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# Health & Human Services Committee

Thursday, April 20, 2017  
9:00 AM – 12:00 AM  
Morris Hall (17 HOB)

## Action Packet

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**Summary:**

**Health & Human Services Committee**

*Thursday April 20, 2017 09:00 am*

CS/HB 211	Favorable	Yeas: 18	Nays: 0
CS/HB 313	Favorable	Yeas: 17	Nays: 0
CS/HB 539	Favorable With Committee Substitute	Yeas: 16	Nays: 1
	Amendment 029649 Adopted Without Objection		
	Amendment 976569 Adopted Without Objection		
HB 645	Favorable	Yeas: 18	Nays: 0
CS/CS/HB 963	Favorable	Yeas: 15	Nays: 0
CS/HB 1037	Temporarily Postponed		
HB 1051	Favorable	Yeas: 17	Nays: 0
CS/HB 1183	Favorable With Committee Substitute	Yeas: 18	Nays: 0
	Amendment 017027 Adopted Without Objection		
CS/CS/HB 1209	Favorable	Yeas: 18	Nays: 0
CS/HB 1307	Favorable With Committee Substitute	Yeas: 17	Nays: 0
	Amendment 927397 Adopted Without Objection		
HB 7011	Favorable With Committee Substitute	Yeas: 10	Nays: 8
	Amendment 031867 Adopted Without Objection		
	Amendment 490511 Adopted		
	Amendment 142269 Adopted Without Objection		
	Amendment 440713 Adopted Without Objection		
HB 7075	Favorable With Committee Substitute	Yeas: 17	Nays: 0
	Amendment 046129 Adopted Without Objection		
HB 7097	Favorable	Yeas: 18	Nays: 0

**Committee meeting was reported out: Thursday, April 20, 2017 1:58PM**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 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		
<b>Totals:</b>	<b>18</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 211 : Cosmetic Product Registration**

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				
<b>Total Yeas: 18</b>		<b>Total Nays: 0</b>			

**Appearances:**

Ray, John (Lobbyist) (General Public) - Proponent  
 Seychelles Organics, Inc  
 Po Box 7683  
 Tallahassee FL 32314-7683  
 Phone: (850) 445-5044

Suskey, Alan (Lobbyist) - Waive In Support  
 Dermazone Solutions  
 Po Box 102  
 Tallahassee FL 32302-0102  
 Phone: (850) 510-8314

Dixon, Reginald (Lobbyist) (State Employee) - Information Only  
 Department of Business & Professional Regulation  
 Chief of Staff  
 2601 Blair Stone Rd  
 Tallahassee FL 32399  
 Phone: (850) 443-8832

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 313 : Child Support**

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				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 539 : Hospice Care**

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				
<b>Total Yeas: 16</b>		<b>Total Nays: 1</b>			

**CS/HB 539 Amendments**

**Amendment 029649**

Adopted Without Objection

**Amendment 976569**

Adopted Without Objection

**Appearances:**

Ledford, Paul (Lobbyist) - Proponent  
 Florida Hospice & Palliative Care Association, Inc  
 President & CEO  
 2000 Apalachee Pkwy  
 Tallahassee FL 32301  
 Phone: (850) 878-2632

Tenace, Steve (State Employee) (General Public) - Proponent  
 Self  
 3978 Grove Park Drive  
 Tallahassee FL 32311  
 Phone: (850) 597-0007

**Committee meeting was reported out: Thursday, April 20, 2017 1:58PM**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**HB 645 : Involuntary Examinations Under the Baker Act**

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				
<b>Total Yeas: 18</b>		<b>Total Nays: 0</b>			

**Appearances:**

Whittaker, Stan (General Public) - Waive In Support

Florida Association of Nurse Practitioners  
 Chairman  
 6294 NW Torreya Park Road  
 Bristol Florida 32321  
 Phone: (850) 545-8301

LaPolt, Alisa (Lobbyist) - Waive In Support

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

Kung, Dr. Mai (State Employee) - Waive In Support

Self  
 DNP, MPH, ARNP  
 3712 Longchamp Cir  
 Tallahassee FL 32309  
 Phone: (850) 510-7500

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 963 : Newborn Screenings**

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				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**Appearances:**

Johnson, Robert (Lobbyist) - Waive In Support  
 March of Dimes  
 110 E Jefferson St  
 Tallahassee FL 32301  
 Phone: (850) 491-1430

Winn, Stephen (Lobbyist) - Waive In Support  
 Florida Osteopathic Medical Association  
 Executive Director  
 2544 Blairstone Pines Dr  
 Tallahassee FL 32301  
 Phone: (850) 878-7364

Nuland, Chris (Lobbyist) - Waive In Support  
 FI Public Health Association  
 1000 Riverside Ave., #240  
 Jacksonville FI 32204  
 Phone: (904) 233-3051

Zepp, Victoria (Lobbyist) - Waive In Support  
 Tenet Healthcare Corporation  
 121 N. Monroe Street  
 Tallahassee FL 32301  
 Phone: (850) 241-6309

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM



**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 1037 : Optometry**

*Temporarily Postponed*

**Committee meeting was reported out: Thursday, April 20, 2017 1:58PM**

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**HB 1051 : Forensic Hospital Diversion Pilot Program**

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				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**Appearances:**

Busk, Sarah (Lobbyist) - Waive In Support  
 Okaloosa County  
 204 S Monroe St  
 Tallahassee FL 32301  
 Phone: (850) 222-8900

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 1183 : Admission of Children and Adolescents to Mental Health Facilities**

*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				
<b>Total Yeas: 18</b>		<b>Total Nays: 0</b>			

**CS/HB 1183 Amendments**

**Amendment 017027**

*Adopted Without Objection*

**Appearances:**

Gran, Jill (Lobbyist) - Waive In Support  
 Florida Behavioral Health Association  
 Policy Director  
 2868 Mahan Dr  
 Tallahassee FL 32308  
 Phone: (850) 251-8988

Bill & Strike All  
 Dillinger, Bob (State Employee) - Proponent  
 Florida Public Defender Association  
 Public Defender, 6th Circuit  
 14250 49th St North  
 Clearwater FL 33762  
 Phone: (727) 464-6516

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 1183 : Admission of Children and Adolescents to Mental Health Facilities (continued)**

**Appearances: (continued)**

Bill & Amendment #017027

LaPolt, Alisa (Lobbyist) - Waive In Support

NAMI Florida

Executive Director

Po Box 961

Tallahassee FL 32302

Phone: (850) 443-1319

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**CS/CS/HB 1209 : Health Information Transparency**

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				
<b>Total Yeas: 18</b>		<b>Total Nays: 0</b>			

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**CS/HB 1307 : Physician Assistants**

*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				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**CS/HB 1307 Amendments**

**Amendment 927397**

*Adopted Without Objection*

**Appearances:**

Mixon, Corinne (Lobbyist) - Waive In Support  
 Florida Academy of Physician Assistants  
 119 S. Monroe St.  
 Tallahassee FL 32301  
 Phone: (850) 681-6788

Edenfield, Victoria (General Public) - Waive In Support  
 Myself  
 Physician Assistant  
 2043 Dellwood Avenue  
 Jacksonville FL 32204  
 Phone: 766-5795

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)  
**HB 7011 : Health Care Access**

*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				
<b>Total Yeas: 10</b>		<b>Total Nays: 8</b>			

**HB 7011 Amendments**

**Amendment 031867**

*Adopted Without Objection*

**Amendment 490511**

*Adopted*

**Amendment 142269**

*Adopted Without Objection*

**Amendment 440713**

*Adopted Without Objection*

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**HB 7011 : Health Care Access (continued)**

**Appearances:**

Amendment #490511

Davant, Claudia (Lobbyist) - Proponent

Quidel Corporation  
Partner, Adams St Advocates  
205 S Adams St  
Tallahassee FL 32301  
Phone: (850) 567-0979

Bill & Amendment #490511

Montero, Patrick Daniel (General Public) - Opponent

Florida Academy of Family Physicians  
Physician  
13241 Bartram Park Blvd, Unit 1321  
Jacksonville FL 32258  
Phone: (904) 726-0944

Bill & Amendment #490511

Winn, Stephen (Lobbyist) - Waive In Opposition

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

Lyon, Chris (Lobbyist) - Waive In Support

FI Association of Nurse Anesthetists  
Attorney  
315 S. Calhoun St., Suite 830  
Tallahassee FL 32301  
Phone: (850) 222-5702

Dudley, Alison (Lobbyist) - Opponent

Florida Radiological Society, Inc  
President  
Po Box 428  
Tallahassee FL 32302  
Phone: (850) 559-1139

Bill & Amendment #490511

Murphy, MD, Douglas (Lobbyist) - Opponent

Florida Medical Association  
OB/GYN  
1430 Piedmont Dr E  
Tallahassee FL 32308  
Phone: (850) 224-6496

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM



**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**HB 7011 : Health Care Access (continued)**

**Appearances: (continued)**

Amendment #031867

Seymour, Christopher (General Public) - Waive In Opposition

Florida Society of Ophthalmology

Executive Director

6816 Southpoint Pkwy

Jacksonville Florida 32216

Phone: (904) 234-0393

Bill & Amendment #490511

Nuland, Chris (Lobbyist) - Opponent

Florida Chapter, American College of Physicians

1000 Riverside Avenue

Jacksonville FL 32204

Phone: (904) 233-3051

Bill & Amendment #031867, #490511

Whittaker, Stan (General Public) - Waive In Support

Florida Association of Nurse Practitioners

Chairman

6294 NW Torreya Park Road

Bristol Florida 32321

Phone: (850) 545-8301

Amendment #031867

Mabry, Janet (Lobbyist) - Waive In Support

Florida Justice Association

2866 Bay Heather Cir

Gulf Breeze FL 32563

Phone: (850) 501-2502

Bill & Amendment #031867

Wilson, Kathleen R. (General Public) - Waive In Support

Florida Nurse Practitioner Network

PhD, ARNP-C

2633 Centennial Blvd

Tallahassee FL 32308

Phone: (850) 431-5404

Bill & Amendment #031867

Carvajal, Allison (Lobbyist) - Waive In Support

Florida Nurse Practitioner Network, Inc

Lobbyist

120 S Monroe St

Tallahassee FL 32301

Phone: (850) 727-7087

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**HB 7011 : Health Care Access (continued)**

**Appearances: (continued)**

Bill & Amendment #031867

LaPolt, Alisa (Lobbyist) - Waive In Support

Florida Nurses Association

Lobbyist

Po Box 1344

Tallahassee FL 32302

Phone: (850) 443-1319

Bill & Amendment #031867

Kung, Dr. Mai (State Employee) - Proponent

Self

DNP, MPH, ARNP

3712 Longchamp Cir

Tallahassee FL 32309

Phone: (850) 510-7500

Hunt, Brittney (Lobbyist) - Waive In Support

Florida Chamber of Commerce

Policy Director

136 S. Bronough St.

Tallahassee FL 32301

Phone: (850) 521-1200

Gonzalez, Larry (Lobbyist) - Waive In Support

Florida Society of Health System Pharmacists, Inc

General Counsel

223 S Gadsden St

Tallahassee FL 32301

Phone: (850) 222-0465

Amendment #490511

Ramba, Melissa (Lobbyist) - Waive In Support

Florida Retail Federation

VP of Government Affairs

227 S Adams St

Tallahassee FL 32301

Phone: (850) 570-0269

Graham, Harry (General Public) - Opponent

Florida Justice Association

3360 Capital Circle NE

Tallahassee FL 32308

Phone: (850) 224-3310

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**HB 7075 : Child Welfare**

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				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**HB 7075 Amendments**

**Amendment 046129**

Adopted Without Objection

**Appearances:**

Ragbeer, Diana (Lobbyist) - Waive In Support  
 Children's Trust, The  
 Director of Public Policy & Community Engagement  
 3150 SW 3rd Ave, 8th Floor  
 Miami FL 33129  
 Phone: (305) 571-5718

Bill & Amendment #46129  
 Zepp, Victoria (Lobbyist) - Proponent  
 Florida Coalition for Children  
 Executive Director Governmental Affairs  
 121 N. Monroe Street  
 Tallahassee FL 32301  
 Phone: (850) 241-6309

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**HB 7075 : Child Welfare (continued)**

**Appearances: (continued)**

Holroyd, Robert (Lobbyist) - Waive In Support  
Children's Services of Broward County  
Gov't Affairs Manager  
6600 W Commercial Blvd  
Lauderhill FL 33319  
Phone: (954) 803-0231

Birken, Brittany (Lobbyist) - Waive In Support  
Florida Children's Council  
111 N Gadsden St  
Tallahassee FL 32301  
Phone: (850) 212-0408

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**

**4/20/2017 9:00AM**

**Location:** Morris Hall (17 HOB)

**HB 7097 : Direct Support Organization of the Prescription Drug Monitoring Program**

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				
<b>Total Yeas: 18</b>	<b>Total Nays: 0</b>				

**Appearances:**

Winn, Stephen (Lobbyist) - Waive In Support  
 Florida Osteopathic Medical Association  
 Executive Director  
 2544 Blairstone Pines Dr  
 Tallahassee FL 32301  
 Phone: (850) 878-7364

Committee meeting was reported out: Thursday, April 20, 2017 1:58PM

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

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 4/20/17  
**Place:** Morris Hall  
**Time:** 9:00 AM

**Bill Number:** CS/HB 211  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Cosmetic Product Registration

**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
✓		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
18	0									

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

Committee/Subcommittee: Health & Human Services

Bill Number: CJ/HR 313

Meeting Date: 7/20/17  
 Place: Morales Hall  
 Time: 9:00 AM

Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Child Support

**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
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input 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
17	0									

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

Committee/Subcommittee: Health & Human Services  
 Meeting Date: 4/20/11  
 Place: Monroe Hall  
 Time: 9:00 AM

Bill Number: CS/HB 539  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Hospice Care

**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 976569		Amended 029649					
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Altman								
<input checked="" type="checkbox"/>		Baez	w/o		w/o					
<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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
16	1									



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

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 4/20/17  
**Place:** Morris Hall  
**Time:** 9:00 AM

**Bill Number:** HB 645  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** prescriptive examinations under the Baker Act

**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 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
18	0									

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/CS/ HB 963

Meeting Date: 7/20/19

Date Received: \_\_\_\_\_

Place: Morris Hall

Date Reported: \_\_\_\_\_

Time: 9:00 AM

Subject: Newborn Screenings

**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								
✓		DuBoise								
✓		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									

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

Committee/Subcommittee: Health & Human Services  
 Meeting Date: 4/20/17  
 Place: Monroe Hall  
 Time: 9:00 AM

Bill Number: CS/AB 1039  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Optometry

**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

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

Committee/Subcommittee: Health & Human Services

Bill Number: HB 1051

Meeting Date: 4/20/19

Date Received: \_\_\_\_\_

Place: Thomas Hall

Date Reported: \_\_\_\_\_

Time: 9:00 AM

Subject: Forensic Hospital  
Division Pilot Program

**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
<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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
17	0									

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

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

Bill Number: **C5/HB 1183**

Meeting Date: **4/20/17**  
 Place: **Moore Hall**  
 Time: **9:00 AM**

Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: **Admission of Children and Adolescents to Mental Health Facilities**

**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	<i>amend 017027</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Altman	<i>w/o</i>							
<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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
<b>18</b>	<b>0</b>									

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

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

Bill Number: CS/CS/HR1209

Meeting Date: 4/20/17  
Place: Morris Hall  
Time: 9:00 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Health Information Transparency

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
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Renner								
<input checked="" type="checkbox"/>	<input 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
18	0									

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HR 1307

Meeting Date: 4/20/17  
Place: Morris Hall  
Time: 9:00 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Physician Assistants

**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	<i>Amend</i> 927397							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Altman								
<input checked="" type="checkbox"/>		Baez	<i>w/</i>	<i>obj.</i>						
<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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
17	0									

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

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

Bill Number: HB 9011

Meeting Date: 4/20/17  
 Place: Morris Hall  
 Time: 9:00 AM

Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Health Care Access

**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	Amend 031867		Amend 490511		Amend 142269		Amend 440713	
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	✓	Altman								
	✓	Baez	4/0		Adopted		4/0		4/0	
	✓	Berman	8/0				8/0		8/0	
✓		Brodeur								
✓	✓	DuBose								
	✓	Grant								
	✓	Hardemon								
	✓	Harrell								
✓		Magar								
✓		Massullo								
✓		Miller								
✓		Pigman								
✓		Renner								
✓		Santiago								
✓	✓	Silvers								
✓		White								
	✓	Williams								
✓		Cummings, Chair								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
10	8									



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

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

**Bill Number:** HB 7075

**Meeting Date:** 4/20/19  
**Place:** Morris Hall  
**Time:** 9:00 AM

**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Child Welfare

**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	Amend 046129							
Yeas	Nays		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
17	0									

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

Committee/Subcommittee: Health & Human Services  
 Meeting Date: 4/20/17  
 Place: Morone Hall  
 Time: 9:00 AM

Bill Number: HB 7097  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Direct Support Organization of the POMP

**Committee/Subcommittee Action:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Favorable<br><input type="checkbox"/> Favorable w/ _____ amendments<br><input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute<br><input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Retained for Reconsideration<br><input type="checkbox"/> Reconsidered<br><input type="checkbox"/> Temporarily Postponed<br><input type="checkbox"/> 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
18	0									

## **Testimony to the House Health & Human Services Committee – 4/20/17 at 9:00am**

Presenter: Steve Tenace, Tallahassee, Florida (850) 597-0007

1. I'm here to speak in favor of CS/HB 539, specifically 400.611 regarding the Release of Medical Records.
2. This bill is an excellent improvement over the current statute written in 1979. In addition, I appreciate Rep Harrell sponsoring it. However, I believe this bill is missing a key element that would make acquiring patient records even simpler for survivors, which I'll explain. First, I'd like to briefly share our story.
3. Forty years ago, in 1977, two years before this bill came into existence, I met my future wife here in Tallahassee on the FSU campus. We fell in love, married in 1980, and enjoyed raising a family.
4. In February of 2014 my 57-year old wife Lynette was diagnosed with Stage IV metastatic breast cancer at the Moffitt Cancer Center (MCC), and was given a prognosis of roughly two years to live.
5. On October 9, 2015, I took my wife Lynette to the MCC for her monthly treatment. Unfortunately, her prognosis this time was not good, and she was immediately admitted for radiation therapy.
6. On Tuesday, October 20, my wife decided she did not want to spend her last days battling chemotherapy treatments, but opted instead to live out her days in hospice care visiting with family and friends.
7. Lynette's medical team at the MCC agreed that she had at least two weeks or more of her precious life remaining. I can't emphasize enough how important that time was going to be for the two of us.
8. On Wednesday, October 21, we arrived at Big Bend Hospice (BBH) in Tallahassee at 6:30 pm. Lynette was cognizant and alert. She had a relaxed disposition and, in her own words, was "not in any pain."
9. While Lynette was being settled into her hospice room, a nurse summoned me to a nearby conference room to sign her admission papers, including a Release of Records form.
10. When the nurse presented the Release form, it had a place for the patient OR legal guardian to sign. Even though I told the nurse that I was not my wife's legal guardian, she informed that my signature was permissible, and that I could sign it.
11. Upon rejoining my wife and without discussion, the nurse attached an intramuscular port to her right arm and immediately injected her with an unknown medication. I inquired about it and she said it was morphine to help her sleep. I spent no more than 15 minutes talking with my wife about the day when she seemed to quickly drift off to sleep. Little did I know that those were the last words I would ever speak with my wife.
12. I later learned that, after my departure, the nurse gave additional morphine injections every two hours, which has caused me to suspect she was put into an involuntarily medically induced coma and she remained unconscious until she died a short 42 hours later. We were all in a state of shock given that she was doing well just the day before at the MCC.
13. An assessment and plan of care was not prepared and reviewed with my wife and we never met the attending physician until he pronounced her as deceased on Friday, October 23.

14. I later learned that this was in violation of statute 400.6095, which states; "Each hospice, in collaboration with the patient and the patient's primary or attending physician, shall prepare and maintain a plan of care for each patient, and the care provided to a patient must be in accordance with the plan of care."
15. Following my wife's memorial service two weeks after her death, I returned to BBH to request my wife's medical records, and was denied. They informed me that the only way they would release medical records was with a court order. I spent five months and \$2,000 to acquire the records.
16. My wife's medical records confirmed my suspicion, that she did not die from her disease as they claimed, but rather from an overdose of morphine and other drugs - in fact, a total of 24 injections within a 39-hour period. I have a letter from a local physician who reviewed her records and has confirmed this.
17. In hindsight, it is my opinion that the staff at Big Bend Hospice intentionally separated me from my wife to sign her admission forms in lieu of her, knowing that after she passed away, the release with my signature would become null and void, which the BBH attorney later confirmed in a letter was true.
18. In correspondence with the BBH legal counsel, their attorney further noted that "*if the patient had signed the medical release while she was alive allowing you to have the records, they would have been provided to you.*" BBH appears to avoid allowing the patient to sign their own admission forms in hopes of denying medical records, presuming most will not pursue the time consuming and costly court alternative. This then allows the opportunity to overdose patients with morphine with the unlikelihood of being exposed, blaming the death on the "disease" rather than the overdose of medication.
19. I urge this committee to consider the fact that there is nothing in HB 539 that would prevent what happened to me from happening to others in the future. The language does not prevent a hospice from persuading a spouse to sign the Release of Records form in lieu of the patient, deceiving family members and giving the illusion that they will be able to acquire the patients' medical records; giving advocates of euthanasia within hospice to administer their fatal doses of morphine to unsuspecting patients.
20. I have suggested the following revised language to Rep Harrell's office, and I hearten the members of this committee to strongly encourage its inclusion into this House Bill 539. This will make a significant impact on hospice care in general and allow this bill to be more beneficial to patients and their families.

(4) A hospice may not release a patient's interdisciplinary record or any portion thereof, unless the person requesting the information provides to the hospice:

(a) A patient authorization executed by the patient who, with capacity, shall have the first right of refusal to sign the patient Release of Records Form; ~~or legal guardian has given express written informed consent;~~

(b) If the patient is incapacitated, a patient authorization executed before the patient's death by the patient's then acting legal guardian, health care surrogate, health care proxy, or agent under durable power of attorney; (See, e.g., § 709.2109(1) (a) (b))



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

SPS

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

Bill       Amendment

Bill/PCS/PCB Number: HB 211 Cosmetics

Amendment Number: \_\_\_\_\_

Name: Alan Soskey

Representing: Dermazone Solutions

Title: \_\_\_\_\_

Address: PO Box 102

City: Tallahassee      State/Zip: FL

Phone Number: 510-8314      Meeting Date: 4-20-17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

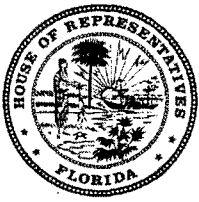
State Employee: YES  NO

- 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

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>CS/HB 211</u>	
Amendment Number: _____	

Name: Reginald Dixon

Representing: Florida Dept of Business & Professional Regulation

Title: Chief of Staff

Address: 2601 Blair Stone Road

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-443-8832 Meeting Date: 4/20/17

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Cosmetic Product Registration

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



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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: <b>CS/HB 211 : Cosmetic Product Registration</b> PCB/PCS/Amendment #: <b>N/A</b>
---

Name: **Ray, John**

---

Representing: **Seychelles Organics, Inc**

---

Title:

---

Address: **Po Box 7683**

---

City: **Tallahassee**                      State/Zip: **FL 32314-7683**

---

Phone Number: **(850) 445-5044**                      Meeting Date: **Apr 20 2017 9:00AM**

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

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

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- 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>
<b>Proponent</b>
<u>Amendment</u>
<b>N/A</b>



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>539</u>	
Amendment Number: _____	

Name: Paul Ledford

Representing: Florida Hospice and Palliative Care Association

Title: President + CEO

Address: 2000 Apalachee Parkway Ste 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-878-2632 Meeting Date: 4.20.2016

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: Hospice

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





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*S*



### 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: <b>CS/HB 539 : Hospice Care</b> PCB/PCS/Amendment #: <b>N/A</b>
--

Name: **TENACE, STEVE**

Representing: **SELF**

Title:

Address: **3978 GROVE PARK DRIVE**

City: **TALLAHASSEE**

State/Zip: **FL 32311**

Phone Number: **8505970007**

Meeting Date: **Apr 20 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>
<b>Proponent</b>
<u>Amendment</u>
<b>N/A</b>



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

576

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>645</u>	
Amendment Number: _____	

Name: STAN Whittaker

Representing: FL Association of Nurse Practitioners

Title: Chairman

Address: 6294 N.W. Torrey A Pk Rd

City: Bristol State/Zip: FL 32821

Phone Number: 888-545- Meeting Date: \_\_\_\_\_

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

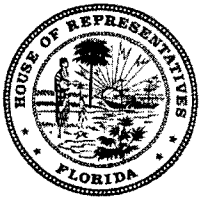
State Employee: YES  NO

- 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

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>645</u>	
Amendment Number: _____	

Name: Misa LaPOLT

Representing: FL Nurses Association

Title: Lobbyist

Address: PO Box 1344

City: TLH State/Zip: 32302

Phone Number: 850-443-1319 Meeting Date: 4/20

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Baker Act

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>645</u>	
Amendment Number: _____	

Name: Mai Kung

Representing: self

Title: DNP, MPH, ARNP

Address: 3712 Longchamp Cir

City: Tallahassee, FL State/Zip: FL

Phone Number: 850-510-7500 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

5/10

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>963</u>	
Amendment Number: _____	

Name: Rob Johnson

Representing: March of Dimes

Title: \_\_\_\_\_

Address: 110 E. Jefferson St.

City: Tall. State/Zip: FL 32301

Phone Number: 850-491-1430 Meeting Date: 4/20/17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: Newborn Screenings - Fitzenhagen

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

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>963</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: Newborn Screenings

Registered Lobbyist: YES  NO

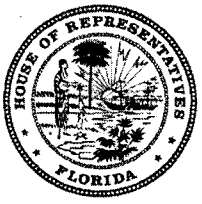
State Employee: YES  NO

- 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

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>963</u>	
Amendment Number: _____	

Name: Chris Deland

Representing: Florida Public Health Association

Title: \_\_\_\_\_

Address: 1000 Riverside Ave #240

City: Tacksonville State/Zip: FL 32204

Phone Number: 904-233-3051 Meeting Date: 4/20/17

Committee/Subcommittee: HMSC

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>963</u>	
Amendment Number: _____	

Name: Victoria Zepp

Representing: Tenet Health care

Title: \_\_\_\_\_

Address: 121 N. Monroe St 9007

City: TLH State/Zip: FL 32301

Phone Number: 850/241-6309 Meeting Date: 4/20/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Newborn Screening

Registered Lobbyist: YES  NO

State Employee: YES  NO

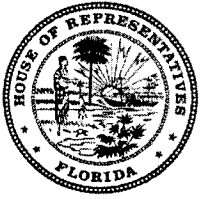
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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>1051</u>	
Amendment Number: _____	

Name: Sarah Busk

Representing: Okaloosa County

Title: \_\_\_\_\_

Address: 204 S Monroe

City: TLH State/Zip: FL 32301

Phone Number: 850.222.8900 Meeting Date: 4.20.17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Forensic Hospital Diversion

Registered Lobbyist: YES  NO  *Pilot Program*

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

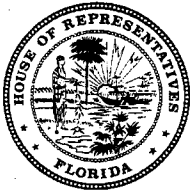
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



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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 checked="" type="checkbox"/> Amendment
Bill Number: <b>CS/HB 1183 : Admission of Children and Adolescents to Mental Health Facilities</b>
PCB/PCS/Amendment #: <b>N/A</b>

Name: **Dillinger, Bob**

---

Representing: **Florida Public Defender Association, Inc.**

---

Title: **Public Defender, 6th Circuit**

---

Address: **14250 49th Street North**

---

City: **Clearwater** State/Zip: **FL 33762**

---

Phone Number: **727-464-6516** Meeting Date: **Apr 20 2017 9:00AM**

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

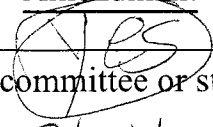
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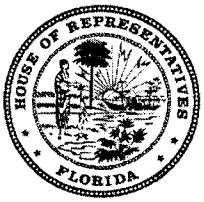
Presentation/Workshop Topic: **Admission of Children & Adolescents to Mental Health Facilities**

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- 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>
Proponent
<u>Amendment</u>
N/A

  
On Strike All



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>1183</u>	
Amendment Number: <u>017027</u>	

Name: Alisa LaBolt

Representing: National Alliance on Mental Illness - FL

Title: Exec Director

Address: PO Box 961

City: Tallahassee State/Zip: FL

Phone Number: 443-1319 Meeting Date: 4/20/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Mental Health Facilities

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>1183</u>	
Amendment Number: _____	

Name: Alisa LaPolt

Representing: FL- National Alliance on Mental Illness

Title: Executive Director

Address: PO Box 961

City: TLH State/Zip: FL

Phone Number: 32302 Meeting Date: 4/20/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Mental Health Facilities

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1183</u>	
Amendment Number: _____	

Name: Jill Gran

Representing: Florida Behavioral Health Association

Title: Policy Director

Address: 2868 Mohan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 251-8988 Meeting Date: 4/20/2017

Committee/Subcommittee: Health + Human Services Committee

Presentation/Workshop Topic: Childrens Baker Act

Registered Lobbyist: YES  NO

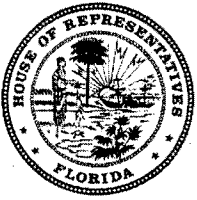
State Employee: YES  NO

- 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>1307</u>	
Amendment Number: <u><del>1307A</del></u>	

Name: VICTORIA ENERFIELD

Representing: Herself

Title: ~~Community Health Administrator~~ Physician Assistants

Address: 2043 Bellwood Avenue

City: TUCSON, ARIZONA State/Zip: FL 32204

Phone Number: 766-5795 Meeting Date: 4/18/17

Committee/Subcommittee: HH3

Presentation/Workshop Topic: Physician Assistants

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>1309</u>	
Amendment Number: _____	

Name: Corinne Nixon

Representing: Florida Academy of Physician Assistants

Title: Lobbyist

Address: 114 S. Monroest.

City: \_\_\_\_\_ State/Zip: FL

Phone Number: \_\_\_\_\_ Meeting Date: 4/20/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

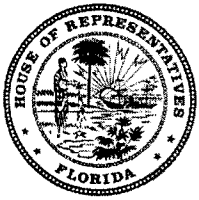
State Employee: YES  NO

- 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

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



<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7011</u>	
Amendment Number: <u>490511</u> <del>FB</del>	

Name: Claudia Davant

Representing: Quidel

Title: Partner, Adams St. Advocates

Address: 205 S. Adams St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 567 0979 Meeting Date: 4/20/17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: Healthcare

Registered Lobbyist: YES  NO

State Employee: YES  NO

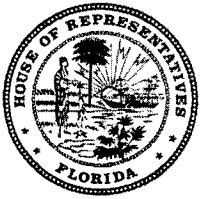
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

(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

*[Handwritten scribble]*

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>7011</u>	
Amendment Number: <u>490511</u>	

Name: Daniel Patrick Montano

Representing: Florida Academy of Family Physicians

Title: Physician

Address: 13241 Battram Park Blvd. Unit 1321

City: Jacksonville State/Zip: FL 32258

Phone Number: 904-726-0944 Meeting Date: 4/20/17

Committee/Subcommittee: Health + Human Services Committee

Presentation/Workshop Topic: Health Care Access

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 type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7011</u>	
Amendment Number: <u><del>#3</del>490511</u>	

Name: Stephen Winn

Representing: Florida Osteopathic Medical Association

Title: Exec. Director

Address: 2544 Blairstone Pines Dr.

City: Tallahassee

State/Zip: FL 32301

Phone Number: 878-7364

Meeting Date: 4/20/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

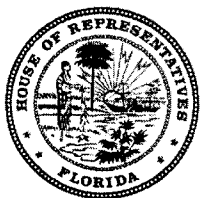
State Employee: YES  NO

- I wish to speak Waive in opposition
- 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>7011</u>	
Amendment Number: _____	

Name: Chris Lyon

Representing: Florida Association of Nurse Anesthetists

Title: Attorney

Address: 315 S. Calhoun St., Ste. 830

City: Tallahassee State/Zip: FL 32301

Phone Number: 222-5702 Meeting Date: 4/20/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

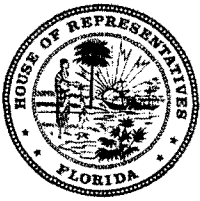
State Employee: YES  NO

- 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.



<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7011</u>	
Amendment Number: _____	

Name: Alison Dudley

Representing: Florida Radiological Society

Title: President

Address: P.O. Box 428

City: Tall State/Zip: FL 32302

Phone Number: 850/559-1139 Meeting Date: 4/20/17

Committee/Subcommittee: Health Human Services

Presentation/Workshop Topic: Telehealth - Healthcare Access

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

*[Handwritten signature]*

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>7011</u>	
Amendment Number: <u>490511</u>	<u>#3</u>

Name: Doug Murphy, M.D.

Representing: Florida Medical Association

Title: COL CHAIR

Address: 1430 Piedmont Dr. E.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 224-6496 Meeting Date: 4/20/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

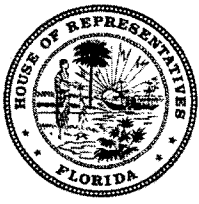
State Employee: YES  NO

- 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/o

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

Bill       Amendment

Bill/PCS/PCB Number: 7011

Amendment Number: ? ~~1031867~~

Name: Christopher Seymour

Representing: Florida Society of Ophthalmology

Title: Exec. Director

Address: 6816 Southpoint Pkwy #1000

City: Jacksonville      State/Zip: Florida 32216

Phone Number: 904-234-0893      Meeting Date: 4/29/17

Committee/Subcommittee: Health and Human Svcs.

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

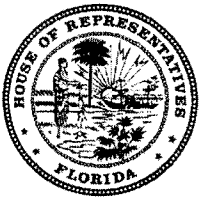
State Employee: YES  NO

- 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

SPS

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>7011</u>	
Amendment Number: <u>031867</u>	

Name: Alisa LaPolt

Representing: FL Nurses Association

Title: Lobbyist

Address: PO Box 1344

City: TLH State/Zip: FL

Phone Number: 850-443-1319 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Health care Access

Registered Lobbyist: YES  NO

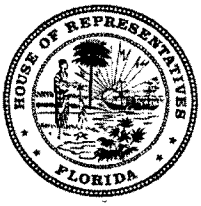
State Employee: YES  NO

- 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.

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→ W/S

Bill       Amendment

Bill/PCS/PCB Number: 7011

031867  
Amendment Number:

Name: Man Kung

Representing: Self

Title: Doctor of Nursing Practice, MPH, ARNP

Address: 3712 Longchamp Cir

City: Tallahassee      State/Zip: \_\_\_\_\_

Phone Number: 850-510-7000      Meeting Date: 4/20/2017

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

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>HB 7011</u>	
Amendment Number: _____	

Name: Brittney Hunt

Representing: FL Chamber of Commerce

Title: Policy Director

Address: 136 S. Bronough St.

City: Tall State/Zip: FL, 32301

Phone Number: (850) 521-1200 Meeting Date: 4/20/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Telehealth

Registered Lobbyist: YES  NO

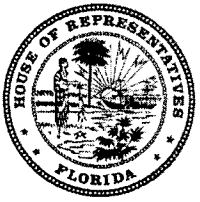
State Employee: YES  NO

- 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>HB 7011</u>	
Amendment Number: _____	

Name: Larry Gonzalez

Representing: Florida Society of Health-System Pharmacists

Title: General Counsel

Address: 223 S. Gadsden St

City: Tallahassee, FL State/Zip: FL 32301

Phone Number: 850-222-0465 Meeting Date: 4/20/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Health Care Access

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

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WJS

<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7011</u>	
Amendment Number: <u>490511</u>	<u>#3</u>

Name: Melissa Ramba

Representing: Florida Retail Federation

Title: VP of Government Affairs

Address: 227 S Adams Street

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-570-0269 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: Health Care

Registered Lobbyist: YES  NO

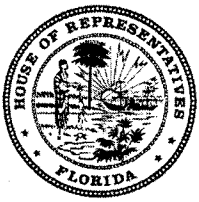
State Employee: YES  NO

- 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

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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>7011</u>	
Amendment Number: _____	

Name: Harry Graham

Representing: Florida Justice Association

Title: \_\_\_\_\_

Address: 3360 Capital Circle NE, Suite B

City: Tallahassee

State/Zip: Florida 32308

Phone Number: 850-224-3310

Meeting Date: 20 Apr 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.



<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7011</u>	
Amendment Number: <u>490511</u>	

Name: Chris Nuland

Representing: Florida Chapter, American College of Physicians

Title: \_\_\_\_\_

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32209

Phone Number: 904-233-3051 Meeting Date: 9/20/17

Committee/Subcommittee: MHSC

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.

WTS

WTS

WTS

<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7011</u>	
Amendment Number: <u>Amendment 1 &amp; 2</u>	

Name: STAN Whittaker

Representing: FL Association of Nurse Practitioners

Title: Chairman

Address: 6294 NW Tomer Ark Rd

City: Bristol State/Zip: FL 32321

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

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

WLS

Bill       Amendment

Bill/PCS/PCB Number: 7011

Amendment Number: # 1031869

Name: JANET MABRY

Representing: Florida Justice Association

Title: \_\_\_\_\_

Address: 2866 Bay Heather Circle

City: Gulf Breeze      State/Zip: 32563

Phone Number: 850-501-2502      Meeting Date: 4/20/17

Committee/Subcommittee: \_\_\_\_\_

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

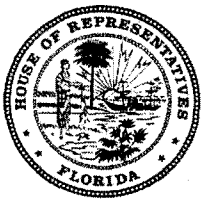
State Employee: YES  NO

- 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

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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7011</u>	
Amendment Number: <u>03/4667 #1</u>	

Name: Kathleen P. Wilson

Representing: Florida Nurse Practitioner Network

Title: PhD, ARNP-C

Address: TMH Physicians Partners - Metabolic Health Center

City: Tallahassee 2633 Centennial Blvd. Suite 100 State/Zip: Florida 32308

Phone Number: 850-431-5404 Meeting Date: 4/20/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Healthcare Access - ARNP Supervision

Registered Lobbyist: YES  NO

State Employee: YES  NO

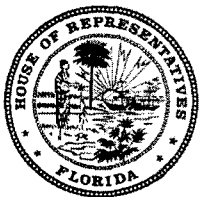
- I wish to speak Waive in support / Questions
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance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

WIS

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>7011</u>	
Amendment Number: <u>031867</u>	

Name: ALLISON CARVAJAL

Representing: FLORIDA NURSE PRACTITIONER NETWORK

Title: LOBBYIST

Address: 120 S. MONROE

City: TALLAHASSEE State/Zip: FL

Phone Number: 727-7087 Meeting Date: 4-20-17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: HEALTHCARE ACCESS - APRN SUPERVISION

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.

WFS

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7075</u>	
Amendment Number: <u><del>46129</del></u>	

Name: DIANA RAGBER

Representing: THE CHILDREN'S TRUST

Title: DIRECTOR PUBLIC POLICY & COMMUNITY ENGAGEMENT

Address: \_\_\_\_\_

City: MIAMI State/Zip: FL

Phone Number: 305 571 5718 Meeting Date: 4/20/17

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.)

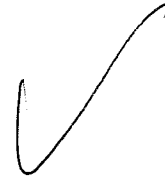
Bill: Proponent  Opponent  Info only

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.



<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7875</u>	
Amendment Number: <u>46129</u>	

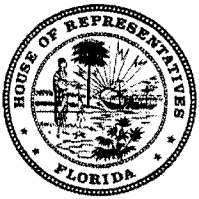
Name: Victoria Zepp  
 Representing: FL Coalition for Children  
 Title: Exec Dir Govt Affairs  
 Address: 121 N. Monroe St 9007  
 City: Tallah State/Zip: FL 32301  
 Phone Number: 850-241-6309 Meeting Date: 4/20/17  
 Committee/Subcommittee: HHS  
 Presentation/Workshop Topic: Child Welfare

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>7075</u>	
Amendment Number: _____	

Name: Victoria Zepp

Representing: FL Coalition for Children

Title: Exec Dir, Govt Affairs

Address: 121 N. Monroe St. 9007

City: TLH State/Zip: FL 32301

Phone Number: 850/241-6309 Meeting Date: 4/20/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Child Welfare

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>7075</u>	
Amendment Number: _____	

Name: Robert Holroyd

Representing: Children's Services Council of Broward County

Title: Govt Affairs Manager

Address: 6600 W. Commercial Blvd.

City: Lauderhill State/Zip: FL 33319

Phone Number: 954-803-0231 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

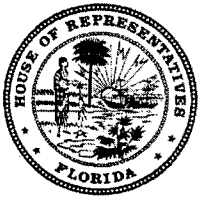
State Employee: YES  NO

- 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

WJC

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>7075</u>	
Amendment Number: _____	

Name: Dr. Brittany Birken

Representing: Florida Children's Council

Title: CEO

Address: 111 N. Gadsden St. Ste 300

City: Tallahassee State/Zip: FL 32301

Phone Number: 850/212/0408 Meeting Date: 4/20/17

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.

W/S

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7097</u>	
Amendment Number: _____	

Name: Stephen Winn

Representing: Florida Osteopathic Medical Assoc.

Title: Exec. Director

Address: 2544 Blairstone Pines Dr.

City: Tallahassee State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 4/20/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Direct Support PDMP

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