

# **Health Quality Subcommittee**

Tuesday, February 2, 2016 1:30 PM – 3:00 PM 306 HOB

# **Action Packet**

Steve Crisafulli Speaker Cary Pigman Chair

## **COMMITTEE MEETING REPORT Health Quality Subcommittee**

2/2/2016 1:30:00PM

Location: 306 HOB

Summary:

## Health Quality Subcommittee

Tuesday February 02, 2016 01:30 pm

HB 591	HB 591 Temporarily Postponed					
Ai	mendment 152985	Temporarily Postponed				

HB 1151	Favorable With Committee Substitute	Yeas: 10	Nays: O
Am	endment 003657 Adopted Without Objection		
HB 1217	Favorable	Yeas: 9	Nays: 2
HB 1293	Favorable With Committee Substitute	Yeas: 9	Nays: O
Am	endment 318407 Adopted Without Objection		
HB 1431	Favorable With Committee Substitute	Yeas: 11	Nays: O
Am	endment 443883 Adopted Without Objection		

Committee meeting was reported out: Tuesday, February 02, 2016 5:24:39PM

## Health Quality Subcommittee

2/2/2016 1:30:00PM

#### Location: 306 HOB

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## Attendance:

	Present	Absent	Excused
Cary Pigman (Chair)	X		
Bobby DuBose	X		
Matt Gaetz	×		
Julio Gonzalez	Х		
Kristin Jacobs	X		
Mike Miller	×		
Edwin Narain	X		
Rene Plasencia			Х
Patrick Rooney, Jr.	Х		
Chris Sprowls			Х
Cynthia Stafford	X		
W. Gregory Steube	X		
Cyndi Stevenson	Х		
Totals:	11	0	2

Health Quality Subcommittee

2/2/2016 1:30:00PM

## Location: 306 HOB HB 591 : Laser Hair Removal

X Temporarily Postponed

#### **HB 591 Amendments**

#### Amendment 152985

X Temporarily Postponed

#### **Appearances:**

Amendment Mejia, MD, Ricardo (General Public) - Opponent FL Dermatology Society Dermatologist 2101 US HWY One Jupiter FL 33477 Phone: (407) 687-5800

Adams, Judy (General Public) - Proponent FL Electrolysis Past President of FL Electrolysis, FL Society of Clinical & Medical Hair Removal 106 Osprey Lane E Palatka FL 32131 Phone: (904) 461-0065

Amendment Gonzalez, Larry (Lobbyist) - Proponent FL Association of Electrologists & FL Society of Electrologists Lobbyist 223 S Gadsden St Tallahassee FL 32309 Phone: (850) 570-6307

## COMMITTEE MEETING REPORT Health Quality Subcommittee

2/2/2016 1:30:00PM

#### Location: 306 HOB

#### HB 1151 : Parentage

X Favorable With Committee Substitute

· · · · · · · · · · · · · · · · · · ·	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	Х				
Matt Gaetz			Х		
Julio Gonzalez	X				
Kristin Jacobs	Х				
Mike Miller	Х		_		
Edwin Narain	Х				
Rene Plasencia			Х		
Patrick Rooney, Jr.	Х				
Chris Sprowls			X		
Cynthia Stafford	X				
W. Gregory Steube	X				
Cyndi Stevenson	X				
Cary Pigman (Chair)	X				
	Total Yeas: 10	Total Nays: 0	)		

#### HB 1151 Amendments

#### Amendment 003657

X Adopted Without Objection

#### **Appearances:**

Thompson, James (General Public) - Waive In Support 1439 SE 22 Street Cape Coral FL 33990 Phone: (239) 462-7991

Gonzalez, Guillermo (General Public) - Waive In Support 1265 Grove Ave Tarpon Springs FL 34689 Phone: (813) 389-2104

King, Stephenie (General Public) - Waive In Support 5249 High Colony Dr Tallahassee FL 32317 Phone: (850) 656-7312

Powell, Ayana (General Public) - Waive In Support LGBTA Democratic Caucus 907 Chestwood Ave Tallahassee FL Phone: (407) 230-7269

#### **Health Quality Subcommittee**

## 2/2/2016 1:30:00PM

## Location: 306 HOB HB 1151 : Parentage (continued)

#### Appearances: (continued)

Brodzki, Nancy (General Public) - Waive In Support Self 368 NW 118th Ave Coral Springs FL 33071 Phone: (954) 344-7737

McCarthy, Elizabeth (Lobbyist) - Waive In Support LGBTA Democratic Caucus Legislative Director 1851 Bryan Ave West Palm FL 32701 Phone: (407) 745-9345

Goldberg, Arlene (General Public) - Waive In Support Myself 1454 Dulle Vista Rd Fort Myers FL 33919 Phone: (239) 898-6124

Lima, Tony - Waive In Support SAVE(Safeguarding American Values for Everyone) Executive Director 4500 Biscayne Blvd Miami FL Phone: (786) 246-6417

Schlairet, Steve (General Public) - Information Only Self 868 Corbin Rd Chipley FL 32426 Phone: (850) 326-1277

Dichman, Jocelyn A (General Public) - Waive In Support Self 26630 Players Circle Lutz FL Phone: (813) 731-1689

Phillips, Sally (General Public) - Waive In Support
Florida LGBTA Democratic Caucus
7736 Jodi Lynn Dr
Tampa FL 33615
Phone: (813) 382-8172

Wall-DeSousa, Scott (General Public) - Waive In Support Self
518 Hatcher St SE
Palm Bay FL 32909
Phone: (324) 506-0353

## Health Quality Subcommittee

## 2/2/2016 1:30:00PM

## Location: 306 HOB HB 1151 : Parentage (continued)

#### **Appearances:** (continued)

Wall-DeSousa, Daniel (General Public) - Waive In Support Self 518 Hatcher St SE Palm Bay FL 32909 Phone: (324) 506-0353

Bunkley, Bill (Lobbyist) - Proponent Florida Ethics and Religious Liberty Commission President P.O Box 341644 Tampa FL 33694 Phone: (813) 264-2977

King, Jason (Lobbyist) - Waive In Support AIDS Healthcare Foundation Legislative Affairs Manager 700 SE 3rd Ave Ft Lauderdale FL 33316 Phone: (954) 610-3064

Kelly, Amber (Lobbyist) - Proponent Florida Family Action Legislative Assistant 4853 S Orange Ave, Ste C Orlando FL 32806 Phone: (407) 418-0250

Russ, Ozzie (General Public) - Waive In Support Self 868 Corbin Rd Chipley FL 32428 Phone: (850) 326-1622

Committee meeting was reported out: Tuesday, February 02, 2016 5:24:39PM

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Health Quality Subcommittee

2/2/2016 1:30:00PM

Location: 306 HOB

## HB 1217 : Hair Restoration or Transplant

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	X				
Matt Gaetz		Х			
Julio Gonzalez	X				
Kristin Jacobs	Х				
Mike Miller	Х				
Edwin Narain	Х				
Rene Plasencia			х		
Patrick Rooney, Jr.	Х				
Chris Sprowls			х		
Cynthia Stafford	Х				
W. Gregory Steube	Х				
Cyndi Stevenson	X				
Cary Pigman (Chair)		Х		.=	
	Total Yeas: 9	Total Nays:	2		

#### Appearances:

Rose, MD, JD, Paul T (General Public) - Proponent Florida Member ISHRS, Florida Practitioner 4425 Ponce de Leon Blvd Coral Gables FL 33146 Phone: (305) 448-9100

Nuland, Christopher (Lobbyist) - Proponent Florida Society of Plastic Surgeons 1000 Riverside Ave #115 Jacksonville FL 32204 Phone: (904) 233-3011

Keene, MD, Sharon (Lobbyist) - Information Only
Florida Members International Society of Hair Restoration Surgeons
Doctor
3940 N Campbell Ave
Tucson AZ 85719
Phone: (520) 204-6850

Mejia, MD, Ricardo (General Public) - Proponent FL Dermatology Society Dermatologist 2101 US HWY One Jupiter FL 33477 Phone: (407) 687-5800

## **Health Quality Subcommittee**

## 2/2/2016 1:30:00PM

Location: 306 HOB HB 1217 : Hair Restoration or Transplant (continued)

### Appearances: (continued)

Book, Ron (Lobbyist) - Proponent International Society for Hair Transplant Surgery 104 W Jefferson St Tallahassee FL 32301 Phone: (850) 224-3427

**Health Quality Subcommittee** 

## 2/2/2016 1:30:00PM

#### Location: 306 HOB

### HB 1293 : Newborn Adrenoleukodystrophy Screening

Favorable With Committee Substitute X

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	Х				
Matt Gaetz	Х				
Julio Gonzalez	Х				
Kristin Jacobs	Х				
Mike Miller	Х				
Edwin Narain			Х		
Rene Plasencia			Х		
Patrick Rooney, Jr.	Х				
Chris Sprowls			Х		
Cynthia Stafford			Х		
W. Gregory Steube	X				* *
Cyndi Stevenson	х				
Cary Pigman (Chair)	Х				
	Total Yeas: 9	Total Nays: 0	)		

### HB 1293 Amendments

#### Amendment 318407



X Adopted Without Objection

Health Quality Subcommittee

## 2/2/2016 1:30:00PM

#### Location: 306 HOB

## HB 1431 : Agency Relationships with Governmental Health Care Contractors

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Bobby DuBose	Х				
Matt Gaetz	X				
Julio Gonzalez	Х				
Kristin Jacobs	Х		_		
Mike Miller	Х				
Edwin Narain	Х				
Rene Plasencia			Х		
Patrick Rooney, Jr.	Х				
Chris Sprowls			Х		
Cynthia Stafford	Х				
W. Gregory Steube	Х				
Cyndi Stevenson	Х				
Cary Pigman (Chair)	X				
	Total Yeas: 11	Total Nays:	: 0		

### HB 1431 Amendments

#### Amendment 443883

X Adopted Without Objection

#### **Appearances:**

Behrman, Andrew (General Public) - Waive In Support Florida Association of Community Health Centers 2340 Hansen Lane Tallahassee FL 32312 Phone: (850) 942-1822

Committee/Subcommittee:	Health Quality
Meeting Date:	2-2-16
Place:	306 HOB
Time:	1:30 pm

BILL ACTION	$\tau \alpha$		
<b>Bill Number:</b>	50	1	
Date Received:			
Date Reported:			0
Subject:	Laser	Hair	Kenoral

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**Committee/Subcommittee Action:** 

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

<b>Retained for Reconsideration</b>

- Reconsidered
- **Temporarily Postponed**
- Unfavorable

Final Vote On Bill		MEMBERS	Amendmant 152985		ANDA		#12		AADA	
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Pigman, Chair								
		DuBose		1						
		Gaetz	ID	a						
		Gonzalez								
		Jacobs								
		Miller								
		Narain								
		Plascencia								
		Rooney								
		Sprowls								
		Stafford								
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

	M ittee/Sul Favorab Favorab Favorab Other A	le w/ ame le w/Committee/Subc	ndments	D D 		eived: orted: bject: Reta Reco Tem	ined for	tage Reconsid Postpon		
	Vote	MEMBERG	Strike							
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$\overline{}$		DuBose		10À					[	
	•	Gaetz	12							
$\checkmark$		Gonzalez	Kon	0						
		Jacobs	( <sup>1</sup> <sup>1</sup> <sup>1</sup>	1 in						
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		Narain	2/0/							
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		Sprowls								
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Yeas 10	Nays Ø	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

Health Quality
2-2-16
306 HOB
1:30 DM

Bill Number: Date Received:	1217
Date Reported: Subject:	Hair Restoration or Transplant
	etained for Reconsideration econsidered

Unfavorable

**Temporarily Postponed** 

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

**Final Vote On Bill MEMBERS** Yeas Yeas Yeas Nays Yea Nays Nays Nays Yeas Nay Pigman, Chair DuBose  $\checkmark$ Gaetz  $\checkmark$ Gonzalez • Jacobs Miller Narain Plascencia Rooney Sprowls Stafford Steube Stevenson Nays Yeas TOTALS Yeas Nays Nays Nays Nays Yeas Yeas Yeas q 2

Health Quality
2-2-16
306 HoB
1:30 pm

Bill Number:	1293
Date Received:	
Date Reported:	

Subject: Newborn Adreno le Ukodystroph Screening

**Retained for Reconsideration** 

**Temporarily Postponed** 

Reconsidered

Unfavorable

**Committee/Subcommittee Action:** 

- **Favorable**
- \_\_\_\_\_ Favorable w/ \_\_\_\_\_\_ amendments
- **Favorable w/Committee/Subcommittee Substitute**
- Other Action:

Amendment **Final Vote** 318407 **On Bill MEMBERS** Nay Yeas Nays Yeas Nays Yeas Nays Yeas Nays Yea Pigman, Chair  $\checkmark$ DuBose  $\checkmark$ Gaetz  $\checkmark$ Gonzalez Jacobs Miller Narain Plascencia Rooney Sprowls Stafford Steube Stevenson Yeas Nays TOTALS Yeas Nays Yeas Nays Yeas Nays Yeas Nays 9

Committee/Subcommittee:       Health Quality       Bill Number:       1431         Meeting Date:       2-2-16       Date Received:       Date Reported:         Place:       306 HDB       Date Reported:       Date Reported:         Time:       1:30 pm       Subject:       Agency Relationships us (Tovernmental Health Care)         Committee/Subcommittee Action:       Image: Committee/Subcommittee Action:       Image: Committee/Subc						uy 1th Care			
		endments				onsidered			
	able w/Committee/Sub	committee S	ubstitute	· []			Postpon	ed	
Other Action: Unfavorable									
Final Vote Amendment On Bill MEMBERS 443883									
Yea Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
$\checkmark$	Pigman, Chair		6						
	DuBose								
- V	Gaetz	$\rightarrow$	U						

		DuBose								
$\checkmark$		Gaetz	\ O	er-						
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`		Plascencia	20	Ľ.						
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$\checkmark$		Stafford								
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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: $HB59/$ Meeting Date: $2/2/16$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: <u>BOYCOOR</u> 152985
Committee/Subcommittee: Health Quality
Name: Ricardo Mejin MD
Title: Dermafologist
Address: 2101 USHWY UNE
City: Jupiter FL State/Zip: 33477-
Phone Number: 4076875800
Representing: Flurida Dermahlergy Sucrety
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only I



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: $\frac{HB59}{16}$ Meeting Date: $\frac{2\beta}{16}$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Electrolysis regulation
Committee/Subcommittee: Health Quality Subcommittee
Name: Judy Adams
Title: <u>Past President of Florida Electrolysis Society</u> Past President of Society of Clinical & Medical Hair Removal Address: <u>106 Osprey Lane</u>
City: <u>E. Palatka</u> State/Zip: <u>FL 32131</u>
Phone Number: <u>904-461-0065</u> Electrolysis Representing: <u>Florida</u> Society
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO NO Proponent Proponent Proponent Opponent Info Only I if the Info Onl



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: $\frac{1}{16}$ Meeting Date: $\frac{2}{2}/\frac{16}{16}$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: <u>Amendment +0</u> <u>H13 591</u>
Committee/Subcommittee: Health Quality Subcommittee
Name: Larry GONZalez
Title: <u>Lobbijst</u>
Address: 223 S. Gadsden St.
City: <u>Jallahassee</u> State/Zip: <u>FL</u>
Phone Number: <u>850-570-6307</u>
Representing: Horida Accountion of Electrologists + Fla. Society of Electrologis
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak:     YES     NO     Bill     Amendment       Oally of there are greations     Proponent     Opponent     Opponent     Opponent
I Have Been Requested to Speak: YES NO I Info Only Info Only Info Only Info Only I Info Only I Study of the Study on condiment pass (
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# **COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD**

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: $151$ Meeting Date: $2/2/2016$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: PAREN FAGE
Committee/Subcommittee:
Name: JAMES Thompson
Title:
Address: 1439 SE 22 Street
City: <u>Cape Coral</u> State/Zip: <u>F1 33990</u>
Phone Number: 239-462-7991
Representing:
Registered Lobbyist: YES NOX State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only I
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.

Bill Number: <u>#6  151</u> Meeting Date: 2 2 16
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: GUILLERMO GONZALEZ
Title:
Address: 1265 GROVE AVE
City: TARPON SPRINGS State/Zip: FL 134689
Phone Number: 813-389-2104
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 DO NO INFO OPPONENT INFO ONLY INFO ONL
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.

Bill Number:	HB-1151	Meeting Date:	2-3-2016
<i>Fill in appropria</i> PCB/PCS/Amer Presentation/Wo	ndment # or	RENTAGE	
Committee/Sub	committee: <u><u><u></u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	TH QUALI	ту
Name:	STEPHER	NIE KUNG	
Title:			
Address:	5249 HIGH	COLOWY	DR
City:	ALAANSEE	State/Zip: FC	32317
Phone Number:	450-656	-7312	<u></u>
Representing:	SELF	·	
Registered Lob	obyist: YES NO	State Employee: Y	
I Wish To Speak:		Bill Proponent Doppor	Amendment
I Have Been Requ	ested to Speak: YES NO	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: <u>HB 1151</u> Meeting Date: $\frac{2/2}{16}$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Parentage Bill
Committee/Subcommittee: Health Quality Sub
Name: Ayana Powell
Title:
Address: 907 Chestwood Ave
City: Tallahassee State/Zip: FL
Phone Number: 407-230-7269
Representing: Self/LGBTA Democratic Caucus
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment I Have Been Requested to Speak: YES NO NO 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: $HB15$ Meeting Date: $2/2/16$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Parentage Bill
Committee/Subcommittee: Health Quality Subcommittee
Name: Nancy Brodzki
Title:
Address: 368 NW 118th Ave
City: Coral Springs State/Zip: FL 33071
Phone Number: 954-344-7737
Representing: SelF
Registered Lobbyist: YES NOT State Employee: YES NOT
I Wish To Speak: YES NO Bill Amendment I Have Been Requested to Speak: YES NO INFO NO INFO ONLY INTO ONLY 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: Ht H 1151 Meeting Date: HD
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: <u>glunabeth Melestorty</u>
Title: Uppfalue Duruch
Address: 1451 Ampon Au
City: $W$ State/Zip: $3715$
Phone Number: 407 746 4344
Representing: GIBTA Democrate Cano
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO
I Have Been Requested to Speak: YES NO

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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: HB1151 Meeting Date: 2216
Fill in appropriate information:         PCB/PCS/Amendment # or         Presentation/Workshop Topic:
Committee/Subcommittee:
Name: ARLENE GOLDBERG
Title:
Address: 14545 Douce Vista Rd. UNIT 102
City: Falt Mycho State/Zip: Falt 33919
Phone Number: 239.898-612.4
Representing: MySelf
Registered Lobbyist: YES NO
I Wish To Speak: YES NO Bill Amendment I Have Been Requested to Speak: YES NO YES NO YES NO YES IN NO YES IN NO YES NO YE
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* 

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Bill Number: $HB1151$ Meeting Date: $2 2/2010$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: PARENTAGE
Committee/Subcommittee:
Name: TONY LIMA
Title: <u>Excautive Divector</u>
Address: 4500 Biscape BIVD
City:
Phone Number: 780-246-6417
Representing: <u>SAVE (Safequarding American Values for</u>
Registered Lobbyist:   YES   NO   State Employee:   YES   NO
I Wish To Speak: YES NOX Bill Amendment
I Have Been Requested to Speak: YES NO       Proponent Opponent Opponen

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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: $HB/15/$ Meeting Date: $2/2/2016$
Fill in appropriate information:         PCB/PCS/Amendment # or         Presentation/Workshop Topic:
Committee/Subcommittee:
Name: STEVE SCHLAIRET
Title:
Address: 848 CORBIN RD
City: CHIPLEY State/Zip: 32426
Phone Number: $850 - 326 - 1277$
Representing:
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO I NO I Bill Amendment I Have Been Requested to Speak: YES NO I Info Only I Info Only I Info Only I



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: HB1151 Meeting Date: 2216
Fill in appropriate information:         PCB/PCS/Amendment # or         Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Meyn A. Duman
Title:
Address: 26030 Players Circle Apt. 13
City: 117State/Zip: FL 33
Phone Number: 813-731-1689
Representing: Self
Registered Lobbyist: YES NOZ State Employee: YES NOZ
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES       NO       Proponent       Opponent       Proponent       Opponent       Opponent       Opponent
$v_{N} S$



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: HB [15] Meeting Date: 2-2-2014
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Halth Quality Sub-
Name:SAILY Phillips /
Title:
Address: 7736 Jodi Lyren DR
City: <u>JAmpa</u> State/Zip: <u>336/5</u>
Phone Number: 813-382-8172
Representing: Houde LGBTA Dem, Laucus
Registered Lobbyist: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Y NO Info Only In
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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: $\frac{48.151}{58.1542}$ Meeting Date: $\frac{1/2}{16}$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Scott WAR - DeSousA
Title:
Address: 518 HATCHER SF SE
City: Bhun Bay State/Zip: FL 329B9
Phone Number: 324 SD6 OB53
Representing: Self
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO       Proponent       Opponent       Proponent       Opponent       Opponent       Opponent       Opponent

WS



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: HB1/51 / SB 1542 Meeting Date: Feb 2 3016
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Parentage Support
Committee/Subcommittee:
Name: Daniel Wall-DeSousa
Title: MR,
Address: 518 Hatchen Street
City: Palm Bay State/Zip: FL 32909
City:         Palm Bay         State/Zip:         FL         3290G           Phone Number:         321,431.7744         7744
Representing: SeIF
Registered Lobbyist: YES NO
I Wish To Speak: YES X NO Bill Amendment
I Have Been Requested to Speak: YES NO       Proponent       Opponent       Proponent       Opponent       Opponent       Opponent       Opponent
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.

Bill Number:	1151	Meeting Date: 2/2/16	
<i>Fill in appropriat</i> PCB/PCS/Ameno Presentation/Wor	lment # or	Parentage	
Committee/Subco	ommittee: 🙀	Health Quality	
Name: <u>Bil</u>	Bunkley		
Title: Pre	esident		
Address: <u>P()</u>	BOX 3416	044	
City: <u>Ta</u>	mpa	State/Zip: FL 33694	
	(813) 20		
Representing:	FL Ethic	s & Religious Liberty Commiss	ion
	oyist: YES 🚺 NO		
I Wish To Speak:	YES NO	Bill Amendment	
I Have Been Reques	sted to Speak: YES	Proponent     Opponent     Proponent     Oppo       NO     Info Only     Info Only     Info Only	nent
		$C_{\alpha}$	
		remove objection	
		objection	



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: M51 Meeting Date: M1/16
Fill in appropriate information:         PCB/PCS/Amendment # or         Presentation/Workshop Topic:
Name: 4500 Roy
Title: Ulfriclative Affaire Manager
Address: <u>700</u> SE 3rd Are. # 400
City: <u>Ft. bauderdeile</u> , <u>State/Zip: FL 33316</u>
Phone Number: <u>994-610-3064</u>
Representing: ALOS HEGHIN care Foundation
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponent Opponent Opponent Info Only
w/s

H-16 REVISED 2/17/14



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: $15$ Meeting Date: $2/2/16$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Paventage
Committee/Subcommittee: Heatth Quality
Name: Amber Kelly
Title: Legislative Affairs
Address: 4853 3 Orange Ave
City: Orlando State/Zip: FL 32806
Phone Number: $(407) 418 - 0250$
Representing: <u>FL Family Action</u>
Registered Lobbyist: YES V NO State Employee: YES NO V
I Wish To Speak: YES V NO Bill Amendment
I Have Been Requested to Speak: YES NO V Info Only I I I Info Only I I I I I I I I I I I I I I I I I I I
objection
objection



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: $\frac{HB}{151}$ Meeting Date: $\frac{2/2/16}{2}$
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee:
Name: Ozzie Russ
Title:
Address: 867 Corbin Rd.
City: <u>Chipley</u> State/Zip: <u>F/. 32428</u>
Phone Number: $(750) 376 - 1622$
Representing:
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO
I Have Been Requested to Speak: YES NO       Proponent       Opponent       Proponent       Opponent       Opponent       Opponent       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.

Bill Number: $\frac{HB}{217}$ Meeting Date: $\frac{2}{2}$ , $\frac{1}{3}$
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Hair Transplantation-Unlicens / Praction
Committee/Subcommittee: Kealth Qualit
Name: Pauc T. ROSE UD, JD
Title: Médical Dirèctor
Address: 4425 Ponce de Leon Blvp
City: <u>Gral bablos</u> State/Zip: <u>Ha 33146</u>
Phone Number: 305 - 448 - 9100
Representing: <u>Hor, da Member ISHRS, Florida Mact, tiung</u>
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO       Proponent Opponent       Proponent Opponent       Opponent Opponent



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: $1217$ Meeting Date: $2/2/16$
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Mealth Quality Name: Chris Mand
Name: Chris_ Mand
Title:
Address: ICCC Riverside Are
City: <u>Jax</u> State/Zip: <u>M 32299</u>
Phone Number: <u>904-233-3051</u>
Representing: Monda Society of Mastric Surpons
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       Opponent       Opponent       Opponent



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: HB 217 Meeting Date: 2-2-Lo
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Scope of Wachice
Committee/Subcommittee: <u>Health Quality</u>
Name: <u>Shovan Leene</u>
Title: $M, D$ .
Address: 3940 N Campbell Ave
City: <u>TUCSON</u> State/Zip: <u>A2</u> 85719
Phone Number:
Representing: Florida Members International Society of
Registered Lobbyist: YES NOV State Employee: YES NOV
I Wish To Speak: YES NO Bill Amendment
I Have Been Requested to Speak: YES NO Proponent 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.

Bill Number: $\frac{HB/2}{F}$ Meeting Date: $\frac{2/2}{16}$
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Health Quality
Name: Ricardo MéjiA MD
Title: Dermatuligest
Address: 2101 US HWY ONE
City: Jupiter State/Zip: FL 33477
Phone Number: 407-687-5800
Representing: Flurida Dermahlugy Seacrety
Registered Lobbyist: YES NO State Employee: YES NO
I Wish To Speak: YES NO Bill Amendment Proponent Opponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only I



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: _	HB 1217	_ Meeting Date: _	altl	l (e	
<i>Fill in appropriat</i> PCB/PCS/Amend Presentation/Wor	lment # or				
Committee/Subco	ommittee: N Book				
Title:	·····				. <u></u>
Address:l	04 West Je	Beusi			
City: <u> </u>	Н	_ State/Zip:	3130	(	
Phone Number:	850-224	-348-7		<u></u>	<u> </u>
Representing:	Internatival	Society for	' Heir	Wassplacet	Surgery
Registered Lobb	yist: YES VO	State Employed	e: YES	NO	
I Wish To Speak:	YES NO	Bill		Amendment	
I Have Been Reques	ted to Speak: YES 🗌 NO 🗌	Proponent Info Only	Opponent 🗌	Proponent Oppo Info Only	onent



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: 1431 Meeting Date: 2/2/16
<i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic:
Committee/Subcommittee: Henlth Qustig
Name: Anog Bohrman
Title: President CEO
Address: 2340 WanserLane
City: <u>State/Zip:</u>
Phone Number:
Representing: FLOLIOS ASSOCIATION of Community Health Center
Registered Lobbyist: YES NO
I Wish To Speak: YES NO
Proponent Opponent Opponent Opponent Opponent
I Have Been Requested to Speak: YES NO Info Only Info Only Info Only
Support W/S