust Aty	
Date		171	

HOUSE AMENDMENT FOR DRAFTING PURPOSES ONLY (may be used in Committee, but not on House Floor) Amendment No. 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 amendment: to AMUTOMOTI THE BILL AS AMENDED. Amendment on page 5, line 105 HALKURCIST MAY MOINING THE PRESCRIBED WEDICATION GUBEUTRUGOUS DIC METANUS CULAR INFECTION STA DOLLSTON DROTORAL UNDER A SIDERUIS/M SICIAN ((ENSO) UNDER CHIMETER 45B OK CHANTEL L AMOTHE DUDERUS INS PHYSICAN 1793 PROSCIE)BOTT MINDSTAMING TO TH



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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 315 Meeting Date: 12(15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health Quality Sycommittee
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 NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On

14/3



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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 315 Meeting Date: 12 1115
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Medical Examines
Committee/Subcommittee: Health Quality Subcommittee
Name: Mura Cantwell
Title: Associate State Director Advicacy
Address: 400 Camlon PKWY Suite 100
City: St. Petersong State/Zip: FC /33716
Phone Number: 850-570-2110
Representing: AARP
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only

V4/=



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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 315 Meeting Date: 17-1-15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: VESS MCCARTY
Title:
Address: 111 NW 15 = 2810
City:M_1 A M_1 State/Zip:33 12 ?
Phone Number: 305 - 979 - 7110
Representing: MIAMI - DADE COUNTY
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only

14/5



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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 315 Meeting Date: 121115
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Hearth Quality
Name: Jeff Scott
Title: General Course)
Address: 1430 Pipdonon+ Or E
City: TOWN ASSER State/Zip: FU
Phone Number: 850 779 104910
Representing: Florida Modural Association
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Info Only Info On

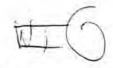


Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _	HB 315	Meeting Date:	5
Fill in appropriate PCB/PCS/Amen Presentation/Wo	dment # or	Medical Examiner F.	els
Committee/Subc	ommittee:	Health Quality	
Name:	LISA CONEY	/	
Title:	Florida Cemet	eny Cremation & Funera	Board member, Assoc. Government Affair.
Address:	BULBLUD 9	994 E. Altamonte Dr.	
City:	tamonte Sprur	190 State/Zip: 72 372	270/
Phone Number:	407- 636	-1995	
Representing: _	FCCFX		
Registered Lobb	oyist: YES NO	State Employee: YES	NO
I Wish To Speak:	YES NO	Bill	Amendment
I Have Been Reques	sted to Speak: YES	NO Info Only I	Proponent Opponent Info Only





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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _	315	Meeting Date:	12/1/15
Fill in appropriate PCB/PCS/Amer Presentation/Wo		860277	
Committee/Sub	committee:	Health Quality	
Name:	Susan	Herbin	
Title:	egislative	Advocate	
		Monroe St.	
City: Tall	ahossee	State/Zip: FL	32308
Phone Number:	770 4	546 8845	
Representing:	Florida	Association of	Counties
Registered Lob	obyist: YES NO	State Employee:	YES NO NO
I Wish To Speak:	YES NO	Bill Proponent Opp	Amendment onent Proponent Opponent
I Have Been Reque	ested to Speak: YES	NO Info Only	Info Only
		Work	in Officialion



Please fill out the <u>entire</u> form and submit <u>two</u> 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: Presentation/Workshop Topic:
Committee/Subcommittee: Health Quality Sch
Name: Chris Floyd
Title: Cossulfant
Address: 101 College Ave.
City: <u>Jally</u> State/Zip: <u>FL</u> 3230/
Phone Number: 8/3-624-5117
Representing: FL Assoc. of Nuise Size titings
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On

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

Type or Print Clearly

Bill Number: _	423	Meeting Date	12/01/	5	
Fill in approprie PCB/PCS/Amer Presentation/Wo	ndment # or	Relating to drug	Prophy	la Alver	ve Dogator
Committee/Subo	committee:	teal the Qual	Y	Cossistion	nts 1
Name:	orane M	Xon	/-		
Title: 10	biovist				
Address:	19 = Pa	rkave			
City: Ta	164-65-06	State/Zip: 3	2301		
Phone Number:	(950)	122-2591			
Representing:	Florida	academy (A Days	cion f	ssiatant
Registered Lob	obyist: YES NO	State Emplo	oyee: YES	NO	
I Wish To Speak:	YES NO	В	ill	Amend	ment
I Have Been Reque	ested to Speak: YES	Proponent Info Only Info Only		Proponent Info Only I	Opponent

6/5



Please fill out the <u>entire</u> form and submit <u>two</u> 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: PLug Resciption ARNP'S + PA'S
Committee/Subcommittee: Health Quality
Name: Julia Pallentino
Title: ARMP
Address: 120 S. Monro & ST.
City:
Phone Number: 127 – 7087
Representing: Porida Murse Practitioner Metwork
Registered Lobbyist: YES NO State Employee: YES NO
WAINE IN SUPPORT
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only Opponent Info Only Info Onl

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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 423 Meeting Date: 12/1/10
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Thuy Rx Iny ARNP
Committee/Subcommittee: Halth Quality
Name: Melody Arnold
Title: GOVA Affairs MNGL
Address: 307 West Park Ave
City: Tallahassee State/Zip: Ft 32301
Phone Number: (386) 547-1197
Representing: Fronda Health Care Associations
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only Info Only

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

Type or Print Clearly

Bill Number: _	423	Meeting Date: 12 - 1	- 15
Fill in approprie PCB/PCS/Amer Presentation/Wo	ndment # or	Drug Presuption by ANP	
Committee/Subo	committee: 1/e4	LTH QUALITY SUB	
Name:	DAVID DANIEL		
Title:			
Address: 3	IL EAST PARK	AVENUE	
City:	AUASSEE	State/Zip: _ FL 3230	ý
Phone Number:	850 224-5	08/	
Representing:	FLORIDA CHAM	ABER OF COMMERCE	
Registered Lob	obyist: YES NO	State Employee: YES	NO NO
I Wish To Speak:	YES NO	Bill	Amendment
I Have Been Reque	ested to Speak: YES 1	Proponent Opponent Info Only	Proponent Opponent Info Only

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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 433 Meeting Date: 13/1/15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health Crafity
Name: Alisa La Polt
Title: Letty 5
Address:
City: State/Zip:
Phone Number:
Representing:
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO NO Info Only Proponent Info Only Info

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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: <u>၂</u> H 니	23	Meeting Date: _/2-1-15	
Fill in appropriate in PCB/PCS/Amendme Presentation/Worksh	nt # or		
Committee/Subcomm	nittee:		
Name: Lori Killin	nger		
Title: Attornay/10	obbyist		
Address: 315 5.	Calhon St.	SH 830	
City: Tallahasse	'e	State/Zip: _	
Phone Number: 8	50 2225702		
Representing: F	ouda Associa	whom of werse Anishetists	
Registered Lobbyist:	YES NO	State Employee: YES NO	\boxtimes
I Wish To Speak: YES	S NO	Bill	Amendment
I Have Been Requested t	o Speak: YES NO		Only Opponent Opponent

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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 423 Meeting Date: 12/1/15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topics
Presentation/Workshop Topic: Dieg Preser. pt. 12 ARUPS 3 PAS
Committee/Subcommittee: Wealth Quality
Name: BARLARA LumpKiN
Title: LONSULTANT
Address: 468 gReen Spring Cin
City: Wintel Syrings State/Zip: Fl 32708
Phone Number: 407 227 7705
Representing: BAPTIST HEXIT South Florida
Registered Lobbyist: YES NO State Employee: YES NO
WAJC
I Wish To Speak: YES NO Bill Amendment
Proponent Opponent Proponent Opponent O
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only

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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 423 Meeting Date: 12/1/15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Preservation by M/P 3 Pts
Committee/Subcommittee: Nes/Th Qual, ty
Name: MARTHA De CASTIO
Title: VP Pulsing
Address: 306 EAST College Ade
City: Ta//4 h 455ee State/Zip: Fl 32301
Phone Number: 850 222 9800
Representing: Florida Hospital Association
Registered Lobbyist: YES NO State Employee: YES NO NO
WAJ
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponen
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only

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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 423 Meeting Date: 12/1/15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Drug Proscription by ARNP
Committee/Subcommittee: 1401+17 Grality Subcommittee
Name: Lawa Cantwell
Title: Associate State Director Advocacy
Address: 400 Carillon Pkny, Suite 100
City: St Petersburg State/Zip: FL/337110
Phone Number: 850 - 570 - 2110
Representing: AARP
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only

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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 423 Meeting Date: 12/1/15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: House Health Quality Subcommittee
Name: Shylar Zander
Title: Deputy State Director
Address: 200 W College Are
City: Tanangssee State/Zip: IL
Phone Number: 650 - 728 - 4522
Representing: Americans for Presperity
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponen
I Have Been Requested to Speak; YES NO Info Only Info Only Info Only Info Only

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

Bill Number: 517 Meeting Date: 12/1/15	
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Licensure of Use Support Services	
Committee/Subcommittee: Health Quality Subcommittee	
Name: Laura Donaldson	
Title: Attorney	
Address: 1101 W. Swann Ave.	
City: Tourpa State/Zip: FL 33600	
Phone Number: 813-514-4700	
Representing: North Collier Fire Control + Rescue D	when
Registered Lobbyist: YES NO State Employee: YES NO NO	
I Wish To Speak: YES NO Bill Amendment	
I Have Been Requested to Speak: YES NO NO Info Only Info	ient 🔲



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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: Meeting Date:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Lianua 4 Cofe Support Service
Committee/Subcommittee: 4001th Gestely Subande
Name: Joage Ageleen
Title: Dervy Chief et 675
Address: 1355 1= to the Vink D
City: Noves State/Zip: In 34169
Phone Number: 233 753 753 757
Representing:
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only

W/S



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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: Meeting Date: 12-1-15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health Quality Sulamitee
Name: James Cunningham
Title: Operations Caref
Address: 1885 Veterans Park DR
City: Naples State/Zip: Pc 34/09
Phone Number: 239- 597- 3ZZZ
Representing: North Colleg to Got & Resch Distrit
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO I Info Only Info

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

Administrative Assistant at the meeting.

Bill Number: 517 Meeting Date: 12-1-15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: LICENSUR of Life Support Survices
Committee/Subcommittee:
Name: Dr. Jeff Grozzo
Title: Midical Director
Address: 1885 Vituris Pank Dr.
City: No. 0/es State/Zip: F1 34/09
Phone Number: 239-597-3222
Representing:
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO I Info Only Info



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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 5/7	Meeting Date: 12-1-15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	考
Committee/Subcommittee:	
Name: Lori Killinger	
Title: attorney/lobbyist	
Address: 315 5 Calhouns	5 + .
City: Taylahassec	State/Zip: K 32308
Phone Number: <u>850 222 570</u>	סב
Representing: Bonuta Springs	FCD
Registered Lobbyist: YES NO	State Employee: YES NO
I Wish To Speak: YES NO NO	Bill Amendment
I Have Been Requested to Speak: YES	Proponent Opponent Opponent Info Only Info Only

W/5



Please fill out the <u>entire</u> form and submit <u>two</u> 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 PCB/PCS/Amend Presentation/Wor	lment # or	(319725) Licensure of Li	le Support	Services
Committee/Subco	ommittee: \	uth Quality		
Name: S	ousan Harbin	<u> </u>		
Title:	gislative Advi	vale		
Address: 100	S. Monroe			
City: Tallah	rassee	State/Zip: 🗸	L 32308	
Phone Number:	770 546-8	845		
Representing: _	Florida A	sociation of	Counties	
Registered Lobb	yist: YES NO	State Employee:	YES NO NO	
I Wish To Speak:	YES NO	Bill	_/	mendment
I Have Been Reques	sted to Speak: YES 1	_	Opponent Proponent Info Only	Opponent

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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health are
Name: Kathy Baldin, Phon D
Title: F3 HP
Address: 6117 Bartran V Mago In
City: State/Zip: Fe_ 3 (25 - 8
Phone Number: 404-686-4392
Representing: FSHP
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On

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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _	547	Meeting Date:	12/11/15	
Fill in appropria PCB/PCS/Amer Presentation/Wo	ndment # or			
Committee/Subo	committee: \mathcal{H}_{ϵ}	edth Qualin		
Name:	Chris Mana	d		
Title:				
Address:	1000 Riversi	de Ave		
City: Jac	lesonalle	State/Zip:F	32204	
Phone Number:	904-233-305			
Representing:	Florida Socie	y of Plantic Sum	erns/ Ameron Col	hopter lege of Phyricians
Registered Lob	byist: YES NO	State Employee:		
I Wish To Speak:	YES NO	Bill	Ame	ndment
I Have Been Reque	ested to Speak: YES	_/ _	Proponent Info Only I	Opponent

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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/Amer Presentation/Wo		N/A		
Committee/Sub	committee:	Health Quality	y Subcommittee	
Name:	Michael Jacks	on		
Title:				
Address:	610 North Ad	ams Street		
City:	Tallahassee		State/Zip:	Florida 32301
Phone Number:	8502222400			
Representing:	Florida Pharn	nacy Association	9	
Regis	tered Lobbyis	t: Yes	State Employee:	No

I Wish To Speak: Yes

I Have Been Requested To Speak: No

Proponent	Proponent
Bill	Amendment







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

Administrative Assistant at the meeting.

Bill Number:	547	Meeting Date:
Fill in appropriate PCB/PCS/Amenda Presentation/Work	ment # or	
Committee/Subcon	mmittee:	
Name: Dr. J	IOSHUA LENG	CHUS
Title: Asso	CHTE PROFESSOR	OF MEDICINE AND ANESTHESTOLOGY
Address:	1 NW 12 4	yé.
City:M	AMI	State/Zip: PL 33136
Phone Number:	954-817-	5684
Representing:	oring warth	of the Act, Forth, Temp
Registered Lobby	ist: YES NO	State Employee: YES NO
I Wish To Speak: Y	res No	Bill Amendment
i wish to speak.	I ES Y I NO	Proponent Opponent Proponent Opponent
I Have Been Requeste	ed to Speak: YES	4



Please fill out the <u>entire</u> form and submit <u>two</u> 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:
Phone Number: 264-3878
Representing: FLORIDA INDEPENDENT PHARMACISTS
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On

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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: Meeting Date:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Melissa Ramba
Title: Director of Government Affairs
Address: 227 S Adams
City: Tallahossee State/Zip: Fr
Phone Number:
Representing: Florida Retail Federation
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponent Opponent Opponent Opponent Opponent Opponent Opponent D
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only

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

Type or Print Clearly

Bill Number:
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health Quality Sub Committee
Name: Gary Dalin
Title: Pharmacist
Address: 13750 Plaza Mayor Dr
City: Delray Beach State/Zip: FL 33446
Phone Number: 561-637-1611
Representing: Harden Society of Health systems Pharmalists
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info On

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

Administrative Assistant at the meeting.

Bill Number: <u>HB 547</u> Meeting Date: 12/1/15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: House Hearth Quality Subcommittee
Name: Karen R. Sando, Pharmo
Title: Clinical Assistant Professor
Address: 7583 SW 818+ Way
City: Gainesville State/Zip: FL, 32608
Phone Number: 727-276-8351
Representing: Florida Society of Hearth-System Pharmacist
Registered Lobbyist: YES NO State Employee: YES NO NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Month Info Only I
The Been requested to openic 125 110 M



Please fill out the <u>entire</u> form and submit <u>two</u> 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: Hetess & Pharmait Services
Committee/Subcommittee: House Hearth quality Subcommittee
Name: Mike Schuh, Pham)
Title: Clivical Phornecest
Address: 4252 Summerford OAKs Cinicle
City: 5 AcKsonville State/Zip: FL 32223
Phone Number: 904-571-6667
Representing: F5HP
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only Info Only

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

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 577 Meeting Date: 10/1/15
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Access to Pharmacolif Servine Act
Committee/Subcommittee: House Health Quelity Subcommittee
Name: Thomas Johns Pham)
Title: President, Florida Society of Houlth Syst Phomosoti.
Address: 1048 NW 50th Disc
City: Ganesulle State/Zip: Pl. 32608
Phone Number: 352 265 0924
Representing: Florida Society of Health : System Pharmacists
Registered Lobbyist: YES NO State Employee: YES NO X
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponen
1 Have Been Requested to Speak: YES NO NO NO Info Only Info Only Info Only

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