

Health Care Appropriations Subcommittee

Wednesday, December 06, 2017 10:30 A.M. - 12:30 P.M. Sumner Hall (404 HOB)

ACTION PACKET

Health Care Appropriations Subcommittee 12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

Summary:

Health Care Appropriations Subcommittee

Wednesday December 06, 2017 10:30 am

| HB 2085 | Favorable | Yeas: | 13 | Nays: | 0 |
|---------|-----------|-------|----|-------|---|
| HB 2113 | Favorable | Yeas: | 13 | Nays: | 0 |
| HB 2127 | Favorable | Yeas: | 11 | Nays: | 0 |
| HB 2139 | Favorable | Yeas: | 11 | Nays: | 0 |
| HB 2213 | Favorable | Yeas: | 11 | Nays: | 0 |
| HB 2219 | Favorable | Yeas: | 13 | Nays: | 0 |
| HB 2251 | Favorable | Yeas: | 13 | Nays: | 0 |
| нв 2293 | Favorable | Yeas: | 13 | Nays: | 0 |
| нв 2309 | Favorable | Yeas: | 12 | Nays: | 0 |
| HB 2313 | Favorable | Yeas: | 11 | Nays: | 0 |
| HB 2345 | Favorable | Yeas: | 12 | Nays: | 0 |
| HB 2353 | Favorable | Yeas: | 12 | Nays: | 0 |
| НВ 2435 | Favorable | Yeas: | 11 | Nays: | 0 |
| HB 2479 | Favorable | Yeas: | 11 | Nays: | 0 |
| нв 2565 | Favorable | Yeas: | 13 | Nays: | 0 |
| HB 2567 | Favorable | Yeas: | 11 | Nays: | 0 |
| HB 2799 | Favorable | Yeas: | 12 | Nays: | 0 |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

Attendance:

| | Present | Absent | Excused |
|-----------------------|---------|--------|---------|
| Jason Brodeur (Chair) | X | | |
| Daniel Burgess, Jr. | | | Х |
| Colleen Burton | X | | |
| Nicholas Duran | X | | |
| Erin Grall | X | | |
| James Grant | X | | |
| Gayle Harrell | x | | |
| Shevrin Jones | X | | |
| MaryLynn Magar | X | | |
| Amy Mercado | X | | |
| Cary Pigman | X | | |
| David Richardson | X | | |
| Cyndi Stevenson | X | | |
| Frank White | X | | |
| Totals: | 13 | 0 | 1 |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2085: The Drug Abuse Comprehensive Coordinating Office - Zero Exposure Newborn Program

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | X | | |
| Colleen Burton | X | | · · | | |
| Nicholas Duran | X | | | | |
| Erin Grall | X | | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | X | | | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 13 | Total Nays: 0 |) - | | |

Appearances:

Fontaine, Mark (Lobbyist) - Waive In Support
Florida Behavioral Health Association

Florida Alcohol & Drug Abuse Assn 2868-1 Mahan Dr

Tallahassee FL

Phone: (850) 878-2196

Print Date: 12/6/2017 5:50 pm Leagis ® Page 3 of 20







☑ Bill **□** Amendment



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

| | | | HB 2085 : The Drug Abuse Coordinating Office - Zero orn Program | | | | |
|------------------------------|--|----------------------------|---|--|--|--|--|
| Nama | Fontaine, Mark | Amendment: N | N/A | | | | |
| Name: | rontaine, wark | | | | | | |
| Representing: | g: Florida Behavioral Health Association | | | | | | |
| Title: | | | | | | | |
| Address: | Florida Alcohol & Drug | Abuse Assn, 2868-1 Mahan l | Dr | | | | |
| City: | Tallahassee | State/Zip: | FL | | | | |
| Phone Number: (850) 878-2196 | | Meeting Date: | December 06, 2017 10:30 AM | | | | |
| Committee/Sub | committee: Health | Care Appropriations Subcom | mittee | | | | |
| Presentation/Wo | orkshop Topic: N/A | | | | | | |
| | | | | | | | |
| ☑ Registered Le | obbyist | | Bill | | | | |
| ☐ State Employ | • | | Waive In Support | | | | |
| ☐ I Wish To Sp | eak | | Amendment | | | | |
| Appearing in | Appearing in response to subpoena N/A | | | | | | |
| | Appearing in response to an inquiry for information made by member, committee or staff | | | | | | |
| — · · · | the written request of | • | | | | | |
| — | ted officer appearing i | • • | | | | | |
| Loodyist App | pearance Form Submit | lea | | | | | |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2113 : Family First/All Pro Dad Adoption Promotion Services

Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | X | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | X | | | | |
| Erin Grall | X | | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | X | | | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 13 | Total Nays: (|) | | |

Appearances:

Morgan, Jonathan - Waive In Support Family First / All Pro Dad Partners Services Manager 5509 W. Gray St. Ste. 100 Tampa Florida 33609

Phone: 813-222-8300

Print Date: 12/6/2017 5:50 pm Leagis ® Page 4 of 20



W/S

Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

| | Bill/PCS/PCB Number: HB 2113 |
|---|---------------------------------------|
| | Amendment Number: |
| | Amendment Number. |
| Name: Jonathan Morgan | |
| Representing: Family First M Pro | Dad |
| Title: Partner Services Manage | w · |
| Address: 5509 W Caray St. Ste | 2 (00) |
| City: Tampa | State/Zip: FL 332009 |
| Phone Number: (813) 222 - 8300 | Meeting Date: 12/6/17 |
| Committee/Subcommittee: Healthcare D | ppropriations subcommittee |
| Presentation/Workshop Topic: Family First | / All Pro Dad Adoption Promotion Suc: |
| Registered Lobbyist: YES | □ NO □ |
| State Employee: YES | □ NO ∑ |
| I wish to speak Waive in Support Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacity Lobbyist Appearance form submitted online | |
| (If you are testifying on an amendment, please also indicate your | |
| Bill: Proponent Opponent | Info only |
| Amendment: Proponent Opponent | I Info only I |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2127 : Clay Behavioral Health-Crisis Prevention Team

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | Х | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | | | Х | | |
| Erin Grall | X | | | | |
| James Grant | X | | | • | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | • | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | | | Х | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 11 | Total Nays: 0 |) | | |

Appearances:

Messer, Shane (Lobbyist) - Waive In Opposition 316 E Park Ave Tallahassee FL

Phone: (850) 224-6048

Irene ToTo (General Public) - Waive In Support Clay Behavioral Health Center 1726 Kingsley Avenue Middle Burg FL 32073

Phone: 904-278-56 44







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

| | \checkmark | Bill \square Amendment |
|---|--------------------------------|--|
| | Bill Number Health-Crisis | HB 2127 : Clay Behavioral Prevention Team |
| | Amendment: | N/A |
| Name: Messer, Shane | | , |
| Representing: +701 da C | ouncil for t | Benavioral Health |
| Title: 1991 Slative Address: 316 E Park Ave | Affairs Dire | ctor |
| City: Tallahassee | State/Zip: | FL |
| Phone Number: (850) 224-6048 | Meeting Date: | December 06, 2017 10:30 AM |
| Committee/Subcommittee: Hea | Ith Care Appropriations Subco | mmittee |
| Presentation/Workshop Topic: com | munity mental health special p | roject |
| | 1. miv | <u></u> |
| ☑ Registered Lobbyist | Mari | Bill |
| State Employee | 170 | Proponent |
| I Wish To Speak | SPP | Amendment |
| Appearing in response to subpoe | | N/A |
| Appearing in response to an inqu | • | member, committee or staff |
| Appearing at the written request | | |
| U Judge or elected officer appearing | | |
| ☐ Lobbyist Appearance Form Subi | nitted | |



W/S

Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

| | | | | | Bill /PCB Numb | ber: <u> </u> | mendment | - |
|-----------|---|---|------------------------------|---------------|----------------|---------------------------------|-------------------|-------------|
| Name: | <u>IREN</u> | re To | 70 | | | | | |
| | • | Ay BEI | | RAL | HeA | LTH | CAN | TER |
| | e: 1+B | ` | | | | | | |
| | | & Kings | ley A | برو | | | • • • | |
| | | leburg | - | | State/Zip: | FL | 320 | — 27ろ |
| | | 04 278 | 5644 | | | | | • |
| | | mittee: Hea | | | _ | _ | _ | |
| | | hop Topic:C | - | | | | healt | h _ |
| | · | | obbyist: YES | | | | Specia | proje |
| | | _ | yee: YES | | | | | |
| | Appearing in resp Appearing at the Judge or elected | oonse to an inquiry for oonse to subpoena written request of the officer appearing in conce form submitted | ne chair official capacit | | ember, comi | mittee, or s | taff | , |
| (If you a | are testifying on an a | amendment, please also | o indicate your | position as a | proponent or | opponent o | n the bill as a w | /hole.) |
| | Bill: | Proponent V | Opponent | | Info only [| | | |
| | Amendment: | Proponent | Opponent | | Info only | | | |

Health Care Appropriations Subcommittee 12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2139: Auditory Oral Early Intervention Project for Children with Hearing Loss Ages Birth

Through Two

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | X | | |
| Colleen Burton | X | | | • | |
| Nicholas Duran | | | Х | | |
| Erin Grall | X | | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | | | X | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 11 | Total Nays: 0 |) | | |

Appearances:

Snow, Chris (Lobbyist) - Waive In Support FLASHA 2568 Centerville Court Tallahassee Fl 32308

Phone: (850) 556-0203

Brannan, Robert (General Public) - Waive In Support Florida Coalition for Spoken Language Options 10654 Hillside Dr.

Macclenny FL 32063 Phone: 904-509-6125

Kuntawala, Shreya (Lobbyist) - Waive In Support

University of Miami

6200 San Amaro Dr Suite 330, Newman Alumni Center

Coral Gables FL 33146 Phone: (305) 284-4085

Bulger, Theresa (Lobbyist) - Waive In Support

Florida Coalition for Spoken Language Choices, The

1700 N. Monroe St. Suite #11 Box #182

Tallahassee FI 32303 Phone: (904) 880-9063





Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.

| | Bill Amendment |
|--|--|
| | Bill/PCS/PCB Number: 2139 |
| | Amendment Number: |
| Name: Chris Snow | (7 0 13 11 1) |
| Representing: <u>Florida Speech Languag</u> | e-Pathologists a Audiologists Associa |
| Title: Registered Lobbyist | |
| Address: 2568 Conterville Con | vŤ |
| city: Tallalassee | State/Zip: Florida 32308 |
| Phone Number: 850-556-0203 | Meeting Date: 12 (6/17 |
| Committee/Subcommittee: Health Ca | re Appr. |
| Presentation/Workshop Topic: And fary | project |
| Registered Lobbyist: YES | No □ |
| State Employee: YES | □ NO □ |
| Waive in Support | |
| Appearing in response to an inquiry for information | made by member, committee, or staff |
| Appearing in response to subpoena | |
| Appearing at the written request of the chair | |
| Judge or elected officer appearing in official capacit | у |
| Lobbyist Appearance form submitted online | |
| If you are testifying on an amendment, please also indicate your | position as a proponent or opponent on the bill as a whole.) |
| Bill: Proponent Opponent | Info only |
| Amendment: Proponent Opponent | Info only |





Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

| | Bill Amendment Bill/PCS/PCB Number: # 2/39 | | | | |
|---|--|--|--|--|--|
| | Amendment Number: | | | | |
| Name: Chase Brannan | | | | | |
| Representing: Horida Coalition fo | r Spotten Language Options | | | | |
| Title: Mr. | | | | | |
| Address: 10654 Hillside Dr. | | | | | |
| City: Macclenny | State/Zip: <i>FL 32063</i> | | | | |
| Phone Number: 904-509-6125 | Meeting Date: 12-06-17 | | | | |
| Committee/Subcommittee: Health Care | - Appropriations Sub | | | | |
| Presentation/Workshop Topic: Auditory Vra | Tary Intervention for Children with | | | | |
| Registered Lobbyist: YES | NO NO NO Cum | | | | |
| State Employee: YES | □ NO □ | | | | |
| X | | | | | |
| | | | | | |
| Appearing in response to an inquiry for information | made by member, committee, or staff | | | | |
| Appearing in response to subpoena | | | | | |
| Appearing at the written request of the chair | | | | | |
| Judge or elected officer appearing in official capacity | | | | | |
| Lobbyist Appearance form submitted online | | | | | |
| (If you are testifying on an amendment, please also indicate your | position as a proponent or opponent on the bill as a whole.) | | | | |
| Bill: Proponent 🔀 Opponent | Info only | | | | |
| Amendment: Proponent Opponent | Info only | | | | |





Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.

| | Λ, ,, | | port / | | Bill | |
|--|-----------------------|----------------|--------------|---------------|---------------|----------------------------|
| Name: | Shreya Ku | ntawala | _ | | | |
| Represe | enting: Wive | isity of Miam | ii - De | bbic S | shoe l | |
| | | | | | | |
| Addr | ress: <u>220</u> 0 Sa | an Amaro I |)rive | | | |
| City: | Coral Ga | ibles | | | State/Zip: | |
| Phor | ne Number: <u>50</u> | 5-301-7011 | 0 | | Meeting Date: | |
| Com | mittee/Subcomr | nittee: HHS Ap | proPS | | · | |
| | | nop Topic: | · • | | | |
| | | Registered Lo | obbyist: YES | NO NO | D [| |
| | | State Employ | ree: YES | □ N | | |
| I wish to speak Appearing in response to an inquiry for information made by member, committee, or staff Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacity ✓ Lobbyist Appearance form submitted online | | | | | | |
| ت | | sasimica | | | | |
| | | | | position as a | | t on the bill as a whole.) |
| | Bill: | Proponent 🗸 | Opponent | | Info only | |
| | Amendment: | Proponent | Opponent | | Info only | |



0/5

Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

| | Bill Amendment Bill/PCS/PCB Number: |
|---|--|
| Name Thebeca Dlan | |
| Name: ThekssA Bulgen Representing: +1. Coalition for Spoken LA 1) FUAA Title: | ngua ge Options DSERtonp B) Clare |
| Address: 1700 N. Monroe St. | So; /s #11 Box #182 |
| City: TAll shasses | State/Zip: <u>F 32303</u> |
| Phone Number: (904) 880 9063 | Meeting Date: 12/6/ |
| Committee/Subcommittee: HEAT CARE Presentation/Workshop Topic: And FOR U | |
| Registered Lobbyist: YES | $\mathcal U$ |
| | |
| State Employee: YES WAIVE IN SO PPORT I wish to speak | NO [X] |
| Appearing in response to an inquiry for information | n made by member, committee, or staff |
| Appearing in response to subpoena | |
| Appearing at the written request of the chair Judge or elected officer appearing in official capacit | · ·V |
| Lobbyist Appearance form submitted online | ·, |
| (If you are testifying on an amendment, places also indicate your | nosition as a propoport or oppoport on the bill as a whole \ |
| (If you are testifying on an amendment, please also indicate your Bill: Proponent | Info only |
| Amendment: Proponent Opponent | Info only |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2213: Five Star Veterans Center Homeless Housing and Re-integration Project

Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | X | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | | | X | | |
| Erin Grall | X | | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | | | Х | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 11 | Total Nays: 0 |) | | |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2219 : Doctors Memorial Hospital - Substance Abuse Treatment Services

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | Х | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | X | * * | | | |
| Erin Grall | X | | | · | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | _ |
| David Richardson | X | | | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 13 | Total Nays: 0 |) | | |

Appearances:

Baker, JoAnn (General Public) - Waive In Support Doctor's Memorial Hospital, Bonifay Administrator 2600 Hospital Drive Bonifay FL 32425

Phone: 850-547-8001

Print Date: 12/6/2017 5:50 pm Leagis ® Page 8 of 20



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

| | Bill Amendment Bill/PCS/PCB Number: | | | | |
|---|--|--|--|--|--|
| Name: JOANN BOKET | | | | | |
| Representing: DOCTORS MEMOR | ial Hospital, Bonifay | | | | |
| Title: Administrator | | | | | |
| Address: 2600 Hospital | Drive | | | | |
| city: Bonifay | State/Zip: FL / 32425 | | | | |
| Phone Number: (850) 547-8001 | Meeting Date: $\frac{12/6/17}{}$ | | | | |
| Committee/Subcommittee: Health Care | Appropriation Subcommittee | | | | |
| Presentation/Workshop Topic: | | | | | |
| Registered Lobbyist: YES | S NO | | | | |
| State Employee: YES | NO NO | | | | |
| I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena | n made by member, committee, or staff | | | | |
| Appearing at the written request of the chair | | | | | |
| Judge or elected officer appearing in official capaci | ty | | | | |
| Lobbyist Appearance form submitted online | | | | | |
| (If you are testifying on an amendment, please also indicate you | position as a proponent or opponent on the bill as a whole.) | | | | |
| Bill: Proponent Opponent | Info only | | | | |
| Amendment: Proponent Opponent | Info only | | | | |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2251: Children's Community Action Team - Halifax Health-Volusia/Flagler

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | *** | Х | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | X | | | | |
| Erin Grall | X | | | • | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | X | | | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 13 | Total Nays: 0 |) | | |

Appearances:

McGhee, Sr., Darrick (Lobbyist) - Waive In Support

Halifax Health Po Box 10805 Tallahassee FL

Phone: (850) 224-1900









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

| _ | | V | ☑ Bill ☐ Amendment | | | |
|--|--------------------------|---------------------------|--|--|--|--|
| | | | : HB 2251 : Children's ction Team - Halifax Health- er | | | |
| | | Amendment: | N/A | | | |
| Name: | McGhee, Sr., Darrick | | | | | |
| Representing: | Halifax Health | | | | | |
| Title: | President, Joh | nam + Qlunton, | LLC. | | | |
| Address: | Po Box 10805 | | | | | |
| City: | Tallahassee | State/Zip: | FL | | | |
| Phone Number: | (850) 224-1900 | Meeting Date: | December 06, 2017 10:30 AM | | | |
| Committee/Sub | committee: Health (| Care Appropriations Subco | mmittee | | | |
| Presentation/Wo | orkshop Topic: N/A | | | | | |
| | | | | | | |
| ✓ Registered Le | obbyist | | Bill | | | |
| ☐ State Employ | · · | | Proponent | | | |
| ☑ I Wish To Sp | eak | | Amendment | | | |
| Appearing in | response to subpoena | | N/A | | | |
| Appearing in | response to an inquiry | for information made by | member, committee or staff | | | |
| Appearing at | the written request of t | he chair | | | | |
| _ | ted officer appearing in | • • | | | | |
| Lobbyist App App Lobbyist App Lobby | pearance Form Submitte | ed | | | | |





Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.

| | . M - 1 | 1 - 12 | | | Bill EB Number: | Amendment 2293 | - |
|-----------------|---|---|------------------------------|--------------------|---|--------------------------|----------|
| Name: Repres | enting: | alle KU DRTH-SIDE | ng Men | ital H | ealth | 7 | _ |
| Title Add | :: <u>VP</u> ress: <u>335</u> | W Brand | on Blu | d 640 |) | | |
| City | :_Bar | den | | Sta | <u>ئے </u> | 33511 | |
| | | 81 <i>3 92Y 82,</i> mittee: <u>H</u> C | 18 Apr. | Me | eeting Date | • | |
| | sentation/Works | | <i></i> | U | | | <u> </u> |
| | | Registered Lo | | | | | |
| | Appearing in resp Appearing at the Judge or elected | oonse to an inquiry for oonse to subpoena written request of th officer appearing in c nce form submitted | ne chair official capacit | · | oer, committ | ee, or staff | |
| (If you a | re testifying on an a | mendment, please also | o indicate your | position as a prop | oonent or opp | onent on the bill as a w | hole.) |
| | Bill: | Proponent Proponent | Opponent | | o only | | |
| | Amendment: | Proponent | Opponent | L_I Inf | o only | | |



84554351





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

| | | \checkmark | Bill 🗌 Amendment |
|-----------------|----------------------|--------------------------------|---|
| | | | HB 2293 : Northside Mental - Crisis Stabilization Unit |
| | | Amendment: | N/A |
| Name: | Messer, Shane | | |
| Representing: | Florida Council for | Behavioral Healthcare | |
| Title: | Islatine of | Shairs direc | ton |
| Address: | 316 E Park Ave | | |
| City: | Tallahassee | State/Zip: | FL |
| Phone Number: | (850) 224-6048 | Meeting Date: | December 06, 2017 10:30 AM |
| Committee/Subo | committee: Heal | th Care Appropriations Subco | mmittee |
| Presentation/Wo | orkshop Topic: com | munity mental health special p | roject |
| | | 1. \0. | v.C |
| ✓ Registered Lo | abbriot | WW. | Bill |
| State Employ | • | | Proponent DIII |
| ☐ I Wish To Sp | | Spr | Amendment |
| | response to subpoe | na | N/A |
| _ `` | | | member, committee or staff |
| y | the written request | | |
| ☐ Judge or elec | ted officer appearin | g in official capacity | |
| ✓ Lobbyist App | earance Form Subr | nitted | |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2293: Northside Mental Health Center - Crisis Stabilization Unit

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | Х | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | X | | | | |
| Erin Grall | X | | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | X | | | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | • | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 13 | Total Nays: 0 |) | | |

Appearances:

King, Natalie (Lobbyist) - Waive In Support Northside Mental Health Center 235 W Brandon Blvd Ste 640 Brandon FL 33511

Phone: (813) 924-8218

community mental health special project Messer, Shane (Lobbyist) - Proponent Florida Council for Behavioral Healthcare 316 E Park Ave Tallahassee FL

Phone: (850) 224-6048

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2309 : Apalachee Center Community Action Team

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | X | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | | | Х | | |
| Erin Grall | X | | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | X | | | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 12 | Total Nays: 0 |) | | |

Appearances:

CAT special project
Messer, Shane (Lobbyist) - Proponent
Florida Council for Behavioral Healthcare
316 E Park Ave
Tallahassee FL
Phone: (850) 224-6048

Reeve, Jay - Proponent Apalachee Center 2634-J Capital Circle NE Tallahassee FL 32308 Phone: (850)523-3213







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

| CORTU | | | | |
|----------------|--------------------------|------------------------------|----------------------------|---|
| | | \checkmark | Bill Amendment | |
| | | Bill Number: Community Ac | HB 2309 : Apalachee Center | |
| | | Amendment: | | |
| Name: | Messer, Shane | Timenament. | IVA | |
| Representing: | Florida Council for Bel | havioral Healthcare | | |
| Title: | Lesislatine | e affairs d | jve ctor | _ |
| Address: | 316 E Park Ave | 00 | | |
| City: | Tallahassee | State/Zip: | FL | _ |
| Phone Number | : (850) 224-6048 | Meeting Date: | December 06, 2017 10:30 AM | _ |
| Committee/Sub | ocommittee: Health | Care Appropriations Subcor | nmittee | _ |
| Presentation/W | orkshop Topic: CAT sp | pecial project | | |
| | | Wain | NQ. | |
| ☑ Registered I | obbyist | 11/ | Bill | - |
| State Emplo | • | SPF | Proponent $\frac{DM}{C}$ | |
| I Wish To S | • | 00/1 | Amendment | |
| | n response to subpoena | | N/A | |
| | | | member, committee or staff | |
| | t the written request of | | , | |
| | cted officer appearing i | | | |
| 🗹 Lobbyist Ap | pearance Form Submit | ted | | |





Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.

| | Bill Amendment | | | | |
|--|--|--|--|--|--|
| | Bill/PCS/PCB Number: 7309 | | | | |
| | Amendment Number: | | | | |
| Name: Jay Recue | | | | | |
| Representing: 10 palachee Cen | Jer | | | | |
| Title: CEO | | | | | |
| Address: 2634 Capital | Civile NE | | | | |
| City: Tulla Gassee | | | | | |
| Phone Number: (850) 523-3213 | • | | | | |
| Committee/Subcommittee: 1965 | | | | | |
| Presentation/Workshop Topic: | | | | | |
| Registered Lobbyist: YES | | | | | |
| State Employee: YES | | | | | |
| I wish to speak | | | | | |
| I wish to speak Appearing in response to an inquiry for information | n made by member, committee, or staff | | | | |
| Appearing in response to subpoena | | | | | |
| Appearing at the written request of the chair | | | | | |
| Judge or elected officer appearing in official capacity | | | | | |
| Lobbyist Appearance form submitted online | | | | | |
| If you are testifying on an amendment, please also indicate your | position as a proponent or opponent on the bill as a whole.) | | | | |
| Bill: Proponent Opponent | Info only | | | | |
| Amendment: Proponent Opponent | Info only | | | | |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2313: Life Management Center of Northwest Florida - Forensic Florida Assertive Community

Treatment Team

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | X | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | | | Х | | |
| Erin Grall | X | · = | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | | | X | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 11 | Total Nays: 0 |) | | |

Appearances:

community mental health special project Messer, Shane (Lobbyist) - Proponent Florida Council for Behavioral Healthcare 316 E Park Ave Tallahassee FL Phone: (850) 224-6048

Ailes, Ned (General Public) - Waive In Support Life Management Center President/CEO 525 East 15th St. Panama City FL 32405 Phone: 850-322-6693

Print Date: 12/6/2017 5:50 pm Leagis ® Page 12 of 20



60207238



☑ Bill ☐ Amendment



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

| | | Cen | nter of Nort ertive Com | HB 2313 : Life Management thwest Florida - Forensic Florida munity Treatment Team |
|-----------------|-------------------|-------------------------|----------------------------|---|
| Name: | Messer, Shane | [An | nendment: | N/A |
| name: | Wiesser, Shalle | | | |
| Representing: | Florida Council f | for Behavioral Healthca | re | |
| Title: | US18/a | til offa | irs o | Cirector |
| Address: | 316 E Park Ave | ω | 0 - | |
| City: | Tallahassee | State/Z | Zip: | FL |
| Phone Number: | (850) 224-6048 | Meetir | ng Date: | December 06, 2017 10:30 AM |
| Committee/Subo | committee: | lealth Care Appropriati | ions Subco | mmittee |
| Presentation/Wo | orkshop Topic: • | community mental healt | h special pi | roject |
| | | | LOON | O |
| ☑ Registered Le | obbyist | | i IX> | Bill |
| ☐ State Employ | ree | | $\leq n \alpha$ | Proponent |
| ☐ I Wish To Sp | eak | | SUPP | Amendment |
| Appearing in | response to subj | poena | | N/A |
| position; | - | - • | n made by | member, committee or staff |
| | the written requ | | | |
| | | ring in official capaci | ty | |
| Lobbyist App | earance Form S | ubmitted | | |





Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

| Nod Ailor | Bill Amendment Bill/PCS/PCB Number: 23/3 Amendment Number: |
|--|---|
| Representing: Life Man ascince Title: Tres, dent + CEO Address: Sas Entro City: Phone Number: 850 - 322 - (193) Committee/Subcommittee: Lath and Presentation/Workshop Topic: Manual New YES State Employee: YES | Life Management Cutch The State/Zip: Ph 32405 Meeting Date: 12/4/7 Appropriate Special Project NO NO NO |
| Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacity Lobbyist Appearance form submitted online (If you are testifying on an amendment, please also indicate your plants) Bill: Proponent Opponent | |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2345 : BayCare Behavioral Health - Veterans Intervention Program

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|-------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | X | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | X | | | | |
| Erin Grall | X | | | | · |
| James Grant | | | X | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | X | | | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | • | |
| | Total Yeas: 12 | Total Nays: | 0 | | |

Appearances:

veteran's mental health special project Messer, Shane (Lobbyist) - Proponent 316 E Park Ave Tallahassee FL

Phone: (850) 224-6048

Fontaine, Mark (Lobbyist) - Waive In Support Florida Behavioral Health Association Florida Alcohol & Drug Abuse Assn 2868-1 Mahan Dr Tallahassee FL

Phone: (850) 878-2196







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

| | ☑ Bill ☐ Amendment | | | |
|---|---|--|--|--|
| | Bill Number: HB 2345: BayCare Behavioral Health - Veterans Intervention Program | | | |
| • | Amendment: N/A | | | |
| Name: Messer, Shane | • | | | |
| Representing: Toricla Cancilf | & Beharival Heaten cone | | | |
| Title: Lessative Affaire | S Director | | | |
| Address: 316 E Park Ave | , | | | |
| City: Tallahassee | State/Zip: FL | | | |
| Phone Number: (850) 224-6048 | Meeting Date: December 06, 2017 10:30 AM | | | |
| Committee/Subcommittee: Health Care | Appropriations Subcommittee | | | |
| Presentation/Workshop Topic: veteran's me | ental health special project | | | |
| | Weine | | | |
| ☑ Registered Lobbyist | Bill | | | |
| ☐ State Employee | Proponent | | | |
| ☐ I Wish To Speak Amendment | | | | |
| Appearing in response to subpoena | N/A | | | |
| | information made by member, committee or staff | | | |
| Appearing at the written request of the c | | | | |
| ☐ Judge or elected officer appearing in off | icial capacity | | | |
| Lobbyist Appearance Form Submitted | | | | |





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

| | | $\overline{\mathbf{V}}$ | Bill Amendment | | |
|--|---------------------------------|-----------------------------|---|--|--|
| | | | HB 2345 : BayCare Behavioral ans Intervention Program | | |
| | | Amendment: | · · | | |
| Name: | Fontaine, Mark | | | | |
| Representing: | Florida Behavioral He | alth Association | | | |
| Title: | | | | | |
| Address: | Florida Alcohol & Dru | ig Abuse Assn, 2868-1 Mahan | Dr | | |
| City: | Tallahassee | State/Zip: | FL | | |
| Phone Number: | (850) 878-2196 | Meeting Date: | December 06, 2017 10:30 AM | | |
| Committee/Subo | committee: Health | Care Appropriations Subcon | mmittee | | |
| Presentation/Wo | orkshop Topic: N/A | | | | |
| | | | | | |
| ☑ Registered Lo | obbyist | | Bill | | |
| ☐ State Employ | State Employee Waive In Support | | | | |
| ☐ I Wish To Speak Amendment | | | | | |
| Appearing in response to subpoena N/A | | | | | |
| | • | • | member, committee or staff | | |
| | the written request of | | | | |
| | ted officer appearing | • • | | | |
| Lobbyist App | pearance Form Submi | пеа | | | |

Health Care Appropriations Subcommittee 12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2353 : Urban Communities Child Welfare Initiative (UCCW)

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|-------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | Х | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | X | | | | |
| Erin Grall | X | | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | | | Х | | |
| Cary Pigman | X | | | | |
| David Richardson | X | | | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 12 | Total Nays: | 0 | | |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2435: The Transition House Inc. Homeless Veterans Program

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|-------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | , | Х | | |
| Colleen Burton | X | | | • | |
| Nicholas Duran | | | X | | |
| Erin Grall | X | ···· | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | | | X | | |
| Cyndi Stevenson | _ X | · | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 11 | Total Nays: | 0 | | |

Appearances:

Fontaine, Mark (Lobbyist) - Waive In Support Florida Behavioral Health Association Florida Alcohol & Drug Abuse Assn 2868-1 Mahan Dr Tallahassee FL

Phone: (850) 878-2196







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

| | | | Bill 🗆 Amendment | | |
|--|------------------------------|-------------------------------|--------------------------------|--|--|
| | | | HB 2435 : The Transition House | | |
| | | | Veterans Program | | |
| | | Amendment: | N/A | | |
| Name: | Fontaine, Mark | | | | |
| Representing: | Florida Behavioral H | ealth Association | | | |
| Title: | | | | | |
| Address: | Florida Alcohol & Dr | rug Abuse Assn, 2868-1 Mahan | Dr | | |
| City: | Tallahassee | State/Zip: | FL | | |
| Phone Number: | (850) 878-2196 | Meeting Date: | December 06, 2017 10:30 AM | | |
| Committee/Subo | committee: Healt | th Care Appropriations Subcon | nmittee | | |
| Presentation/Wo | orkshop Topic: N/A | | | | |
| | | | | | |
| ☑ Registered Le | obbyist | | Bill | | |
| ☐ State Employ | ree | | Waive In Support | | |
| ☐ I Wish To Sp | ☐ I Wish To Speak Amendment | | | | |
| Appearing in response to subpoena N/A | | | | | |
| Appearing in response to an inquiry for information made by member, committee or staff | | | | | |
| | the written request of | | ŕ | | |
| _ `` | ted officer appearing | | | | |
| | pearance Form Subm | | | | |
| J 11 | | | | | |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2479: Veterans of Foreign Wars, Department of Florida

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|-------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | X | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | | | Х | | |
| Erin Grall | X | | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | | | X | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 11 | Total Nays: | 0 | | |

Appearances:

Alvarez, Mark (General Public) - Waive In Support Veterans of Foreign Wars Legislative Chairman 1149 Corby Ct. East

Tallahassee FL 32317 Phone: 850-402-4133



W/S

Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

| | | | Bill/DCS/DCB Nu | Amendment when the sumber: 2479 | |
|---|------------------------|-------------------|-----------------------|--|--|
| | | | | ımber: | |
| Name: MARK | - A. A. | L VARe i | | | |
| Name: $MARK$ Representing: V_{R} Title: A | Lerans VI | F FOR | eign Ws | in 5 | |
| Title: ChAi | RMAN | Le SIS | LAtive | | |
| Address: 1145 | CO86/ C | 7. EAS | ナ | | |
| City: 1 h L | | | State/Z | ip: FL / 32317 | |
| Phone Number: 🖳 | 50 40241= | 33 | Meetin | g Date: | |
| Committee/Subcom | nmittee: | | | | |
| Presentation/Works | shop Topic: | | | | |
| | Registered Lo | obbyist: YES | NO 🗗 | | |
| | State Employ | yee: YES | | | |
| I wish to speak | | | | | |
| Appearing in res | ponse to an inquiry fo | or information | made by member, co | ommittee, or staff | |
| Appearing in res | ponse to subpoena | | | | |
| Appearing at the written request of the chair | | | | | |
| Judge or elected officer appearing in official capacity | | | | | |
| Lobbyist Appear | ance form submitted | online | | | |
| (If you are testifying on an | amendment, please also | o indicate your p | osition as a proponen | t or opponent on the bill as a whole.) | |
| Bill: | Proponent D | Opponent | Info onl | y | |
| Amendment: | Proponent | Opponent | Info only | y 🔲 | |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2565: Alzheimer's Memory Mobile

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | Х | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | X | | | | |
| Erin Grall | X | | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | X | | | · | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 13 | Total Nays: (| ס | | |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2567: The Kathleen Anderson Comprehensive Work Center - Operation G.R.O.W.

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | | | Х | | |
| Colleen Burton | X | | | | |
| Nicholas Duran | | | Х | | |
| Erin Grall | X | | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | | | X | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 11 | Total Nays: 0 | | | |

Health Care Appropriations Subcommittee

12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

HB 2799: MC Veterans Helping Veterans, Inc. -Training Veterans for Success

X Favorable

| | Yea | Nay | No Vote | Absentee Yea | Absentee Nay |
|-----------------------|----------------|---------------|---------|-----------------|-----------------|
| Daniel Burgess, Jr. | <u> </u> | • | Х | | |
| Colleen Burton | | | Х | | |
| Nicholas Duran | X | | • | | |
| Erin Grall | X | | | | |
| James Grant | X | | | | |
| Gayle Harrell | X | | | | |
| Shevrin Jones | X | | | | |
| MaryLynn Magar | X | | | | |
| Amy Mercado | X | | | | |
| Cary Pigman | X | | | | |
| David Richardson | X | | | | |
| Cyndi Stevenson | X | | | | |
| Frank White | X | | | | |
| Jason Brodeur (Chair) | X | | | | |
| | Total Yeas: 12 | Total Nays: 0 |) | | |

Print Date: 12/6/2017 5:50 pm Leagis ® Page 19 of 20

Health Care Appropriations Subcommittee 12/6/2017 10:30AM

Location: Sumner Hall (404 HOB)

Presentation/Workshop/Other Business Appearances:

Governor's Recommended Budget for FY 2018-2019

Carroll, Michael (Lobbyist) - Information Only

Department of Children and Families

Dept of Children and Families 1317 Winewood Blvd Bldg #1

Tallahassee FL

Phone: (850) 921-8533

Governor's Recommended Budget for FY 2018-2019

Vickers, Mary Beth (Lobbyist) (State Employee) (At Request Of Chair) - Information Only

Governor's Office of Policy

Policy Coordinator

400 S. Monroe Street 1601 Capitol

Tallahassee FL 32399

Phone: (850) 717-9511

Governor's Recommended Budget for FY 2018-2019

Philip, Celeste (Lobbyist) (State Employee) (At Request Of Chair) - Information Only

Department of Health

Surgeon General

4052 Bald Cypress Way

Tallahassee FL 32399

Phone: (850) 245-4245

Governor's Recommended Budget for FY 2018-2019

Bragg, Jeffrey (Lobbyist) (State Employee) - Information Only

Department of Elder Affairs

4040 Esplanade Way

Tallahassee FL 32399-7016

Phone: (850) 414-2130

Governor's Recommended Budget for FY 2018-2019

Palmer, Barbara (Lobbyist) (State Employee) - Information Only

Agency for Persons with Disabilities

4030 Esplanade Way Suite 380

Tallahassee FL 32399-0700

Phone: (850)488-1558

Governor's Recommended Budget for FY 2018-2019

Senior, Justin (Lobbyist) - Information Only

Agency for Health Care Administration

2727 Mahan Dr 2727 Mahan Dr

Tallahassee FL 32308

Phone: (850) 412-4007

Print Date: 12/6/2017 5:50 pm Leagis ® Page 20 of 20



79665796





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

| | | | Bill 🗆 Amendment | |
|-----------------------------------|------------------------|-----------------------------|----------------------------|--|
| | | Bill Number: | N/A | |
| | | Amendment: | N/A | |
| Name: | Carroll, Michael | | | |
| Representing: | Department of Childre | n and Families | | |
| Title: | | | | |
| Address: | Dept of Children and F | Families, 1317 Winewood Blv | d Bldg #1 | |
| City: | Tallahassee | State/Zip: | FL | |
| Phone Number: | (850) 921-8533 | Meeting Date: | December 06, 2017 10:30 AM | |
| Committee/Sub | committee: Health | Care Appropriations Subco | mmittee | |
| Presentation/Wo | orkshop Topic: Other | Business : DCF 2018-2019 R | ecommended Budget | |
| | | | | |
| ✓ Registered L | obbyist | | Bill | |
| ☐ State Employ | /ee | | Info Only | |
| ☐ I Wish To Speak | | | Amendment | |
| Appearing in response to subpoena | | | N/A | |
| | | | member, committee or staff | |
| — ** | the written request of | | | |
| | ted officer appearing | • • | | |
| ☐ Lobbyist App | pearance Form Submi | tted | | |





Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

| | | | | Bill/PC | Bill CS/PCB Numbe | Amendment |
|---------------|---------------------|------------------------|----------------|-------------|----------------------|----------------------------------|
| | | | | Amen | dment Numbe | r: |
| Name: | Mary | Both 1/1 | rles S | | | |
| Represen | | EOG/ | OPB | | - | |
| Title: _ | | Policy Coo | ord.nato | <u>(</u> | | |
| Addres | ss: | 409 50v | eth Mon | (De < | Strot | |
| City: | Tal | shassee | | | State/Zip: | FL-32399-00 |
| Phone | Number: _ \$ | 50-717-9 | 1511 | | Meeting Dat | te: 12/6/17 |
| Comm | ittee/Subcomn | nittee: Hea | Mh Case | · App | opriation. | |
| Presen | ntation/Worksh | op Topic: <u>6</u> 9 | ver NOC. | s Re | commente | 1 Budget FY18-19 |
| | | Registered Lo | | | NO [|) |
| | | State Employ | ee: YES | | NO [| |
| | | | | | | |
| = | vish to speak | onse to an inquiry fo | r information | mada hy i | mamhar cammi | ittoo or staff |
| _ | - | onse to an inquiry to | i illioimation | made by i | nember, comm | ittee, or starr |
| | | vritten request of the | e chair | | | |
| | | fficer appearing in o | | У | | • |
| Lo | obbyist Appearar | nce form submitted o | online | | | |
| (If you are 1 | testifying on an ar | nendment, please also | indicate your | position as | a proponent or o | pponent on the bill as a whole.) |
| Bi | II: | Proponent | Opponent | | Info only |] |
| Ar | mendment: | 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: | Meeting Date: <u>/Z-6-/7</u> |
|-------------------------------------|---------------------------------------|
| Fill in appropriate information: | |
| PCB/PCS/Amendment # or | Governor's Proposed Ordget |
| Presentation/Workshop Topic: | COUNTROLS PROJUSTED DAGGET |
| Committee/Subcommittee: | ealth Car Appropriations Subcommo |
| Name: Celeste M | nilip |
| Title: State Surge | on General |
| Address: 405Z A | Boild Cypress way |
| City: Tallahass- | ee State/Zip: FZ 3Z399 |
| Phone Number: 850 - | 745-4444 |
| Representing: Florida | Department of Health |
| Registered Lobbyist: YES N | |
| | |
| | |
| I Wish To Speak: YES NO | Bill Amendment |
| | Proponent Opponent Proponent Opponent |
| 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>both</u> copies to the Committee Administrative Assistant at the meeting.

| | Bill Amendment Bill/PCS/PCB Number: Amendment Number: |
|---|---|
| Name: <u>Jeffrey bragg</u> Representing: <u>Department</u> of Title: <u>secretary</u> | Elder Affairs |
| Address: 4040 Esplana | propriations subcommitted Budget recommendation |
| I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacit Lobbyist Appearance form submitted online (If you are testifying on an amendment, please also indicate your Bill: Proponent Opponent Amendment: Proponent Opponent | у |



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

| Bill Bill Bill/PCS/PCB Number: Amendment Number: Amendment Number: Representing: AGGNCY FOR PERSONS W/DISABILI | |
|---|------------------------------|
| Title: DIRECTOR | <u> </u> |
| Address: | |
| City: State/Zip: | |
| Phone Number: Meeting Date: | 12/6/17 |
| Committee/Subcommittee: HHS APPROPS | |
| Presentation/Workshop Topic: Gov RECOMMENDED B | UPJECT |
| Registered Lobbyist: YES NO | |
| State Employee: YES 📈 NO 🗌 | |
| I wish to speak Appearing in response to an inquiry for information made by member, committee, Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacity Lobbyist Appearance form submitted online | or staff |
| (If you are testifying on an amendment, please also indicate your position as a proponent or oppone | ent on the bill as a whole.) |
| Bill: Proponent Opponent Info only | |
| Amendment: Proponent Opponent Info only | |





Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.

| | Bill Amendment Bill/PCS/PCB Number: Amendment Number: |
|---|--|
| Name: Justin Senior Representing: Agency for Health of Title: Secretary of Agency | |
| Address: 2727 Mahan Drive | |
| City: Tallahassee | State/Zip: 32 3_0% |
| Phone Number: | Meeting Date: しんしい |
| Committee/Subcommittee: House Hoal | h Care Approps |
| Presentation/Workshop Topic: <u>\</u> | Recommended Budget |
| Registered Lobbyist: YES | NO 🗌 |
| State Employee: YES | NO 🗌 |
| I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena ★ Appearing at the written request of the chair Judge or elected officer appearing in official capacit Lobbyist Appearance form submitted online | |
| If you are testifying on an amendment, please also indicate your | position as a proponent or opponent on the bill as a whole.) |
| Bill: Proponent Opponent | Info only |
| Amendment: Proponent Opponent | Info only |