



Health & Human Services Committee

**Monday, April 24, 2017
2:00 PM – 5:00 PM
Morris Hall (17 HOB)**

Action Packet

REVISED

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

Summary:

Health & Human Services Committee

Monday April 24, 2017 02:00 pm

HB 1077	Favorable With Committee Substitute	Yeas: 14	Nays: 4
	Amendment 625385 Adopted Without Objection		
CS/CS/HB 1191	Favorable With Committee Substitute	Yeas: 16	Nays: 0
	Amendment 175309 Adopted Without Objection		
PCS for CS/HB 1397	Favorable	Yeas: 14	Nays: 4
HB 7095	Favorable With Committee Substitute	Yeas: 17	Nays: 0
	Amendment 454473 Adopted Without Objection		

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
W. Travis Cummings (Chair)	X		
Thad Altman	X		
Daisy Baez	X		
Lori Berman	X		
Jason Brodeur	X		
Bobby DuBose	X		
Michael Grant	X		
Roy Hardemon	X		
Gayle Harrell	X		
MaryLynn Magar	X		
Ralph Massullo, MD	X		
Alexandra Miller	X		
Cary Pigman	X		
Paul Renner	X		
David Santiago	X		
David Silvers	X		
Frank White	X		
Patricia Williams	X		
Totals:	18	0	0

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

HB 1077 : Trauma Services

☒ *Favorable With Committee Substitute*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thad Altman	X				
Daisy Baez		X			
Lori Berman		X			
Jason Brodeur	X				
Bobby DuBose		X			
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams		X			
W. Travis Cummings (Chair)	X				
Total Yeas: 14		Total Nays: 4			

HB 1077 Amendments

Amendment 625385

☒ *Adopted Without Objection*

Appearances:

Bill & Amendment #625385

Ecenia, Steve (Lobbyist) - Proponent

HCA

P.O. Box 551

Tallahassee FL 32302

Phone: (850) 681-6788

Bill & Amendment #625385

Oeters, Phillis (Lobbyist) - Waive In Opposition

Baptist Health South Florida

Vice President

685 S Red Road

Coral Gables FL 33146

Phone: (305) 205-2457

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

HB 1077 : Trauma Services (continued)

Appearances: (continued)

Runk, Paul (Lobbyist) (State Employee) - Waive In Support
Department of Health
Director of Legislative Planning
2585 Merchants Row Blvd
Tallahassee FL 32399
Phone: (850) 245-4006

Ashburn, David (Lobbyist) - Opponent
Florida Hospital Association
Managing Shareholder
101 E College Ave
Tallahassee FL 32301
Phone: (850) 222-6891

Delegal, Mark (Lobbyist) - Opponent
Safety Net Hospital Alliance of Florida
General Counsel
315 S Calhoun St
Tallahassee FL 32301
Phone: (850) 425-5685

Amendment #625385

Shouppe, Clint (Lobbyist) - Waive In Opposition
St Joseph's Hospital
State Gov't Relations Mgr
2985 Drew St
Clearwater FL 33759
Phone: (813) 767-0550

Bax, Christian (State Employee) - Information Only
Department of Health
Director, OCU
4052 Bald Cypress
Tallahassee FL
Phone: (850) 245-4444

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services

Bill Number: HB 1097

Meeting Date: 4/24/17

Date Received: _____

Place: Moniz Hall

Date Reported: _____

Time: 2 00 pm

Subject: Trauma Services

Committee/Subcommittee Action:

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

- ☐ Retained for Reconsideration
☐ Reconsidered
☐ Temporarily Postponed
☐ Unfavorable

Final Vote On Bill		MEMBERS	Struck all 625385							
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
14	4									

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

CS/CS/HB 1191 : Medication Synchronization

☒ *Favorable With Committee Substitute*

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

CS/CS/HB 1191 Amendments

Amendment 175309

☒ *Adopted Without Objection*

Appearances:

Jordan, Matt (Lobbyist) - Waive In Support

American Cancer Society

GRD

1922 Dellwood Dr

Tallahassee FL 32303

Phone: (850) 519-2801

Diaz Lyon, Aimee (Lobbyist) - Waive In Support

Florida Academy of Family Physicians

119 South Monroe St Ste. 200

Tallahassee FL 32301

Phone: (850) 205-9000

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

CS/CS/HB 1191 : Medication Synchronization (continued)

Appearances: (continued)

West, Sally (Lobbyist) (State Employee) - Waive In Support
Walgreens
Regional Director Government Relations
2966 Bayshore Dr
Tallahassee FL 32309
Phone: (850) 210-2461

Thomas, Mary (Lobbyist) - Waive In Support
Florida Medical Association
1430 Piedmont Dr E
Tallahassee FL 32308
Phone: (850) 224-6496

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

Labasky, Beth (Lobbyist) - Waive In Support
Alpha One Foundation
Director Gov't Relations
1400 Village Square Blvd Ste. 3-116
Tallahassee FL 32312
Phone: (850) 322-7335

Bill & Amendment
Hansen, Christopher (Lobbyist) - Waive In Support
AstraZeneca PLC
Ballard Partners
403 E Park Ave
Tallahassee FL 32301
Phone: (850) 577-0444

Nuland, Chris (Lobbyist) - Waive In Support
Florida Chapter, American College of Physicians
1000 Riverside Ave. #240
Jacksonville FL 32204
Phone: (904) 233-3051

Barker, Dorene (Lobbyist) - Waive In Support
AARP
Associate State Director
200 W College Ave
Tallahassee FL 32301
Phone: (850) 228-6387

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

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

Bill Number:

CS/CS/HB 1191

Meeting Date:

4/24/17

Date Received:

Place:

Mark Hall

Date Reported:

Time:

2:00 pm

Subject:

Medication Synchronization

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	Amended 175309							
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
16	0									

COMMITTEE MEETING REPORT

Health & Human Services Committee

4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

PCS for CS/HB 1397 : Medical Use of Marijuana

☒ Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thad Altman	X				
Daisy Baez		X			
Lori Berman		X			
Jason Brodeur	X				
Bobby DuBose		X			
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams		X			
W. Travis Cummings (Chair)	X				
Total Yeas: 14		Total Nays: 4			

Appearances:

Bishop, Barney (Lobbyist) - Proponent
 Florida Smart Justice Alliance
 President & CEO
 204 S Monroe St
 Tallahassee FL 32301
 Phone: (850) 510-9922

Medical Use of Marijuana
 Camacho, Carmella (General Public) - Information Only
 Cannangels on behalf of #TeamLandon
 Biz Owner
 265 Bayshore Dr
 Freeport FL 32439
 Phone: (503) 505-1715

Hightower, John - not present (General Public) - Opponent
 Patients/Self
 2807 Sweetbriar Drive
 Tallahassee FL 32312
 Phone: (850) 519-0363

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. PCS for CS/HB 1397 (2017)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED _____ (Y/N)
ADOPTED AS AMENDED _____ (Y/N)
ADOPTED W/O OBJECTION _____ (Y/N)
FAILED TO ADOPT ✓ (Y/N)
WITHDRAWN _____ (Y/N)
OTHER _____

Committee/Subcommittee hearing bill: Health & Human Services
Committee

Representative DuBose offered the following:

Amendment

Remove lines 595-611 and insert:

3. The department shall also license as a medical
marijuana treatment center one applicant that is a recognized
class member of Pigford v. Glickman, 185 F.R.D. 82 (D.D.C.
1999), or In Re Black Farmers Litig., 856 F. Supp. 2d 1 (D.D.C.
2011); is a member of the Black Farmers and Agriculturalists
Association - Florida Chapter; and meets the requirements of
subparagraphs (b) 2.-7. and demonstrates the ability to
cultivate and process marijuana and low-THC cannabis.

4. Upon the registration of 150,000 active qualified
patients in the medical marijuana use registry, the department

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. PCS for CS/HB 1397 (2017)

Amendment No.

17 shall also license as a medical marijuana treatment center one
18 applicant per region which was a dispensing organization
19 applicant under former s. 381.986, Florida Statutes 2014; was
20 the next-highest scoring applicant after the applicant or
21 applicants that were awarded a license for that region; is not
22 licensed in another region and meets the requirements of this
23 section.

COMMITTEE MEETING REPORT

Health & Human Services Committee

4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

PCS for CS/HB 1397 : Medical Use of Marijuana (continued)

Appearances: (continued)

Rotundo, Louis (Lobbyist) - Proponent

CBSY Inc

302 Pinestraw Circle

Altamonte Springs FL 32714

Phone: (407) 699-9361

Deckerhoff, Dennis (General Public) - Opponent

Patients of Florida; Barrett Deckerhoff

Caregiver/Father

5704 Victor Brown Trail

Tallahassee FL 32303

Phone: (850) 567-0405

Pollara, Benjamin (Lobbyist) - Opponent

Florida for Care

Executive Director

801 Arthur Godfrey Road Ste. 204-A

Miami Beach FL 33140

Phone: (305) 673-2585

Rutherford, Charlie (General Public) - Opponent

13111 Brenwood Trail

Minnetonka MN 55343

Phone: (612) 655-5494

Watson, Ronald (Lobbyist) - Opponent

ALTMEd; Cannavision; SLGT Inc.

Lobbyist

3738 Mundon Way

Tallahassee FL 32309

Phone: (850) 567-1202

Villar, Melissa (General Public) - Opponent

NORML Tallahassee

Executive Director

169 Sinclair Rd

Tallahassee FL 32312

Phone: (850) 284-2090

Mullis, Stephany (General Public) - Opponent

Myself

331 SE Webley Ct

Lake City FL 32035

Phone: (386) 288-2893

Cannella-Krehl, Josephine (General Public) - Opponent

Suffering Patients

Licensed Clinical Social Worker

3784 Wentworth

Tallahassee FL 32311

Phone: (850) 653-6928

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

PCS for CS/HB 1397 : Medical Use of Marijuana (continued)

Appearances: (continued)

Chudnow, Chief Jeffrey (General Public) - Waive In Support

The Florida Police Chiefs Association
Chief of Police
2636 Mitcham Drive
Tallahassee FL 32308
Phone: (850) 219-3631

Rowland, Ethel (General Public) - Waive In Opposition

Florida Cannabis Action Network
President
1375 Cypress Ave
Melbourne FL 32935
Phone: (321) 253-3673

Custin, David (Lobbyist) - Opponent

Eureka Vapor, Inc.; Kaycha Holdings, LLC
Lobbyist
6401 SW 113Th PL
Miami FL 33173
Phone: (305) 607-8576

Stein, Gary (General Public) - Opponent

Self
7035 Belt Linn Loop
Wesley Chapel FL 33545
Phone: (513) 305-8280

Visher, Micheal (General Public) - Opponent

Self; US Cannabis Pharm, Research & Devel.
President
1222 Hillandale Reserve
Tampa FL
Phone: (813) 992-8474

Bambis, Jared - Opponent

Myself
9981 N. Abiaca Circle
Davie FL 33328
Phone: (954) 531-9782

Wilson, Dr. Latresa (General Public) - Proponent

Black Farmers & Agriculture Association
Vice President
3330 NW 2nd Ave
Ocala FL 34478
Phone: (352) 425-5676

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

PCS for CS/HB 1397 : Medical Use of Marijuana (continued)

Appearances: (continued)

Lowrey, Thad (Lobbyist) - Waive In Support
Operation PAR
VP Governmental Relations
7720 Washington St
Port Richey FL 34668
Phone: (727) 992-8508

Bowen, Stephani Scruggs (General Public) - Opponent
Epilepsy Foundation of Florida
608 Paulding Ave
Pensacola FL 32507
Phone: (850) 530-1874

Pitts, Brian - Opponent
Justice-2-Jesus
Trustee
1119 Newton Ave. S.
St. Petersburg FL 33705
Phone: 727-897-9291

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
4/24/2017 2:00PM

Location: Morris Hall (17 HOB)

HB 7095 : Pub. Rec./Medical Marijuana Use Registry

☒ *Favorable With Committee Substitute*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Thad Altman	X				
Daisy Baez			X		
Lori Berman	X				
Jason Brodeur	X				
Bobby DuBose	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Alexandra Miller	X				
Cary Pigman	X				
Paul Renner	X				
David Santiago	X				
David Silvers	X				
Frank White	X				
Patricia Williams	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 17		Total Nays: 0			

HB 7095 Amendments

Amendment 454473

☒ *Adopted Without Objection*

Appearances:

Bishop, Barney - not present (Lobbyist) - Waive In Support
 Florida Smart Justice Alliance
 President & CEO
 204 S Monroe St
 Tallahassee FL 32301
 Phone: (850) 510-9922

Committee meeting was reported out: Monday, April 24, 2017 5:48PM

H-83 (2014)



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WFO

<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>H B 1077</u>	
Amendment Number: _____	

Name: Phillis Oeters

Representing: Baptist Health

Title: Trauma Vice President

Address: 6855 Rod Road

City: Coral Gables, State/Zip: FL 33146

Phone Number: 305-205-2457 Meeting Date: 4/24/17

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Trauma Regulation

Registered Lobbyist: YES ☒ NO ☐

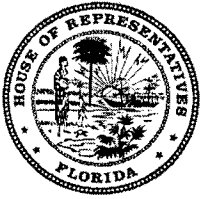
State Employee: YES ☐ NO ☒

- ☐ 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

☐

Bill

☒

Amendment

Bill/PCS/PCB Number: HB 1007

Amendment Number: 625385

Clint Shouppe

Name: Clint Shouppe

Representing: St. Joseph's Hospital

Title: State Government Relations

Address: 2985 Drew St

City: Clearwater

State/Zip: FL 33754

Phone Number: 813-767-0530

Meeting Date: 4/24/17

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

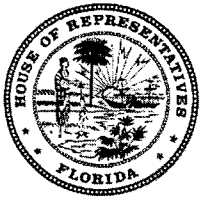
☒

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.

WFO



Bill



Amendment

Bill/PCS/PCB Number: 1077

Amendment Number: _____

Name: Clint Shouppe

Representing: St. Joseph's Hospital

Title: State Government Relations Mgr

Address: 2985 Dow St

City: Clamath State/Zip: FL 3375

Phone Number: 813-767-0550 Meeting Date: 4/24/17

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 ☒

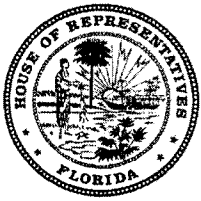
Info only ☐

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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number:	1077
Amendment Number:	615385

Name: MARK Delegal
Representing: Safety Net Hospital Alliance of FL
Title: General Counsel
Address: 315 S. Calhoun St., Suite 600
City: Tallahassee State/Zip: FL 32301
Phone Number: 850-425-5685 Meeting Date: 4/24/2017
Committee/Subcommittee: Health & Human Services - House
Presentation/Workshop Topic: TRAUMA

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

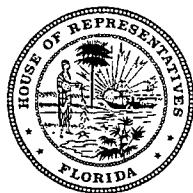
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent ☐ Opponent ☒ Info only ☐

Amendment: Proponent ☐ Opponent ☒ Info only ☐



80615874

**COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD**

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

☒ Bill ☐ Amendment

Bill Number: HB 1077 : Trauma Services

PCB/PCS/Amendment #: N/A

Name: Ashburn, David

Representing: Florida Hospital Association

Title: Managing Shareholder

Address: 101 E College Ave

City: Tallahassee

State/Zip:

FL 32301

Phone Number: (850) 222-6891

Meeting Date:

Apr 24 2017 2:00PM

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: N/A

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WKS

☒

Bill

☐

Amendment

Bill/PCS/PCB Number: 1077

Amendment Number: _____

Name: Paul Runk

Representing: Dept. of Health

Title: Director of Legislative Planning

Address: 2585 muchafes Row Blvd.

City: Tallahassee

State/Zip: FL 32399

Phone Number: 850-248-1006

Meeting Date: 4-24-17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Trauma Centers

Registered Lobbyist: YES ☒ NO ☐

State Employee: YES ☒ NO ☐

☒

I wish to speak

☐

Appearing in response to an inquiry for information made by member, committee, or staff

☐

Appearing in response to subpoena

☐

Appearing at the written request of the chair

☐

Judge or elected officer appearing in official capacity

☐

Lobbyist Appearance form submitted online

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

Bill:

Proponent

☒

Opponent

☐

Info only

☐

Amendment:

Proponent

☐

Opponent

☐

Info only

☐



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/>	Bill	<input checked="" type="checkbox"/>	Amendment
Bill/PCS/PCB Number:		1077	
Amendment Number:		625385	

Name: Steve Eckenia

Representing: ACA

Title: _____

Address: P.O. Box 551

City: Tallahassee State/Zip: FL 32302

Phone Number: 850-681-6788 Meeting Date: 4/24/17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☒ NO ☐

State Employee: YES ☐ NO ☐



I wish to speak



Appearing in response to an inquiry for information made by member, committee, or staff



Appearing in response to subpoena



Appearing at the written request of the chair



Judge or elected officer appearing in official capacity



Lobbyist Appearance form submitted online

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

Bill:

Proponent



Opponent



Info only



Amendment:

Proponent

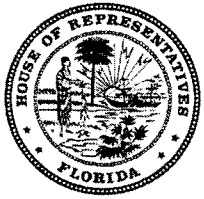


Opponent



Info only





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S



Bill



Amendment

Bill/PCS/PCB Number: HB 1191

Amendment Number: _____

Name: Dorene Barker

Representing: AARP

Title: Associate State Director

Address: 200 W College Ave, Ste 304

City: Orlando

State/Zip: FL 32301

Phone Number: 850-228-6387

Meeting Date: April 24, 2017

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Medication Synchronization

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

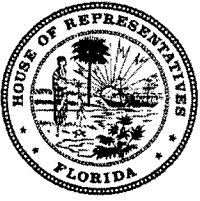
☐ Judge or elected officer appearing in official capacity

☐ 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



Bill



Amendment

Bill/PCS/PCB Number: 1191

Amendment Number: _____

Name: Chris Adland

Representing: Florida Chapter, American College of Physicians

Title: _____

Address: 1000 Riverside Ave #240

City: Tacksonville

State/Zip: FL 32204

Phone Number: 904-233-3051

Meeting Date: 4/24/17

Committee/Subcommittee: HHSC

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

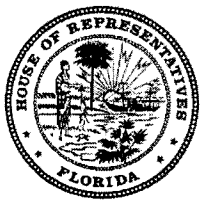


Opponent



Info only





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WFS



Bill



Amendment

Bill/PCS/PCB Number: 1191

Amendment Number: _____

Name: Chris Hanson

Representing: AstraZeneca PLC

Title: Ballard Partners

Address: 403 E. Park Ave

City: Tallahassee, FL 32301 State/Zip: _____

Phone Number: 850/577-0444 Meeting Date: 4/24

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☒ NO ☐

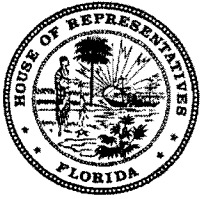
State Employee: YES ☐ NO ☒

- ☐ 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



Bill



Amendment

Bill/PCS/PCB Number: 1191

Amendment Number: _____

Name: BETH LABASKY

Representing: Alpha 1 FOUNDATION

Title: Dir. Govt Relations

Address: 1400 Village Square Blvd Ste 3-116

City: Tallahassee State/Zip: Fla 32312

Phone Number: 850 322 7335 Meeting Date: 4-24-17

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Presentation/Workshop Topic: MEDICATION Synchronization

Registered Lobbyist: YES ☒ NO ☐

State Employee: YES ☐ NO ☒

WAIVE IN SUPPORT OF BILL

- ☐ 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



Bill



Amendment

Bill/PCS/PCB Number: 1191

Amendment Number: _____

Name: Stephen Winn

Representing: Florida Osteopathic Medical Association

Title: Executive Director

Address: 2544 Blainstone Pines Dr.

City: Tallahassee State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: _____

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Medication Synchronization

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.



Bill



Amendment

Bill/PCS/PCB Number: 1191

Amendment Number: _____

Name: Mary Thomas

Representing: Florida Medical Association

Title: _____

Address: 1430 Piedmont Dr E

City: TLH

State/Zip: FL/32308

Phone Number: 850 224 1649

Meeting Date: 4/24/17

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

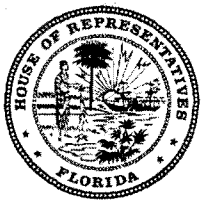
☐

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.

2/28



Bill



Amendment

Bill/PCS/PCB Number: 1191

Amendment Number: _____

Name:

Sally West

Representing:

Walgreens

Title:

Regional Director Gov. Relations

Address:

2966 Bayshore Dr.

City:

Tallahassee

State/Zip:

32309

Phone Number:

850 210 2461

Meeting Date:

4/24/17

Committee/Subcommittee:

Health Care

Presentation/Workshop Topic:

Medication Synchronization

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

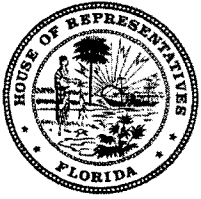


Opponent



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



Bill



Amendment

Bill/PCS/PCB Number: 1191

Amendment Number: _____

Name: Amee Diaz Lyon

Representing: Florida Academy of Family Physicians

Title: _____

Address: 119 South Monroe Street, Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: _____

Committee/Subcommittee: Health + Human Services Committee

Presentation/Workshop Topic: Medication Synchronization

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.

2/9

☒ Bill

☐ Amendment

Bill/PCS/PCB Number: 1191

Amendment Number: _____

Name:

Matt Jordan

Representing:

American Cancer Society

Title:

GRD

Address:

1922 Dellwood Dr

City:

Tallahassee

State/Zip:

FL 32303

Phone Number:

Meeting Date:

Committee/Subcommittee:

Presentation/Workshop Topic:

Registered Lobbyist: YES

☒

NO

☐

State Employee:

YES

☐

NO

☐☐

I wish to speak

wave 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

☐

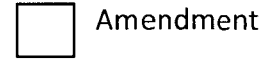
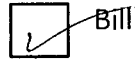
Info only

☐



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill/PCS/PCB Number: 1397

Amendment Number: _____

Name: Christian Box

Representing: Department of Health

Title: Director, DCU

Address: 4052 Bald Cypress

City: Tallahassee

State/Zip: 32399/FI

Phone Number: _____

Meeting Date: 1/24/17

Committee/Subcommittee: HH S

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.

Submitted
400 late
↓
hand
on the
PCS ✓

☐

Bill

☒

Amendment

Bill/PCS/PCB Number: _____

Amendment Number: _____

Name: Dr. Lakesha Wilson

Representing: Black Farmers & Agriculture Association

Title: VP

Address: 3335 NW 2nd Ave

City: Ocala State/Zip: FL 34471

Phone Number: 352-425-5222 Meeting Date: 4/24/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Medical Marijuana

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

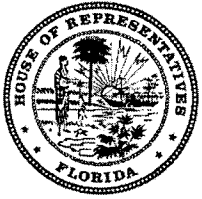
☒

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.



Bill/PCS/PCB Number: 1397

Amendment Number: _____

Name: Barney Bishop

Representing: Fla. Smart Justice Alliance

Title: Pres & CEO

Address: 204 S. Monroe St.

City: Tall State/Zip: FL 32301

Phone Number: 850.510.9922 Meeting Date: 24 Apr 17

Committee/Subcommittee: Judiciary

Presentation/Workshop Topic: Medical Marijuana

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

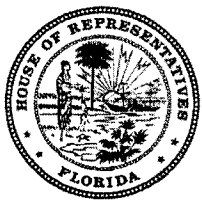


Opponent



Info only





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill



Amendment

Bill/PCS/PCB Number:

1397

Amendment Number:

Name:

Melissa Villar

Representing:

NORM Tallahassee

Title:

Executive Director

Address:

169 Sinclair Rd

City:

Tallahassee

State/Zip:

FL 132312

Phone Number:

(850) 284-2090

Meeting Date:

Committee/Subcommittee:

HHS Committee

Presentation/Workshop Topic:

Medical Marijuana 1397

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

☒

Bill

☐

Amendment

Bill/PCS/PCB Number: 1397

Amendment Number: _____

Name: THAD LOWREY

Representing: OPERATION PAR

Title: VP GOVERNMENTAL RELATIONS

Address: 7720 WASHINGTON ST.

City: PORT RICHEY

State/Zip: 34668

Phone Number: 727-992-8508

Meeting Date: 4-24-17

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

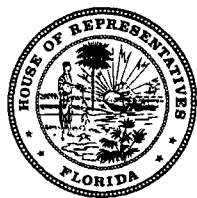
☐

Info only

☐



87594987

**COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD**

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

☒ Bill ☐ Amendment

Bill Number: 1397 : Medical Use of Marijuana
PCB/PCS/Amendment #: N/A

Name: **Carmella Camacho**

Representing: **Cannangels speaking on behalf of #TeamLandon**

Title:

Address: **265 Bayshore Dr**

City: **Freeport**

State/Zip: **FL 32439**

Phone Number: **503.505.1715**

Meeting Date: **April 24, 2017 2:00 PM**

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

Presentation/Workshop Topic: **Medical Use of Marijuana**

☐ 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>
Info Only
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill



Amendment

Bill/PCS/PCB Number:

1397

Amendment Number:

Name:

Stephany mullis

Representing:

myself

Title:

Address:

331 SE WEBLEY CT.

City:

LAKE CITY

State/Zip:

FL. 37025

Phone Number:

(386) 288-2893

Meeting Date:

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 ☒

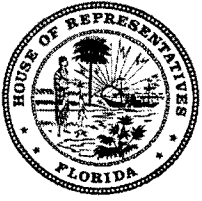
Info only ☐

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. ✓



Bill



Amendment

Bill/PCS/PCB Number:

PCS1397

Amendment Number: _____

Name:

Ron Watson

Representing:

AltMed, Cannavision + SHGT Inc.

Title:

Lobbyist

Address:

3738 Mordon Way

City:

Tallahassee

State/Zip:

FL 32309

Phone Number:

850 567-1202

Meeting Date:

4/24/17

Committee/Subcommittee:

House HHS

Presentation/Workshop Topic:

Amendment 2 implementation

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

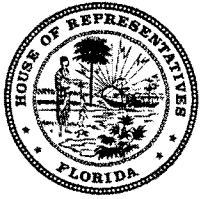


Opponent



Info only





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill



Amendment

Bill/PCS/PCB Number: PCS 1397

Amendment Number: _____

Name: Louis Rotundo

Representing: CBSY inc

Title: _____

Address: 302 Pinestraw Creek

City: Altamonte Springs

State/Zip: 32714

Phone Number: 407-699-9361

Meeting Date: 4/24/17

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Medical Cannabis

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

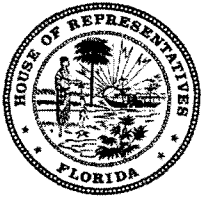


Opponent



Info only





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill



Amendment

Bill/PCS/PCB Number: 1397

Amendment Number: _____

Name: Ben Pollara

Representing: ~~Executive Director~~ Florida For Care

Title: Executive Director

Address: 801 Arthur Godfrey Rd, Suite 204-A

City: Miami Beach State/Zip: FL 33140

Phone Number: 305-673-2685 Meeting Date: 4/24/17

Committee/Subcommittee: Health and Human Services

Presentation/Workshop Topic: Medical Marijuana

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 ☒

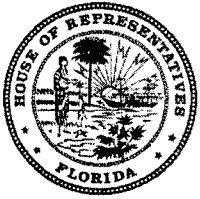
Info only ☐

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. ✓

☒ Bill ☐ Amendment
Bill/PCS/PCB Number: 1397
Amendment Number: _____

Name: CHARLIE RUTHERFORD

Representing: _____

Title: _____

Address: 1311 BRENWOOD TRL

City: MINNETONKA State/Zip: MN 55343

Phone Number: 612.655.5494 Meeting Date: 4.24.17

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.



Bill



Amendment

Bill/PCS/PCB Number:

1397

Amendment Number:

Name:

Josephine Cannella-Krehl

Representing:

Suffering Patients

Title:

Licensed Clinical Social Work

Address:

3784 Wentworth

City:

Tall

State/Zip:

FL 32311

Phone Number:

850-653-6928

Meeting Date:

4/24/17

Committee/Subcommittee:

HHS

Presentation/Workshop Topic:

Medical Cannabis

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:

1397

Amendment Number:

Name:

Chief Jeffrey Chudnow

Representing:

The Florida Police Chiefs Association

Title:

Chief of Police

Address:

2636 Mitcham Dr

City:

Tallahassee

State/Zip:

FL 32308

Phone Number:

850-219-3631

Meeting Date:

April 24, 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 ☐

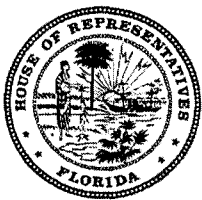
Info only ☐

Amendment:

Proponent ☐

Opponent ☐

Info only ☐



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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>PCS 1397</u>	
Amendment Number: <u>1006 (ACS)</u>	

Name: David Custin

Representing: EUREKA VAPORS INC. AND KAYCHA HOLDINGS, LLC

Title: Lobbyist / President, David R. Custin & Associates, Inc.

Address: 6401 SW 113 PL

City: Miami

State/Zip: FL 33173

Phone Number: 305-607-8576

Meeting Date: 04/24/2017

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

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



Bill



Amendment

Bill/PCS/PCB Number: 1397

Amendment Number: _____

Name: JARED BAMBI

Representing: MYSELF

Title: Mr.

Address: 9981 N. Alhambra Circle

City: Davie

State/Zip: FL/33328

Phone Number: (954) 531-9782

Meeting Date: 04/24/17

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 ☒

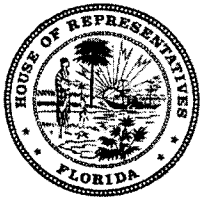
Info only ☐

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.



Bill



Amendment

Bill/PCS/PCB Number: 1397

Amendment Number: _____

Name: GARY STEIN

Representing: SELF

Title: _____

Address: 7035 BELT LANE LOOP

City: WESLEY CHURCH

State/Zip: FL

Phone Number: (513) 305-8280

Meeting Date: 9/24

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 ☒

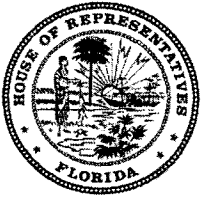
Info only ☐

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.

W/O



Bill



Amendment

Bill/PCS/PCB Number: 1397

Amendment Number: _____

Name: Ethel Rowland

Representing: Florida Cannabis Action Network

Title: President

Address: 1375 Cypress Ave

City: Melbourne State/Zip: FL 32935

Phone Number: 321-253-3073 Meeting Date: 4-24-2017

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☐

NO ☒

State Employee: YES ☐

NO ☒



I wish to speak



Appearing in response to an inquiry for information made by member, committee, or staff



Appearing in response to subpoena



Appearing at the written request of the chair



Judge or elected officer appearing in official capacity



Lobbyist Appearance form submitted online

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

Bill:

Proponent ☐

Opponent ☒

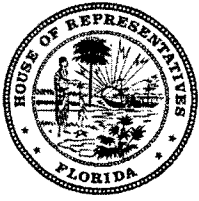
Info only ☐

Amendment:

Proponent ☐

Opponent ☐

Info only ☐



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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



Bill



Amendment

Bill/PCS/PCB Number:

PCS 1397

Amendment Number:

Name: DENNIS DECKERHOFF

Representing: BARRETT DECKERHOFF + PATIENTS OF FLORIDA

Title: FATHER / CAREGIVER

Address: 5704 VICTOR BROWN TRAIL

City: TALL.

State/Zip: FL.

Phone Number: 850-567-0405

Meeting Date: 4/24/17

Committee/Subcommittee: HHSC

Presentation/Workshop Topic: COMPASSIONATE USE

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.



Bill



Amendment

Bill/PCS/PCB Number: 1397

Amendment Number: _____

Name: Michael Visser

Representing: Self / US Cannabis Pharm., Research & Devel.

Title: president

Address: 1222 Hillandale Reserve Dr

City: Tampa

State/Zip: FL

Phone Number: 813-992-8474

Meeting Date: 4/24/17

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.



Bill



Amendment

Bill/PCS/PCB Number: 1397

Amendment Number: _____

Name: Stephani Scruggs Bowen

Representing: Epilepsy Foundation of Florida

Title: _____

Address: 608 Parkling Ave

City: Pensacola

State/Zip: FL 32507

Phone Number: 850-530-1874

Meeting Date: 4-24-2016

Committee/Subcommittee: Health

Presentation/Workshop Topic: Medical Marijuana HB. 1397

Registered Lobbyist: YES ☐ NO ☒

State Employee: YES ☐ NO ☒



I wish to speak



Appearing in response to an inquiry for information made by member, committee, or staff



Appearing in response to subpoena



Appearing at the written request of the chair



Judge or elected officer appearing in official capacity



Lobbyist Appearance form submitted online

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

Bill:

Proponent ☐

Opponent ☒

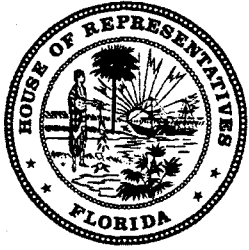
Info only ☐

Amendment:

Proponent ☐

Opponent ☐

Info only ☐



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Filed Bill Number: 1397

Meeting Date: 4/24/2017

Fill in appropriate information:

- Amendment #
- PCB/PCS
- Presentation/Workshop Topic

Committee/Subcommittee:

HHS

Name: BRIAN PITTS

Title: Trustee

Address: 1119 Newton Avenue South

City: St. Petersburg

State/Zip: FL/33705

Phone Number: 727/897-9291

Representing: Justice-2-Jesus

Registered Lobbyist: ☐ Yes ☒ No

State Employee: ☐ Yes ☒ No

I Wish To Speak: ☒

I Have Been Requested To Speak: ☐

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