



Health & Human Services Committee

Thursday, March 30, 2017
9:00 AM – 12:00 PM
Morris Hall (17 HOB)

Action Packet

COMMITTEE MEETING REPORT
Health & Human Services Committee
3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

Summary:

Health & Human Services Committee

Thursday March 30, 2017 09:00 am

CS/CS/HB 23	Favorable	Yeas: 11	Nays: 6
CS/HB 229	Favorable With Committee Substitute	Yeas: 16	Nays: 0
Amendment 158277	Adopted Without Objection		
Amendment 330523	Adopted as Amended		
CS/HB 619	Favorable	Yeas: 15	Nays: 0
Amendment 381171	Withdrawn		
CS/HB 749	Favorable	Yeas: 14	Nays: 0
CS/HB 763	Favorable	Yeas: 16	Nays: 0
CS/CS/HB 785	Favorable With Committee Substitute	Yeas: 16	Nays: 0
Amendment 723695	Adopted Without Objection		
CS/HB 807	Favorable With Committee Substitute	Yeas: 16	Nays: 0
Amendment 294449	Adopted Without Objection		
HB 863	Favorable With Committee Substitute	Yeas: 15	Nays: 0
Amendment 284989	Adopted Without Objection		
CS/HB 899	Favorable	Yeas: 15	Nays: 0
CS/HB 969	Favorable With Committee Substitute	Yeas: 11	Nays: 5
Amendment 610047	Adopted Without Objection		
HB 1253	Favorable With Committee Substitute	Yeas: 14	Nays: 0
Amendment 293713	Adopted Without Objection		
HB 6021	Favorable	Yeas: 14	Nays: 0

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
W. Travis Cummings (Chair)	X		
Thad Altman	X		
Daisy Baez	X		
Lori Berman	X		
Jason Brodeur	X		
Bobby DuBose	X		
Michael Grant	X		
Roy Hardemon	X		
Gayle Harrell			X
MaryLynn Magar	X		
Ralph Massullo, MD	X		
Alexandra Miller	X		
Cary Pigman	X		
Paul Renner	X		
David Santiago	X		
David Silvers	X		
Frank White	X		
Patricia Williams	X		
Totals:	17	0	1

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 23 : Public Assistance

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thad Altman	X				
Daisy Baez		X			
Lori Berman		X			
Jason Brodeur	X				
Bobby DuBose		X			
Michael Grant	X				
Roy Hardemon		X			
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers		X			
Frank White	X				
Patricia Williams		X			
W. Travis Cummings (Chair)	X				
Total Yeas: 11		Total Nays: 6			

Appearances:

Woodall, Karen (Lobbyist) - Opponent
 Florida Center for Fiscal & Economic Policy
 Executive Director
 579 E Call St
 Tallahassee FL 32301
 Phone: (850) 321-9386

Mackin, Colleen (Lobbyist) - Waive In Opposition
 The Children's Campaign
 401 S Magnolia Dr
 Tallahassee FL
 Phone: (850) 425-2600

Rosenberg, Arthur (Lobbyist) - Waive In Opposition
 Florida Legal Services
 Attorney
 3000 Biscayne Blvd
 Miami FL 33137
 Phone: (850) 509-2085

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 229 : Programs for Impaired Health Care Practitioners

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thad Altman	X				
Daisy Baez	X				
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose	X				
Michael Grant	X				
Roy Hardemon			X		
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 16		Total Nays: 0			

CS/HB 229 Amendments

Amendment 158277

Adopted Without Objection

Amendment 330523

Adopted as Amended

Appearances:

Hart, Joe Ann (Lobbyist) - Waive In Support
 Florida Dental Association
 Girector of Governmental Affairs
 118 E. Jefferson St.
 Tallahassee FL 32301
 Phone: (850) 224-1089

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 229 : Programs for Impaired Health Care Practitioners (continued)

Appearances: (continued)

Brown, Martha (General Public) - Waive In Support

Professionals Resource Network
PRN Associate Medical Director
PO Box 16510
Fernandina Beach FL 32035
Phone: (904) 277-8004

Whitaker, Kathy (General Public) - Waive In Support

Intervention Project for Nurses
Director of Clinical Services
PO Box 49130
Jacksonville Beach FL 32240
Phone: (904) 270-1620

Winn, Stephen (Lobbyist) - Waive In Support

Florida Osteopathic Medical Association
Executive Director
2544 Blairstone Pines Dr
Tallahassee FL 32301
Phone: (850) 878-7364

Pruttsman, Eric (Lobbyist) - Waive In Support

Florida Fire Chiefs' Association
Po Box 10448
Tallahassee FL 32302
Phone: (850) 894-6601

Thomas, Mary (Lobbyist) - Waive In Support

Florida Medical Association
Assistant General Counsel
1430 Piedmont Dr E
Tallahassee FL 32308
Phone: (850) 224-6496

LaPolt, Alisa (Lobbyist) - Waive In Support

Florida Nurses Association
Lobbyist
Po Box 1344
Tallahassee FL 32302
Phone: (850) 443-1319

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

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

Committee/Subcommittee: **Health & Human Services**
 Meeting Date: 3/30/14
 Place: Media Hall
 Time: 9:00 AM

Bill Number: CS/HB 229
 Date Received: _____
 Date Reported: _____
 Subject: Program for Long Term Health Care Practitioners

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	Amended		Amended		Yeas	Nays	Yeas	Nays
Yea	Nay		Yeas	Nays	Yeas	Nays				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Altman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Baez								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Miller								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
16	0									



COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 229 (2017)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Magar offered the following:

4
 5 **Amendment to Amendment (330523) by Representative Byrd**

6 Remove line 621 of the amendment and insert:
 7 renewal of licensure, certification, or registration who was

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 619 : Consolidation of Medicaid Waiver Programs

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thad Altman	X				
Daisy Baez	X				
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose			X		
Michael Grant	X				
Roy Hardeemon			X		
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 15		Total Nays: 0			

CS/HB 619 Amendments

Amendment 381171

Withdrawn

Appearances:

Poole, David (Lobbyist) - Opponent
 AIDS HealthCare Foundation
 Director Legislative Affairs
 1825 Country Club Dr
 Tallahassee FL 32301
 Phone: (850) 766-3323

Harris, Shevaun - Information Only
 Agency for Health Care Administration
 Assistant Deputy Secretary
 2727 Mahan Dr
 Tallahassee FL
 Phone: (850) 412-3612

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 749 : Adoption Benefits

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thad Altman	X				
Daisy Baez	X				
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose	X				
Michael Grant	X				
Roy Hardemon			X		
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner			X		
David Santiago			X		
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 14		Total Nays: 0			

Appearances:

Calmet, Lauren (Lobbyist) - Waive In Support
 Florida Coalition for Children
 Director of Community Affairs
 411 E College Ave
 Tallahassee FL 32301
 Phone: (954) 425-2621

Pound, Greg (General Public) - Information Only
 Saving Families
 9166 Sunrise Dr
 Largo FL 33773

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 763 : Access to Health Care Practitioner Services

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thad Altman	X				
Daisy Baez	X				
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose	X				
Michael Grant	X				
Roy Hardemon			X		
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 16		Total Nays: 0			

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COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 785 : Stroke Centers

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thad Altman	X				
Daisy Baez	X				
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose	X				
Michael Grant	X				
Roy Hardemon			X		
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 16		Total Nays: 0			

CS/CS/HB 785 Amendments

Amendment 723695

Adopted Without Objection

Appearances:

Curva, Felicidad (Lobbyist) - Waive In Support
 Budd Bell Clearinghouse on Human Services
 Coordinator
 Curva & Associates LLC 1212 Piedmont Dr
 Tallahassee FL 32312
 Phone: (850) 508-2256

Landreth, Mark (Lobbyist) - Waive In Support
 American Heart Association
 Sr Director of Government Relations
 2851 Remington Green Circle Ste. C
 Tallahassee FL 32308
 Phone: (850) 544-3376

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 807 : Marketing Practices for Substance Abuse Services

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thad Altman	X				
Daisy Baez			X		
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose	X				
Michael Grant	X				
Roy Hardeemon	X				
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 16		Total Nays: 0			

CS/HB 807 Amendments

Amendment 294449

Adopted Without Objection

Appearances:

Johnson, Alan (Lobbyist) - Waive In Support
 State Attorney's Office 15th Circuit
 Chief Assistant State Attorney
 401 N Dixie Hwy
 West Palm Beach FL 33401
 Phone: (561) 355-7265

Gran, Jill (Lobbyist) - Waive In Support
 Florida Behavioral Health Association
 Policy Director
 2868 Mahan Dr
 Tallahassee FL 32308
 Phone: (850) 878-2196

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 807 : Marketing Practices for Substance Abuse Services (continued)

Appearances: (continued)

McGarry, Neal (Lobbyist) - Proponent

Florida Certification Board

CEO

1715 S Gadsden St

Tallahassee FL 32301

Phone: (850) 222-6314

Pinsky, Richard (Lobbyist) - Waive In Support

City of Lake Worth

106 E College Ave

Tallahassee FL 32301

Phone: (850) 224-9634

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HB 807

Meeting Date: 3/30/17

Date Received: _____

Place: Morris Hall

Date Reported: _____

Time: 9:00 AM

Subject: Marketing Practices
by Substance Abuse
Services

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	294449							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Altman								
✓		Baez	w/s							
✓		Berman								
✓		Brodeur								
✓		DuBose								
✓		Grant								
✓		Hardemon								
✓		Harrell								
✓		Magar								
✓		Massullo								
✓		Miller								
✓		Pigman								
✓		Renner								
✓		Santiago								
✓		Silvers								
✓		White								
✓		Williams								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
16	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 863 : Hospice Services

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thad Altman	X				
Daisy Baez	X				
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose			X		
Michael Grant	X				
Roy Hardemon			X		
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 15		Total Nays: 0			

HB 863 Amendments

Amendment 284989

Adopted Without Objection

Appearances:

Sadowsky, Alan (General Public) - Waive In Support

Morse Life Health System
 Sr Vice President
 9847 Fred Gladstone Dr
 West Palm Beach FL 33417
 Phone: (561) 687-5745

Merritt, Tracy - Waive In Support

Morse Life
 Senior Consultant
 307 W Park Ave
 Tallahassee FL 32301
 Phone: (850) 681-8705

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

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

Committee/Subcommittee: Health & Human Services

Bill Number: HB 863

Meeting Date: 3/30/19

Date Received: _____

Place: Morris Hall

Date Reported: _____

Time: 9:00 AM

Subject: Hospice Services

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	284989							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Altman								
<input checked="" type="checkbox"/>		Baez								
<input checked="" type="checkbox"/>		Berman								
<input checked="" type="checkbox"/>		Brodeur								
<input checked="" type="checkbox"/>		DuBose								
<input checked="" type="checkbox"/>		Grant								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Miller								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Renner								
<input checked="" type="checkbox"/>		Santiago								
<input checked="" type="checkbox"/>		Silvers								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>		Williams								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 899 : Comprehensive Transitional Education Programs

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thad Altman	X				
Daisy Baez	X				
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose	X				
Michael Grant	X				
Roy Hardeemon			X		
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers			X		
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 15		Total Nays: 0			

Appearances:

Brown, Robert (Lobbyist) - Waive In Support
 Agency for Person With Disabilities
 Legislative Affairs Director
 4030 Esplanade Way
 Tallahassee Fl 32399
 Phone: (850) 414-5853

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

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

Committee/Subcommittee: **Health & Human Services**

Bill Number: CS/HB 899

Meeting Date: 3/30/17
Place: Moore Hall
Time: 9:00 AM

Date Received: _____
Date Reported: _____

Subject: Comprehensive
Tiretional Education Programs

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Altman								
✓		Baez								
✓		Berman								
✓		Brodeur								
✓		DuBose								
✓		Grant								
✓		Hardemon								
✓		Harrell								
✓		Magar								
✓		Massullo								
✓		Miller								
✓		Pigman								
✓		Renner								
✓		Santiago								
✓		Silvers								
✓		White								
✓		Williams								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 969 : Pregnancy Support and Wellness Services

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thad Altman	X				
Daisy Baez		X			
Lori Berman		X			
Jason Brodeur	X				
Bobby DuBose		X			
Michael Grant	X				
Roy Hardemon			X		
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers		X			
Frank White	X				
Patricia Williams		X			
W. Travis Cummings (Chair)	X				
Total Yeas: 11		Total Nays: 5			

CS/HB 969 Amendments

Amendment 610047

Adopted Without Objection

Appearances:

Callahan, Susan (General Public) - Opponent
 Health Freedom Florida
 3620 Shinnecock Lane
 Green Cove Springs Florida 32043
 Phone: (904) 504-1334

Brown, Afton (General Public) - Opponent
 Health Freedom Florida
 136 SE Saint Johns St
 Lake City FL 32025
 Phone: (386) 365-7549

Fenn, James (General Public) - Opponent
 Health Freedom Florida
 8019 Blue Smoke Road
 Tallahassee FL 32312
 Phone: (850) 524-7701

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 969 : Pregnancy Support and Wellness Services (continued)

Appearances: (continued)

DeVane, Barbara (Lobbyist) - Waive In Opposition
Florida National Organization for Women, Inc
625 E Brevard St
Tallahassee FL 32308
Phone: (850) 251-4280

Kelly, Amber (Lobbyist) - Proponent
Florida Family Action
Director of Policy & Communications
4853 S Orange Avenue
Orlando FL 32806
Phone: (407) 418-0250

Delgado, Ingrid (Lobbyist) - Waive In Support
Florida Conference of Catholic Bishop
Associate for Social Concerns & Respect Life
201 W Park Ave
Tallahassee FL 32301
Phone: (850) 222-3803

Whiting, Catherine (General Public) - Waive In Opposition
1233 N Bronough St
Tallahassee FL 32301
Phone: (352) 575-4507

Clark, Justin (General Public) - Waive In Opposition
7600 Omni Lane
Ft Myers FL 33905
Phone: (813) 389-5427

Paquette, Tamara (General Public) - Waive In Opposition
85 27th St NW
Naples FL 34120
Phone: (239) 601-4200

Schmus, Jaye (General Public) - Waive In Opposition
3203 Westgate Court
Tallahassee FL 32304
Phone: (850) 264-9300

Schell, Veronica (General Public) - Waive In Opposition
21601 Bellhaven Way
Estero FL 33928
Phone: (239) 272-6457

Wesolowski, Missy (Lobbyist) - Waive In Opposition
FI Alliance of Planned Parenthood Affiliates
Director of Public Policy & Organizing
2121 West Pensacola St
Tallahassee FL 32304
Phone: (561) 472-9942

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 969 : Pregnancy Support and Wellness Services (continued)

Appearances: (continued)

Carreto-Sanchez, Ana (General Public) - Waive In Opposition
Planned Parenthood Volunteer
11350 Linda Loma Dr
Ft Myers FL 33908
Phone: (239) 634-0365

Filkowski, Annie Joe (General Public) - Opponent
13561 Brown Bear Run
Estero FL 33928
Phone: (239) 849-2644

Fraize, Kasey (General Public) - Waive In Opposition
13247 Golf Ridge Place
Hudson FL 34669
Phone: (727) 247-2775

Diaz, Kimberly (General Public) - Waive In Opposition

Zang, Andrea Nadine (General Public) - Waive In Opposition
318-A Stadium Dr
Tallahassee FL 32304

Davis, Andrew (General Public) - Waive In Opposition
3275 Twilight Lane #5802
Naples FL 34109
Phone: (201) 906-1736

Benjamin, Samantha (General Public) - Waive In Opposition
1233 N. Bronough St.
Tallahassee FL 32302
Phone: (561) 406-3032

Valero, Maria (Lobbyist) - Waive In Opposition
Florida Latina Advocacy Network
State Policy Director
8235 NE 2nd Ave.
Miami FL 33138
Phone: (786) 442-8199

Pound, Greg (General Public) - Information Only
9166 Sunrise Dr
Largo FL 33773

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

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

Committee/Subcommittee: **Health & Human Services**

Bill Number: CS/HB 969

Meeting Date: 3/30/11
Place: Markle Hall
Time: 9:00 AM

Date Received: _____
Date Reported: _____
Subject: Pregnancy Support and Wellness Services

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	Yeas		Nays		Yeas		Nays		Yeas		Nays	
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Altman												
	<input checked="" type="checkbox"/>	Baez												
	<input checked="" type="checkbox"/>	Berman												
<input checked="" type="checkbox"/>		Brodeur												
	<input checked="" type="checkbox"/>	DuBose												
<input checked="" type="checkbox"/>		Grant												
<input checked="" type="checkbox"/>		Hardemon												
<input checked="" type="checkbox"/>		Harrell												
<input checked="" type="checkbox"/>		Magar												
<input checked="" type="checkbox"/>		Massullo												
<input checked="" type="checkbox"/>		Miller												
<input checked="" type="checkbox"/>		Pigman												
<input checked="" type="checkbox"/>		Renner												
<input checked="" type="checkbox"/>		Santiago												
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Silvers												
<input checked="" type="checkbox"/>		White												
	<input checked="" type="checkbox"/>	Williams												
<input checked="" type="checkbox"/>		Cummings, Chair												
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	5													

COMMITTEE MEETING REPORT
Health & Human Services Committee

3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 1253 : Rights and Responsibilities of Patients

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thad Altman	X				
Daisy Baez	X				
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose	X				
Michael Grant	X				
Roy Hardemon			X		
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner			X		
David Santiago			X		
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 14		Total Nays: 0			

HB 1253 Amendments

Amendment 293713

Adopted Without Objection

Appearances:

Henderson, Cynthia (Lobbyist) - Waive In Support
 Crowne Consulting Group, Inc
 108 E Jefferson St
 Tallahassee FL 32301
 Phone: (850) 559-0855

LaPolt, Alisa (Lobbyist) - Waive In Support
 Florida Nurses Association
 Lobbyist
 Po Box 1344
 Tallahassee FL 32302
 Phone: (850) 443-1319

Committee meeting was reported out: Thursday, March 30, 2017 2:22PM

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

Committee/Subcommittee: Health & Human Services
 Meeting Date: 3/30/19
 Place: Morris Hall
 Time: 9:00 AM

Bill Number: HB 1253
 Date Received: _____
 Date Reported: _____
 Subject: Rights and Responsibilities of Patents

Committee/Subcommittee Action:

- | | |
|---|---|
| <input type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input checked="" 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	<i>Amended</i> 293913							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Altman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Baez								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hardemon								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Miller								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Renner								
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee
3/30/2017 9:00AM

Location: Morris Hall (17 HOB)

HB 6021 : Home Health Agency Licensure

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Thad Altman	X				
Daisy Baez	X				
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose	X				
Michael Grant	X				
Roy Hardemon			X		
Gayle Harrell			X		
MaryLynn Magar	X				
Ralph Massullo, MD			X		
Alexandra Miller			X		
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 14		Total Nays: 0			

Appearances:

Simon, Kyle (Lobbyist) - Waive In Support
 Home Care Association of Florida
 Director of Government Affairs
 2238 Capital Circle NE
 Tallahassee FL 32308
 Phone: (850) 222-8967

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

Committee/Subcommittee: Health & Human Services
 Meeting Date: 3/30/11
 Place: Monte Hall
 Time: 9:00 AM

Bill Number: HB 6021
 Date Received: _____
 Date Reported: _____
 Subject: Home Health Agency Increase

Committee/Subcommittee Action:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input 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								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Altman								
<input checked="" type="checkbox"/>		Baez								
<input checked="" type="checkbox"/>		Berman								
<input checked="" type="checkbox"/>		Brodeur								
<input checked="" type="checkbox"/>		DuBose								
<input checked="" type="checkbox"/>		Grant								
<input type="checkbox"/>		Hardemon								
<input type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input type="checkbox"/>		Massullo								
<input type="checkbox"/>		Miller								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Renner								
<input checked="" type="checkbox"/>		Santiago								
<input checked="" type="checkbox"/>		Silvers								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>		Williams								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	0									



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>23</u>	
Amendment Number: _____	

Name: Karen Woodall

Representing: FI Center for Fiscal & Economic Policy

Title: Exec. Director

Address: 579 E. Call St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-321-9386 Meeting Date: 3/30/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Public Assistance

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WFO

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>23</u>	
Amendment Number: _____	

Name: Colleen Mackin

Representing: The Children's Campaign

Title: _____

Address: 401 S. Magnolia Dr

City: Tallahassee State/Zip: FL

Phone Number: 850 425-2600 Meeting Date: _____

Committee/Subcommittee: Health & Human

Presentation/Workshop Topic: Public Assistance

Registered Lobbyist: YES NO

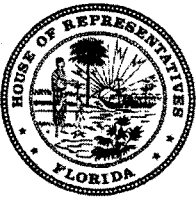
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WFO

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>23</u>	
Amendment Number: _____	

Name: Arthur Rosenberg

Representing: FLORIDA LEGAL SERVICES

Title: Attorney

Address: 3000 Biscayne Blvd, #106

City: Miami, State/Zip: FL 33137

Phone Number: 850-509-2085 Meeting Date: 3/30/17

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

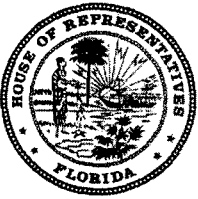
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

5/3

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 229</u>	
Amendment Number: _____	

Name: Joe Anne Hart

Representing: Florida Dental Association

Title: Director of Governmental Affairs

Address: 118 E. Jefferson St.

City: Jalisco State/Zip: TX 32301

Phone Number: (847) 224-1089 Meeting Date: 3/30/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Programs for Impaired Practitioners

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WLS

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

<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>229</u>	
Amendment Number: <u>330523</u>	

Name: Dr. Martha Brown

Representing: Professionals Resource Network (PRN)

Title: PRN Associate Medical Director

Address: P.O. Box 16510

City: Fernandina Beach State/Zip: FL 32035

Phone Number: 904-277-8004 Meeting Date: 3-30-17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: Impaired Practitioner

Registered Lobbyist: YES NO

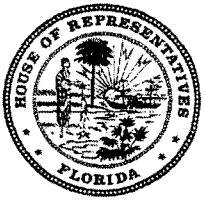
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WJS

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

<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>229</u>	
Amendment Number: <u>330523</u>	

Name: Kathy Whitaker

Representing: (IPN) Intervention Project for Nurses

Title: Director of Clinical Services

Address: P.O. Box 49130

City: Jacksonville Beach State/Zip: Florida 32240

Phone Number: 904-270-1620 Meeting Date: 3/30/17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: Impaired Practitioner

Registered Lobbyist: YES NO

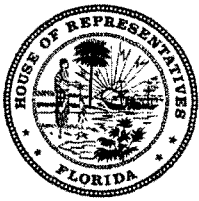
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

9 am
S/W

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>229</u>	
Amendment Number: _____	

Name: Stephen Winn

Representing: Florida Osteopathic Medical Association

Title: Executive Director

Address: 2544 Blairstone Pines Dr

City: Tallahassee State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: _____

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

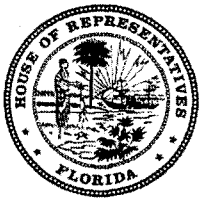
State Employee: YES NO

- I wish to speak 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 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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

5/2

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

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>229</u>			
Amendment Number: _____			

Name: Eric Prutsman

Representing: Florida Fire Chiefs Association

Title: _____

Address: P.O. Box 10448

City: Tallahassee State/Zip: FL

Phone Number: 850-894-6601 Meeting Date: 3/30/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Impaired Health Care Practitioners

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

53

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

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>229</u>		Amendment Number: _____	

Name: Mary Thomas

Representing: Florida Medical Association

Title: Assistant General Counsel

Address: 1430 Piedmont Dr E

City: TCH

State/Zip: FL/32308

Phone Number: 850 334 6496

Meeting Date: 3/30/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

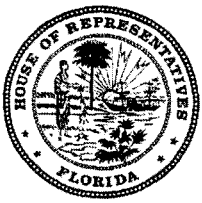
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>229</u>	
Amendment Number: _____	

Name: Alisa LaPort

Representing: FL Nurses Association

Title: Lobbyist

Address: PO Box 1344

City: Tallahassee State/Zip: FL

Phone Number: 850-443-1319 Meeting Date: 3/30/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Impaired Practitioners

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>CSHB 619</u>	
Amendment Number: _____	

Name: David Poole

Representing: AIDS Healthcare Foundation

Title: Dir Legislative Affairs

Address: 1825 Country Club Dr.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-766-3323 Meeting Date: 3-30-2017

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Medicaid Consolidation

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

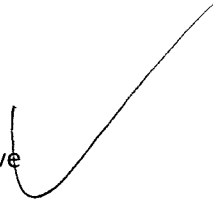
Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: _____	

Name: Shevawn Harris

Representing: Agency for Health Care Administration

Title: Assistant Deputy Secretary

Address: 2727 Mahan Drive

City: Tallahassee

State/Zip: FL

Phone Number: 850-412-3412

Meeting Date: 03/30/17

Committee/Subcommittee: Health + Human Services APPROP.

Presentation/Workshop Topic: HB 419

Registered Lobbyist: YES NO

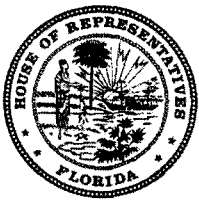
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>749</u>	
Amendment Number: _____	

Name: Greg Bond

Representing: Saving Families

Title: _____

Address: 9166 Sunrise Ave

City: Large

State/Zip: FL 33713

Phone Number: _____

Meeting Date: 3/30/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WJS

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 749</u>	
Amendment Number: _____	

Name: Lauren Calmet

Representing: Florida Coalition for Children

Title: Director of Community Affairs

Address: 411 E College Ave

City: TLH

State/Zip: FL 32301

Phone Number: 9544252621

Meeting Date: March 30 2017

Committee/Subcommittee: HHS

Presentation/Workshop Topic: HB 749

Registered Lobbyist: YES NO

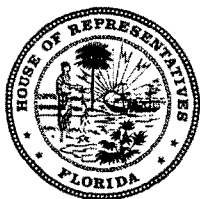
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>785</u>	
Amendment Number: _____	

Name: Fely Curva, Ph.D.

Representing: Budd Bell Clearinghouse on Human Services

Title: Coordinator

Address: 1212 Piedmont Dr.

City: Tallahassee

State/Zip: FL 32312

Phone Number: (850) 508-2256

Meeting Date: 3/30/17

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Stroke Centers

Registered Lobbyist: YES NO

State Employee: YES NO

I wish to speak 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 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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

D/S

D/S

Bill Amendment

Bill/PCS/PCB Number: 785

Amendment Number: 723695

Name: Mark Landreth

Representing: American Heart Association

Title: Sr. Dir. GOVT Relations

Address: 2851 Rivington Green Cir. Ste C

City: _____ State/Zip: 32308

Phone Number: 850.544.3376 Meeting Date: 3/30/17

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: Strokes

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to ~~spea~~ Waive in Support on the amendment AND the bill
- 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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WJS

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 807</u>	
Amendment Number: _____	

Name: Alan Johnson

Representing: Office of State Attorney 15th Circuit

Title: Chief Assistant State Attorney

Address: 401 N. Dixie HW

City: Crest Palm Beach State/Zip: FL 33401

Phone Number: 561 355 7265 Meeting Date: 03/30/2017

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

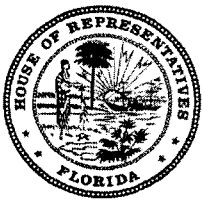
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>807</u>	
Amendment Number: _____	

Name: Jill Gran

Representing: Florida Behavioral Health Association

Title: Policy Director

Address: 5848 Mahan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-878-2196 Meeting Date: 30 March 2017

Committee/Subcommittee: Health + Human Services Committee

Presentation/Workshop Topic: Marketing Practices for Substance Abuse SVCS

Registered Lobbyist: YES NO

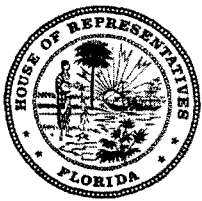
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 807</u>	
Amendment Number: _____	

Name: Neal McGarry

Representing: Florida Certification Board

Title: CEO

Address: 1715 South Gadsden Street

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-222-6314 Meeting Date: 3/30/2017

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

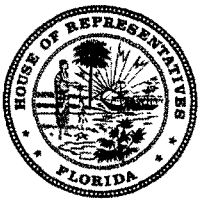
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>807</u>	
Amendment Number: _____	

Name: Richard Pinsky

Representing: City of Lake Worth

Title: _____

Address: 106 E College Ave - #1200

City: Tallahassee State/Zip: _____

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

SP

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 863</u>	
Amendment Number: _____	

Name: Alan Sadowsky

Representing: MercyLife Health System

Title: Sr. Vice President

Address: 9847 Fred Gladstone Dr

City: West Palm Beach FL State/Zip: FL 33417

Phone Number: 561 687 5745 Meeting Date: 3/30/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: HB 863

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFS

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 863</u>	
Amendment Number: _____	

Name: Tracy Merritt, The AVM Group Inc.

Representing: Morse Life

Title: Senior Consultant

Address: 307 W. Park Ave Ste. 211

City: Tallahassee

State/Zip: FL 32301

Phone Number: 850-681-8705

Meeting Date: 3/30/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: HB 863

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WBS

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>899</u>	
Amendment Number: _____	

Name: Robert Brown

Representing: Agency for Persons with Disabilities

Title: Legislative Affairs Director

Address: 4030 Esplanade Way

City: Tallahassee State/Zip: 32399

Phone Number: 850414-5853 Meeting Date: 3/30/17

Committee/Subcommittee: House HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 969 : Pregnancy Support and Wellness Services PCB/PCS/Amendment #: N/A

Name: **Callahan, Susan**

Representing: **Health Freedom Florida**

Title:

Address: **3620 Shinnecock Lane**

City: **Green Cove Springs** State/Zip: **Florida 32043**

Phone Number: **904-504-1334** Meeting Date: **Mar 30 2017 9:00AM**

Committee/Subcommittee: **Health & Human Services Committee**

Presentation/Workshop Topic: **N/A**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Opponent
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 969 : Pregnancy Support and Wellness Services PCB/PCS/Amendment #: N/A

Name: **Brown, Afton**

Representing: **Health Freedom Florida**

Title:

Address: **136 SE Saint Johns St.**

City: **Lake City**

State/Zip:

FL 32025

Phone Number: **386-365-7549**

Meeting Date:

Mar 30 2017 9:00AM

Committee/Subcommittee: **Health & Human Services Committee**

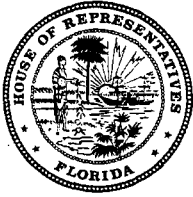
Presentation/Workshop Topic: **N/A**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Opponent
<u>Amendment</u>
N/A



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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.

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: 969 : Pregnancy Support and Wellness Services PCB/PCS/Amendment #: N/A

Name: **James Fenn**

Representing: **Health Freedom Florida**

Title:

Address: **8019 Blue Smoke Road**

City: **Tallahassee** State/Zip: **FL 32312**

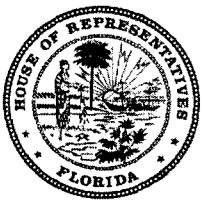
Phone Number: **850-524-7701** Meeting Date: **March 30, 2017 9:00 AM**

Committee/Subcommittee: **Health & Human Services Committee**

Presentation/Workshop Topic: **N/A**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Opponent
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WFO

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: Barbara DeLore

Representing: FC NOW

Title: Ms

Address: 625 E. Gerard ST

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-251-4380 Meeting Date: 3-30-17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Pregnancy Centers

Registered Lobbyist: YES NO

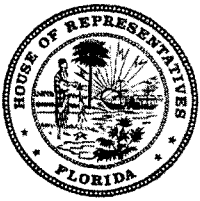
State Employee: YES NO

- 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

(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

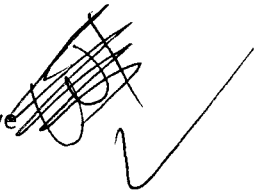
Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: Amber Kelly

Representing: FL Family Action

Title: Director of Policy & Communications

Address: 4853 S. Orange Avenue

City: Orlando State/Zip: FL 32806

Phone Number: (407) 418-0250 Meeting Date: 3/30/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: Ingrid Delgado

Representing: Florida Conference of Catholic Bishops

Title: Associate for Social Concerns & Respect Life

Address: 201 W Park Ave

City: Tallahassee State/Zip: 32301

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Pregnancy Support Services

Registered Lobbyist: YES NO

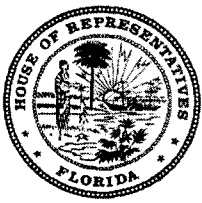
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>069</u>	
Amendment Number: _____	

Name: Catherine Whiting

Representing: SELF

Title: ~~1233 N Brough St~~

Address: 1233 N Brough St Apt 1

City: Tallahassee State/Zip: Florida

Phone Number: 352-575-4507 Meeting Date: 3/30/17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/O

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: Justin Clark

Representing: Myself

Title: Self

Address: 7600 Omni Lane #304

City: Fort Myers

State/Zip: FL 33905

Phone Number: (813) 389-5427

Meeting Date: 3/30/2017

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: HB 969

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WFO

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: TAMARA FIAQUETTE

Representing: Self

Title: _____

Address: 85 27th St NW

City: NAPLES State/Zip: 34120

Phone Number: (239) 601-4200 Meeting Date: _____

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/O

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: Jaye Schmus

Representing: myself

Title: none

Address: 3203 Westgate Ct

City: Tallahassee State/Zip: FL 32304

Phone Number: 850 264 9300 Meeting Date: 3.30.17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFO

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

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>HB 969</u>			
Amendment Number: _____			

Name: Veronica Schell

Representing: Veronica Schell / Self

Title: _____

Address: 21001 Belthaven way

City: Estero State/Zip: FL 33928

Phone Number: 239-272-6457 Meeting Date: _____

Committee/Subcommittee: Health Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WFO

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: Missy Wesolowski

Representing: Florida Alliance of Planned Parenthood Affiliates

Title: Director of Public Policy & Organizing

Address: 2121 West Pensacola St. Suite B-2

City: Tallahassee State/Zip: FL, 32304

Phone Number: 561-472-9942 Meeting Date: 3/30/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

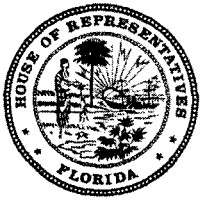
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFO

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: Ana Carreto-Sanchez

Representing: Ana Carreto-Sanchez

Title: Planned Parenthood Volunteer

Address: 11350 Linda Loma Dr.

City: Fort Myers

State/Zip: FL 33908

Phone Number: 239-637-0365

Meeting Date: 03/30/2017

Committee/Subcommittee: Health Com and Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: Annie Jae Filkowska

Representing: myself

Title: _____

Address: 13561 Brown Bear Run

City: Estero State/Zip: FL 33923

Phone Number: 239-849-2644 Meeting Date: _____

Committee/Subcommittee: Health and human services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFO

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: Kasey Fraize

Representing: Self

Title: Self

Address: 13247 Golf Ridge Place

City: Hudson State/Zip: FL 34669

Phone Number: 727-247-2775 Meeting Date: 3/30/17

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: HB 969

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WFO

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: Kimberly Diaz

Representing: MYSELF

Title: _____

Address: Home Address

City: _____ State/Zip: _____

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/o

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

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>964</u>			
Amendment Number: _____			

Name: Andrea Nadine Zang

Representing: myself.

Title: _____

Address: 318-A Stadium Dr

City: Tallahassee, FL State/Zip: 32304

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

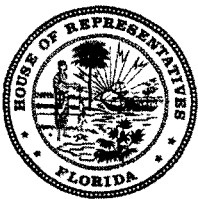
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFO

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 969</u>	
Amendment Number: _____	

Name: Andrew DAVIS

Representing: Self

Title: _____

Address: 3275 Twilight Ln #5902

City: Naples State/Zip: FL 34109

Phone Number: 201 906 1736 Meeting Date: 30 Mar '17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>959</u>	
Amendment Number: _____	

Name: Samuel Benjamin

Representing: Self

Title: _____

Address: 1233 N. Brimnough St. apt 1

City: Tallahassee State/Zip: FL, 32303

Phone Number: 904 406 3032 Meeting Date: 3-30-17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: HB 910

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFO

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: MARIA VALERO

Representing: FLORIDA LATINA ADVOCACY NETWORK

Title: STATE POLICY DIRECTOR

Address: 8235 NE 2ND AVE

City: Miami State/Zip: FL 33138

Phone Number: 786 442 8199 Meeting Date: 3/30/17

Committee/Subcommittee: HEALTH & HUMAN SVCS COMMITTEE

Presentation/Workshop Topic: PREGNANCY SUPPORT & WELLNESS SVCS

Registered Lobbyist: YES NO

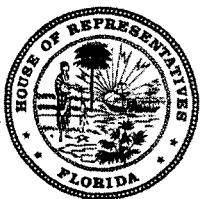
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>969</u>	
Amendment Number: _____	

Name: Greg Pound

Representing: Families of Florida

Title: _____

Address: 9166 Sunrise Dr.

City: Large Fla. State/Zip: Fl. 33773

Phone Number: _____ Meeting Date: 3/30/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

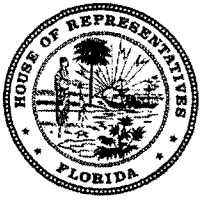
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

W/S

Bill Amendment

Bill/PCS/PCB Number: 1253

Amendment Number: 293713

Name: Cynthia Henderson

Representing: Crowne Consulting

Title: _____

Address: 108 E. Jefferson St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850/559 0855 Meeting Date: 3/30

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Patient Bill of Rights

Registered Lobbyist: YES NO

State Employee: YES NO

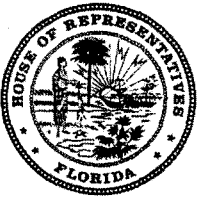
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

Waive in support

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WLS

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1253</u>	
Amendment Number: _____	

Name: Alisa Latoff

Representing: FL Nurses Association

Title: Lobbyist

Address: PO Box 1344

City: Tallahassee State/Zip: 32302

Phone Number: 443-1319 Meeting Date: 3/30

Committee/Subcommittee: Patients Rights

Presentation/Workshop Topic: HHS

Registered Lobbyist: YES NO

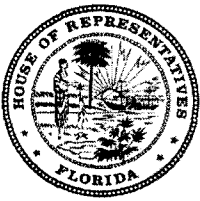
State Employee: YES NO

- 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

(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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WLS

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>6021</u>	
Amendment Number: _____	

Name: KYLE SIMON

Representing: HOME CARE ASSOCIATION OF FLORIDA

Title: DIRECTOR OF GOVERNMENT AFFAIRS

Address: 2238 CAPITAL CIRCLE NE #206

City: TALLAHASSEE State/Zip: FL 32308

Phone Number: 850.222.8967 Meeting Date: _____

Committee/Subcommittee: HOUSE HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- 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

(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