



Health Quality Subcommittee

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

Action Packet

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	Temporarily Postponed		
	Amendment 152985	Temporarily Postponed	
HB 1151	Favorable With Committee Substitute	Yeas: 10	Nays: 0
	Amendment 003657	Adopted Without Objection	
HB 1217	Favorable	Yeas: 9	Nays: 2
HB 1293	Favorable With Committee Substitute	Yeas: 9	Nays: 0
	Amendment 318407	Adopted Without Objection	
HB 1431	Favorable With Committee Substitute	Yeas: 11	Nays: 0
	Amendment 443883	Adopted Without Objection	

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

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/2/2016 1:30:00PM

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		
Totals:	11	0	2

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

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/2/2016 1:30:00PM

Location: 306 HOB

HB 591 : Laser Hair Removal

Temporarily Postponed

HB 591 Amendments

Amendment 152985

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

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/2/2016 1:30:00PM

Location: 306 HOB

HB 1151 : Parentage

Favorable With Committee Substitute

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

HB 1151 Amendments

Amendment 003657

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

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

COMMITTEE MEETING REPORT

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

LGBTQ 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 LGBTQ 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

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

COMMITTEE MEETING REPORT

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

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/2/2016 1:30:00PM

Location: 306 HOB

HB 1217 : Hair Restoration or Transplant

Favorable

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

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

COMMITTEE MEETING REPORT

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

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

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/2/2016 1:30:00PM

Location: 306 HOB

HB 1293 : Newborn Adrenoleukodystrophy Screening

Favorable With Committee Substitute

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

HB 1293 Amendments

Amendment 318407

Adopted Without Objection

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

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/2/2016 1:30:00PM

Location: 306 HOB

HB 1431 : Agency Relationships with Governmental Health Care Contractors

Favorable With Committee Substitute

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

HB 1431 Amendments

Amendment 443883

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

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

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

Bill Number: 1151
 Date Received: _____
 Date Reported: _____
 Subject: Parentage

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS	Strike All 003657							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Pigman, Chair								
✓		DuBose								
✓		Gaetz								
✓		Gonzalez								
✓		Jacobs								
✓		Miller								
✓		Narain								
✓		Plascencia								
✓		Rooney								
✓		Sprows								
✓		Stafford								
✓		Steube								
✓		Stevenson								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
10	0									

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

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

Bill Number: 1293
 Date Received: _____
 Date Reported: _____
 Subject: Newborn Adrenoleukodystroph
Screening

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS	Amendment 318407							
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
9	0									



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 591 Meeting Date: 2/2/16

Fill in appropriate information:
PCB/PCS/Amendment # or
Presentation/Workshop Topic: Amendment Barcode 152985

Committee/Subcommittee: Health Quality

Name: Ricardo Mejia MD

Title: Dermatologist

Address: 2101 US HWY ONE

City: Jupiter FL State/Zip: 33477

Phone Number: 4076875800

Representing: FLORIDA Dermatology Society

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 checked="" 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 591 Meeting Date: 2/2/16

Fill in appropriate information: Steube Amendment
PCB/PCS/Amendment # or
Presentation/Workshop Topic: Electrolysis regulation

Committee/Subcommittee: Health Quality Subcommittee

Name: Judy Adams

Title: Past President of Florida Electrolysis Society

Address: Past President of Society of Clinical & Medical Hair Removal
106 Osprey Lane

City: E. Palatka State/Zip: FL 32131

Phone Number: 904-461-0065

Representing: Electrolysis Florida Society

Registered Lobbyist: YES NO

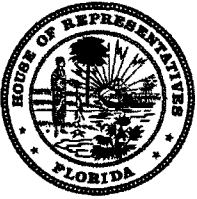
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

if the amendment passes.
amendment fails



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 591 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Amendment to HB 591

Committee/Subcommittee: Health Quality Subcommittee

Name: Larry Gonzalez

Title: Lobbyist

Address: 223 S. Goddard St.

City: Tallahassee State/Zip: FL

Phone Number: 850-570-6307

Representing: Florida Association of Electrologists & Fla. Society of Electrologists

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

Only if there are questions

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"/>	

*Only if the
state amendment passes*



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: 1151 Meeting Date: 2/2/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: PAREN tage

Committee/Subcommittee: _____

Name: JAMES Thompson

Title: _____

Address: 1439 SE 22 Street

City: Cape Coral State/Zip: FL 33990

Phone Number: 239-462-7991

Representing: _____

Registered Lobbyist: YES NO

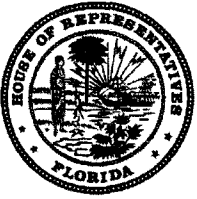
State Employee: YES NO

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 1151 Meeting Date: 2/2/16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: GUILLERMO GONZALEZ

Title: _____

Address: 1205 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

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-1151 Meeting Date: 2-3-2016

Fill in appropriate information:

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

Committee/Subcommittee: HEALTH QUALITY

Name: ~~STEPHENIE~~ STEPHENIE KING

Title: _____

Address: 5249 HIGH COLONY DR

City: TALLAHASSEE State/Zip: FL 32317

Phone Number: 904-656-7312

Representing: SELF

Registered Lobbyist: YES NO

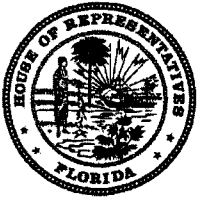
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input 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 1151 Meeting Date: 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 / LGBTQA Democratic Caucus

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 1151 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 NO

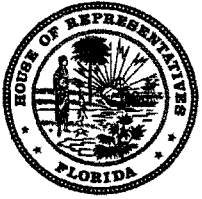
State Employee: YES NO

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: HB # 1157 Meeting Date: Feb 2

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Elizabeth Melanby

Title: Legislative Director

Address: 1851 Bayman Ave

City: W.P. State/Zip: 32708

Phone Number: 407 745 9341

Representing: LGSTA Democratic Caucus

Registered Lobbyist: YES NO

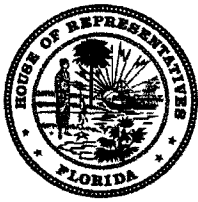
State Employee: YES NO

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: HB 1151 Meeting Date: 2/2/16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: ARLENE GOLDBERG

Title: EE

Address: 14545 DOLCE VISTA Rd. UNIT 102

City: Fort MYERS State/Zip: FL 33919

Phone Number: 239-898-6124

Representing: MYSELF

Registered Lobbyist: YES NO

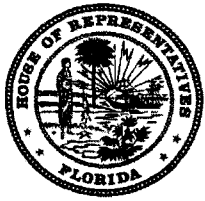
State Employee: YES NO

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: HB1151 Meeting Date: 2/2/2016

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Tony Lima

Title: Executive Director

Address: 4500 Biscayne Blvd

City: Miami State/Zip: _____

Phone Number: 786-246-6417

Representing: SAVE (safeguarding American values for everyone)

Registered Lobbyist: YES NO

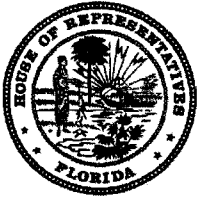
State Employee: YES NO

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 1151 Meeting Date: 2/2/2014

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: STEVE SCHLAIRET

Title: _____

Address: 868 CORBIN RD

City: CHIPLEY State/Zip: 32424

Phone Number: 850 - 326-1277

Representing: _____

Registered Lobbyist: YES NO

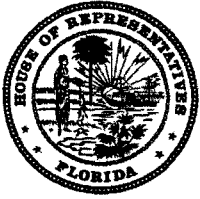
State Employee: YES NO

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"/>	

info



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 1151 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Quality Subcommittee

Name: Josephyn A. Dickman

Title: _____

Address: 26630 Players Circle Apt. 13

City: Lutz State/Zip: FL 33

Phone Number: 813-731-1689

Representing: Self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: HB 1151 Meeting Date: 2-2-2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Quality Sub

Name: Sally Phillips

Title: _____

Address: 7736 Jodi Lynn DR

City: Tampa State/Zip: 33615

Phone Number: 813-382-8172

Representing: Florida LGBT+ Dem. Caucus

Registered Lobbyist: YES NO

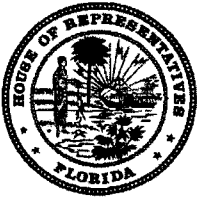
State Employee: YES NO

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"/>	

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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.

Type or Print Clearly

Bill Number: 481157/SB1542 Meeting Date: 1/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Parentage Support

Committee/Subcommittee: _____

Name: Scott Warr - DeSousa

Title: _____

Address: 518 Hatcher St SE

City: Palm Bay State/Zip: FL 32909

Phone Number: 321 506 0853

Representing: Self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

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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.

Type or Print Clearly

Bill Number: HB1151 / SB 1542 Meeting Date: Feb 2 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Parentage Support

Committee/Subcommittee: _____

Name: Daniel Wall-DeSousa

Title: MR.

Address: 518 Hatcher Street

City: Palm Bay State/Zip: FL 32909

Phone Number: 321.431.7744

Representing: SELF

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" 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: 1151 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Parentage

Committee/Subcommittee: Health Quality

Name: Bill Bunkley

Title: President

Address: PO Box 341644

City: Tampa State/Zip: FL 33694

Phone Number: (813) 264-2977

Representing: FL Ethics & Religious Liberty Commission

Registered Lobbyist: YES NO

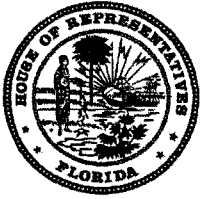
State Employee: YES NO

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"/>	

remove objection



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: 1251 Meeting Date: 2/1/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality

Name: JASON KING

Title: Legislative Affairs Manager

Address: 700 SE 3rd Ave. # 400

City: Ft. Lauderdale, State/Zip: FL 33316

Phone Number: 954-610-3064

Representing: AIDS Health care Foundation

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	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: 1151 Meeting Date: 2/2/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality

Name: Amber Kelly

Title: Legislative Affairs

Address: 4853 S Orange Ave

City: Orlando State/Zip: FL 32806

Phone Number: (407) 418-0250

Representing: FL Family Action

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"/>	

remove objection



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: HB 1151 Meeting Date: 2/2/16

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Ozzie Russ

Title: _____

Address: 867 Cobbin Rd.

City: Chipley State/Zip: Fl. 32428

Phone Number: (850) 326-1622

Representing: _____

Registered Lobbyist: YES NO

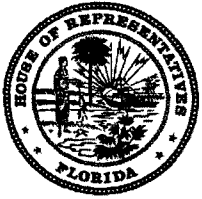
State Employee: YES NO

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"/>	

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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.

Type or Print Clearly

Bill Number: HB 1217 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Hair Transplantation - Unlicensed Practices

Committee/Subcommittee: Health Quality

Name: Paul T. Rose MD, JD

Title: Medical Director

Address: 4425 Ponce de Leon Blvd

City: Coral Gables State/Zip: Fla 33146

Phone Number: 305 - 448 - 9100

Representing: Florida Member ISHRS, Florida Practitioners

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1217 Meeting Date: 2/2/16

Fill in appropriate information:

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

Committee/Subcommittee: Health Quality

Name: Chris Noland

Title: _____

Address: 1000 Riverside Ave

City: Jax State/Zip: FL 32204

Phone Number: 904-233-3051

Representing: Florida Society of Plastic Surgeons

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: HB 1217 Meeting Date: 2-2-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Scope of Practice

Committee/Subcommittee: Health Quality

Name: Sharon Keene

Title: M.D.

Address: 3940 N Campbell Ave

City: TUCSON State/Zip: AZ 85719

Phone Number: 520-204-6850

Representing: Florida Members International Society of

Registered Lobbyist: YES NO

State Employee: YES NO

Heart Restoration Surgeons

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"/>	

into proponent



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: HB 1217 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Quality

Name: Ricardo Mejia MD

Title: Dermatologist

Address: 2101 US Hwy ONE

City: Jupiter State/Zip: FL 33477

Phone Number: 407-687-5800

Representing: Florida Dermatology Society

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: HB 1217 Meeting Date: 2/26/14

Fill in appropriate information:

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

Committee/Subcommittee: _____

Name: Ron Book

Title: _____

Address: 104 West Jefferson

City: T2H State/Zip: 32301

Phone Number: 850-224-3427

Representing: International Society for Hair Transplant Surgery

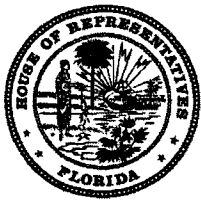
Registered Lobbyist: YES NO

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: 1431 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Quality

Name: Andy Bohman

Title: President/CEO

Address: 2340 Wanser Lane

City: Tallahassee State/Zip: _____

Phone Number: _____

Representing: Florida Association of Community Health Centers

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

Support

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