

Select Committee on Affordable Healthcare Access

Thursday, November 19, 2015 4:00 PM – 6:00 PM Morris Hall

Action Packet

Jose Oliva Chair

11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB)

Summary:

Select Committee on Affordable Healthcare Access

Thursday November 19, 2015 04:00 pm

| HB 37 | Favorable | Yeas: | 13 | Nays: | 1 |
|--------|-----------|-------|----|-------|---|
| HB 85 | Favorable | Yeas: | 10 | Nays: | 4 |
| HB 437 | Favorable | Yeas: | 10 | Nays: | 4 |

COMMITTEE MEETING REPORT Select Committee on Affordable Healthcare Access 11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB)

Attendance:

| | Present | Absent | Excused |
|--------------------|---------|--------|---------|
| Jose Oliva (Chair) | X | | |
| Jason Brodeur | X | | · · · · |
| Janet Cruz | | | x |
| Matt Gaetz | Х | | |
| James Grant | X | | |
| Matt Hudson | X | | |
| Evan Jenne | X | | |
| Mia Jones | X | | |
| MaryLynn Magar | X | | |
| Jared Moskowitz | X | | |
| Jeanette Nuñez | Х | | |
| Cary Pigman | Х | | |
| Paul Renner | х | | |
| Chris Sprowls | Х | | |
| Alan Williams | X | | |
| Totals: | 14 | 0 | 1 |

11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB) HB 37 : Direct Primary Care

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|--------------------|----------------|---------------|---------|-----------------|-----------------|
| Jason Brodeur | Х | | | | |
| Janet Cruz | | | X | | |
| Matt Gaetz | x | | | | |
| James Grant | X | | | | |
| Matt Hudson | Х | | | | |
| Evan Jenne | Х | | | | |
| Mia Jones | | X | | | |
| MaryLynn Magar | X | | | | |
| Jared Moskowitz | X | | | | |
| Jeanette Nuñez | X | | | | |
| Cary Pigman | X | | | | |
| Paul Renner | Х | | | | |
| Chris Sprowls | X | | | | |
| Alan Williams | X | | | | |
| Jose Oliva (Chair) | Х | | | | |
| | Total Yeas: 13 | Total Nays: 1 | L | | |

Appearances:

Nungesser, Tim (Lobbyist) - Proponent National Federation of Independent Business Legislative Director 110 E Jefferson St Tallahassee FL 32301 Phone: (850) 445-5367

Fause, Melissa (Lobbyist) - Waive In Support Americans for Prosperity Policy Analyst 200 W College Ave, Ste 113 Tallahassee Fl 32301 Phone: (850)408-1218

Thomas, Mary (Lobbyist) - Waive In Support Florida Medical Association and in support for American College of Physicians Assistant General Council 1430 Piedmont Dr. E Tallahassee FL 32308 Phone: (850)244-6496

11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB) HB 37 : Direct Primary Care (continued)

Appearances: (continued)

Lambert, Paul (Lobbyist) - Waive In Support Florida Chiropractic Association, Inc 263 Rosehill Drive North Tallahassee FL 32312 Phone: (850) 577-9028

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

| | Committee/Subcommittee: Select Cmte on Affordable Bill Number: Affordable Healthcare Access Date Received: Meeting Date: Monde Halt Date Reported: Place: Monde Halt Date Reported: Time: 4:00 g fri- Subject: Monde Halt Committee/Subcommittee Action: Example Retained for Reconsideration Favorable amendments Reconsidered Favorable w/amendments Temporarily Postponed Other Action: Unfavorable | | | | | | | | | |
|--------------|--|--------------|------|------|----------|------|------|------|------|------|
| | Vote Bill | MEMBERS | | | | | | | | |
| Yea | Nay | WIEWIDERS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| - | | Brodeur | | | | | | | | |
| | | Cruz | | | | | | | | |
| | | Gaetz | | | | | | | | |
| V | / | Grant | | | | | | | | |
| | / | Hudson | | | <u>.</u> | | | | | |
| \checkmark | | Jenne | | | | | | | | |
| | - 1 | Jones | | | | | | | | |
| _i | / | Magar | | | | | | | | |
| | | Moskowitz | | | | | | | | |
| | | Nunez | | | | | | | | |
| _i⁄ | | Pigman | | | | | | | | |
| i/ | | Renner | | | | | | | | |
| i/ | | Sprowls | | | | | | | | |
| | / | Williams | | | | | | | | |
| V | | Oliva, Chair | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | · |
| | | | | | | | | | | |
| | | · · · · | | | | | | : | | |
| | | | | | | | | | | |
| | | | | | | - | | | | |
| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |

11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB)

-

HB 85 : Recovery Care Services

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|--------------------|----------------|---------------|---------|-----------------|-----------------|
| Jason Brodeur | Х | | | | |
| Janet Cruz | | | Х | | |
| Matt Gaetz | X | | | | |
| James Grant | Х | | | | |
| Matt Hudson | Х | | | | |
| Evan Jenne | | Х | | | |
| Mia Jones | | Х | | | |
| MaryLynn Magar | Х | | | | |
| Jared Moskowitz | | Х | | | |
| Jeanette Nuñez | Х | | | | |
| Cary Pigman | Х | | | | |
| Paul Renner | X | | | | |
| Chris Sprowls | X | | | | |
| Alan Williams | | Х | | | |
| Jose Oliva (Chair) | X | | | | |
| | Total Yeas: 10 | Total Nays: 4 | 1 | | |

Appearances:

Ecenia, Steve (Lobbyist) - Waive In Opposition HCA PO Box 551 Tallahassee FL 32301 Phone: (850) 681-6788

Large, Toni (Lobbyist) - Waive In Support Florida Orthopaedic Society 519 E. Park Ave Tallahassee FL 32308 Phone: (850) 556-1461

Fause, Melissa (Lobbyist) - Waive In Support Americans for Prosperity Policy Analyst 200 W College Ave, Ste 113 Tallahassee Fl 32301 Phone: (850)408-1218

Madewell, Michael - Proponent Panama City Surgery Center Administrator 1800 Jenks Ave Panama City FL 32405 Phone: (850) 769-3191

COMMITTEE MEETING REPORT

Select Committee on Affordable Healthcare Access

11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB) HB 85 : Recovery Care Services (continued)

Appearances: (continued)

Martin, Angela - Proponent Alliance Surgery Center Administrator 917 Rinehart Road Lake Mary FL 32746 Phone: (770) 361-9482

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

| | Committee/Subcommittee: Select Cmte on Bill Number: Affordable Healthcare Access Healthcare Access Meeting Date: HIII915 Date Received: Place: Momm Holl Date Reported: Time: HIIO Subject: Favorable Retained for Reconsideration Favorable w/ amendments Reconsidered Favorable w/Committee/Subcommittee Substitute Temporarily Postponed Other Action: Unfavorable | | | | | | | | | |
|-----------|---|---------------------------------------|-------|----------|------|-------|---------------------------------------|-------|------|------|
| 1 | Vote | | | | | | | | | |
| On Yea | Bill Nay | MEMBERS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| - Tea | | Brodeur | 1 cas | 1 ays | Icas | 11495 | Teas | 11495 | Teas | |
| | | Cruz | | | | | | 1 | | |
| V | [| Gaetz | | | | | | | | |
| 1 | | Grant | | <u> </u> | | | | | | |
| V | [| Hudson | | | | | | | | |
| • | 1 | Jenne | | 1 | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | Jones | | | | | | | | |
| | | Magar | | | | | | | | |
| | i | Moskowitz | | | | | | | | |
| | | Nunez | | | | | | | | |
| V | | Pigman | | | | | | | | |
| | | Renner | | | | | | | | |
| i/ | | Sprowls | | | | | | | | |
| . / | V | Williams | | | | | | | | |
| V | | Oliva, Chair | | | | | | | | |
| | | | | | | | | | | ···· |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| ···· | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | ·· | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |

11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB) HB 437 : Certificates of Need for Hospitals

| X Favorable | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|--------------------|----------------|---------------|---------|-----------------|-----------------|
| Jason Brodeur | X | | | | |
| Janet Cruz | | | X | | |
| Matt Gaetz | X | | | | |
| James Grant | X | | | | |
| Matt Hudson | X | | | | |
| Evan Jenne | | Х | | | |
| Mia Jones | | Х | | | |
| MaryLynn Magar | X | | | | |
| Jared Moskowitz | | Х | | | |
| Jeanette Nuñez | X | | | | |
| Cary Pigman | Х | | | | |
| Paul Renner | X | | | | |
| Chris Sprowls | X | | | | |
| Alan Williams | | Х | | | |
| Jose Oliva (Chair) | X | | | | |
| | Total Yeas: 10 | Total Nays: 4 | ŀ | | |

Appearances:

Delegal, Mark (Lobbyist) - Opponent Safety Net Hospital Alliance of Florida General Council 315 S. Calhoun St. #600 Tallahassee FL 32301 Phone: (850) 224-7000 Ecenia, Steve (Lobbyist) - Proponent HCA Attorney PO Box 551 Tallahassee FL 32302 Phone: (850) 681-6788 Oeters, Phillis - Information Only Baptist Health South Florida

Baptist Health South Florida Corporate Vice President for Government & Community Relations 6855 Red Road, #600 Coral Gables Fl 33143 Phone: (305) 205-2457

11/19/2015 4:00:00PM

Location: Morris Hall (17 HOB) HB 437 : Certificates of Need for Hospitals (continued)

Appearances: (continued)

Fause, Melissa (Lobbyist) - Waive In Support Americans for Prosperity Policy Analyst 200 W College Ave, Ste 113 Tallahassee Fl 32301 Phone: (850) 408-1218

House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

| | Committee/Subcommittee: Select Cmte on Affordable Bill Number: Affordable Healthcare Access Date Received: Meeting Date: 11/19/15 Date Received: Place: 1000000000000000000000000000000000000 | | | | | | | | | |
|---|---|--------------|----------|-------|------------|--------|------|------|-------|------|
| | Vote | | | | | | | | | |
| On Yea | Bill Nay | MEMBERS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 1 Ca | Hay | Brodeur | Teas | TTays | 1 Cas | Itays | ICas | Tays | 1 Cas | Tays |
| ~ | | Cruz | | | | ······ | | | | |
| | | Gaetz | | | | | | | | |
| | | Grant | | + | | | | | | |
| | | Hudson | | | | | | | | |
| <u>ŀ</u> | V | Jenne | | | | | | | | |
| | - 1/ | Jones | | | | | | | | |
| 1 | | Magar | | | | | | | | |
| | I | Moskowitz | | | | | | | | |
| i | | Nunez | | | | | | | | |
| | | Pigman | | | | | | | | |
| 1 | | Renner | | | | | | | | |
| î | | Sprowls | | | | | | | | |
| | | Williams | | | | | | | | |
| | | Oliva, Chair | | | | | | | | |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | | | | | | | |
| | | | _ | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | ! | |
| <u>.</u> . | | | . | | N 7 | | × 7 | | | |
| Yeas | Nays Ll | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |

7





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: 37 Meeting Date: 11/19/2015 |
|---|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: <u>Pelating to Dired Primany (ame</u> Committee/Subcommittee: <u>Select Committee on Affordable Heatthrane Access</u> |
| Name: <u>Mulissa Fause</u> |
| Title: Policy Analyst |
| Address: 200 W. College Ave, Stell3 |
| City: <u>Talla Viassee</u> State/Zip: <u>FL/32301</u> |
| Phone Number: 850.408.1218 |
| Representing: Aruericans for Prosperity |
| Registered Lobbyist: YES V NO State Employee: YES NO V |
| |
| |
| I Wish To Speak: YES VNO Bill Amendment Proponent Opponent Opponent Opponent |
| I Have Been Requested to Speak: YES NO V 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: $\underline{HB37}$ Meeting Date: $\underline{II/I8/I5}$ |
|---|
| <i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic: |
| Committee/Subcommittee: |
| Name: PAUL LAMBERT |
| Title: |
| Address: 263 Rosehill Drive North |
| City: <u>TAllahassee</u> State/Zip: <u>F1 32312</u> |
| Phone Number: 850 577-9028 |
| Representing: Florida Chiropractic Asso. |
| 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 |
| |



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: $AB37$ Meeting Date: $11/19/15$ |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Direct Primary Care |
| Committee/Subcommittee: Select Committee on Albardeble Healthcare Access |
| Name: Tim Nungesser (Nun-Guess-Er) |
| Title: Legislative Director |
| Address: 110 E. Jeffeson St. |
| City: Tallahassee State/Zip: FL 32301 |
| Phone Number: <u>850-446-536</u> |
| Representing: NFIB - National Federation of Independent Busines |
| Registered Lobbyist: YES NO State Employee: YES NO |
| |
| |
| I Wish To Speak: YES X NO Bill Amendment |
| I Have Been Requested to Speak: YES NO X NO X Info Only Proponent 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. 0

| Bill Number: 37 Meeting Date: 111915 | |
|--|---|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: | |
| Committee/Subcommittee: | |
| Name: Mary Thomas | - |
| ritle: Assistant General Counsel | |
| Address: 1430 PirdMont Dr. E | |
| City: Tallahassee State/Zip: FL 132308 | |
| Phone Number: 850 224 6496 | |
| Representing: Florida Medical Association | |
| Registered Lobbyist: YES NO State Employee: YES NO | |
| | |
| Wish To Speak: YES NOV Bill Amendment |] |
| Have Been Requested to Speak: YES NO Proponent Opponent Proponent Opponent Opponent 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.

| Bill Number: <u>\$5</u> Meeting Date: <u>NOV 19 15</u> |
|---|
| Fill in appropriate information:PCB/PCS/Amendment # orPresentation/Workshop Topic: |
| Committee/Subcommittee: Select Committee on Affordable Healthcare |
| Name: Joni Large RESS |
| Title: |
| Address: 650 ADame 519 E. Park Ave. |
| City: <u>Tallahassee</u> State/Zip: <u>FL 32308</u> |
| Phone Number: (950)556-1461 |
| Representing: Florida Orthopedic Society |
| Registered Lobbyist: YES NO State Employee: YES NO |
| WAIVE M Support I Wish To Speak: YES NO Bill Amendment |
| I wish to speak. I ES NO International Attraction Attrac |
| I Have Been Requested to Speak: YES NO Info Only Info Only 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.

| Bill Number: HB 85 Meeting Date: 11/19/15 |
|--|
| <i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic: |
| Committee/Subcommittee: Affordable Healthcave Access |
| Name: Steve Ecenia |
| Title: |
| Address: P.O. Box 551 |
| City: Tallahassee State/Zip: Fl 32301 |
| Phone Number: $(850) 681 - 6788$ |
| Representing: HCA |
| Registered Lobbyist: YES NO State Employee: YES NO |
| |
| (|
| I Wish To Speak: YES V NO Bill / Amendment |
| I Have Been Requested to Speak: YES NO Proponent Opponent Proponent Opponent Opponent 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.

| Bill Number: <u>HB 85</u> Meeting Date: <u>11/19/2015</u> |
|---|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: <u>Relating to Recovery Care Services</u> Committee/Subcommittee: <u>Select Committee on Afferdable Healthcare Access</u> |
| Committee/Subcommittee: Select Committee on Afferdable Heatthcare Acess |
| Name: Ullissa Fause |
| Title: Policy Analyst |
| Address: 200 W. College Ave, Ste. 113 |
| City: Tallahassee State/Zip: FL/32308 |
| Phone Number: 850.408.1218 |
| Representing: Americans for Prosperity |
| 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 entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number:

Meeting Date: // - 19 - 70

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

| Committee/Subcommittee: |
|--|
| Name: Michael Madewell |
| Title: Administrator |
| Address: 1800 Jenks Hue |
| City: Pamama City State/Zip: FL 32405 |
| Phone Number: |
| Representing: Dancma City, Surgery Center |
| 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: <u>HB 85</u> Meeting Date: <u>11/19/2015</u> |
|---|
| <i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic: |
| Committee/Subcommittee: |
| Name: Angela Martin |
| Title: Administrator ASC |
| Address: 917 Rinehart Road |
| City: Lake Mary State/Zip: FL 32746 |
| Phone Number: 770 341 9482 |
| Representing: Alliance Surgery Center |
| Registered Lobbyist: YES NO State Employee: YES NO |
| |
| I Wish To Speak: YES NO NO Bill Amendment Proponent Opponent Opponent Opponent Opponent Opponent |
| 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: <u>HB437</u> Meeting Date: <u>Nou 19, 2015</u> |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Certificg fes ANeed |
| Committee/Subcommittee: Affordable Healthcare Acces |
| Name: Mark Delegal |
| Title: General Counsel |
| Address: 315 S. Kalhoun St. #600 |
| City: Tallahassee State/Zip: FL32301 |
| Phone Number:850-224-7000 |
| Representing: Safety Net Hospital Alliance of Florida |
| 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 |



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>437</u> Meeting Date: <u>11/19/15</u> |
|--|
| <i>Fill in appropriate information:</i> PCB/PCS/Amendment # or Presentation/Workshop Topic: |
| Committee/Subcommittee: Affordable HealthCave Acess |
| Name: Steve Ecenia |
| Title: attorney |
| Address: P.O. Box 551 |
| City: Tallamasser State/Zip: Fl 32302 |
| Phone Number: $(850) 681 - 6788$ |
| Representing: HCA |
| Registered Lobbyist: YES NO State Employee: YES NO |
| |
| |
| I Wish To Speak: YES V NO Bill Amendment |
| I Have Been Requested to Speak: YES NO Proponent Opponent Proponent Opponent Opponent 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.

| Bill Number: <u>437</u> Meeting Date: <u>11/19</u> |
|---|
| Fill in appropriate information:PCB/PCS/Amendment # orPresentation/Workshop Topic:C. O.N. |
| Committee/Subcommittee: <u>Select on Affordable Healtz can</u> |
| Name: Phillips Oeters |
| Title: |
| Address: <u>6855 Red Road</u> , #600 |
| City: Corol Dalles State/Zip: <u>71 33143</u> |
| Phone Number: <u>305-205-2457</u> |
| Representing: Baptist Heath South Floude |
| Registered Lobbyist: YES NOL |
| |
| I Wish To Speak: YES NO Bill Amendment |
| I Have Been Requested to Speak: YES NO X 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.

| Bill Number: <u>H13437</u> Meeting Date: <u>11/19/2015</u> |
|--|
| Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic: Feldtiona to Certificates 4 Need for Hospitals |
| Presentation/Workshop Topic: <u>Felations & Certificates Alled for Hospitals</u> Committee/Subcommittee: <u>Select Committee of Aller Aller Health care Access</u> |
| Name: Melissa Facse |
| Title: Policy Analyst |
| Address: 200 W. College Ave, Ste.113 |
| City: Tallahassee State/Zip: FL/32301 |
| Phone Number: <u>850.408.1218</u> |
| Representing: Anuericans for Prosperity |
| 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 Opponent Oppon |