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# Health & Human Services Committee

Thursday, February 15, 2018  
8:30 AM – 12:00 PM  
Morris Hall (17 HOB)

## Action Packet

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**Summary:**

**Health & Human Services Committee**

*Thursday February 15, 2018 08:30 am*

CS/HB 351	Favorable With Committee Substitute	Yeas: 18	Nays: 0
Amendment 480683	Adopted Without Objection		
CS/HB 679	Favorable With Committee Substitute	Yeas: 17	Nays: 0
Amendment 507189	Adopted Without Objection		
Amendment 876165	Withdrawn		
CS/HB 681	Favorable With Committee Substitute	Yeas: 18	Nays: 0
Amendment 859819	Adopted Without Objection		
Amendment 380291	Adopted Without Objection		
CS/HB 689	Favorable With Committee Substitute	Yeas: 16	Nays: 1
Amendment 091031	Adopted Without Objection		
Amendment 113125	Adopted Without Objection		
CS/HB 783	Favorable With Committee Substitute	Yeas: 19	Nays: 0
Amendment 752111	Adopted Without Objection		
HB 985	Favorable With Committee Substitute	Yeas: 15	Nays: 0
Amendment 666047	Adopted Without Objection		
Amendment 332103	Adopted Without Objection		
Amendment 581049	Adopted Without Objection		
Amendment 588007	Adopted Without Objection		
Amendment 011919	Adopted Without Objection		
CS/CS/HB 1069	Favorable With Committee Substitute	Yeas: 17	Nays: 0
Amendment 149187	Adopted Without Objection		
Amendment 103365	Adopted Without Objection		
Amendment 959801	Adopted Without Objection		
Amendment 908405	Adopted Without Objection		
CS/HB 1079	Favorable With Committee Substitute	Yeas: 19	Nays: 0
Amendment 733405	Adopted Without Objection		
Amendment 054795	Adopted Without Objection		
Amendment 064045	Adopted Without Objection		
Amendment 591527	Adopted Without Objection		

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**Summary: (continued)**

**Health & Human Services Committee**

*Thursday February 15, 2018 08:30 am*

Amendment 569451	Adopted Without Objection		
CS/HB 1373	Favorable With Committee Substitute	Yeas: 16	Nays: 0
Amendment 017331	Adopted Without Objection		
HB 1395	Favorable	Yeas: 15	Nays: 1
HB 1429	Favorable	Yeas: 13	Nays: 6
HB 7065	Favorable With Committee Substitute	Yeas: 18	Nays: 0
Amendment 876739	Adopted Without Objection		
Amendment 024487	Adopted Without Objection		
PCB HHS 18-02	Favorable With Amendment(s) (2)	Yeas: 18	Nays: 0
Amendment PCB HHS 18-02 a1	Adopted Without Objection		
Amendment PCB HHS 18-02 a2	Adopted Without Objection		

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
W. Travis Cummings (Chair)	X		
Lori Berman	X		
Jason Brodeur	X		
Kamia Brown	X		
Colleen Burton	X		
Tracie Davis	X		
Bobby DuBose	X		
James Grant	X		
Michael Grant	X		
Roy Hardemon	X		
Gayle Harrell	X		
MaryLynn Magar	X		
Ralph Massullo, MD	X		
Cary Pigman	X		
David Santiago	X		
David Silvers	X		
Cyndi Stevenson	X		
Frank White	X		
Patricia Williams	X		
Clay Yarborough	X		
<b>Totals:</b>	<b>20</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**CS/HB 351 : Prescription Drug Pricing Transparency**

*Favorable With Committee Substitute*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton			X		
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson	X				
Frank White			X		
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 18</b>		<b>Total Nays: 0</b>			

**CS/HB 351 Amendments**

**Amendment 480683**

*Adopted Without Objection*

**Appearances:**

Troncoso, Wences (Lobbyist) - Waive In Support  
 Florida Association of Health Plans  
 Vice President & General Counsel  
 200 W College Ave  
 Tallahassee FL 32301  
 Phone: (850) 212-3178

Winn, Stephen (Lobbyist) - Waive In Support  
 Florida Osteopathic Medical Association  
 Executive Director  
 2544 Blairstone Pines Dr  
 Tallahassee FL 32301  
 Phone: (850) 878-3056

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**CS/HB 351 : Prescription Drug Pricing Transparency (continued)**

**Appearances: (continued)**

Gonzalez, Larry (Lobbyist) - Waive In Support  
Florida Society of Health System Pharmacists  
General Counsel  
223 S Gadsden St  
Tallahassee FL 32301  
Phone: (850) 570-6307

Amendment 480683  
Gonzalez, Larry (Lobbyist) - Waive In Support  
Florida Society of Health System Pharmacists  
General Counsel  
223 S Gadsden St  
Tallahassee FL 32301  
Phone: (850) 570-6307

Henderson, Cynthia (Lobbyist) - Waive In Support  
Epic Pharmacies  
108 E Jefferson St  
Tallahassee FL 32301  
Phone: (850) 559-0855

Mincy, Bill (General Public) - Waive In Support  
PPSC/FIPN Small Business Pharmacies  
VP  
3375 Capital Circle NE  
Tallahassee FL 32308  
Phone: (850) 553-3595

Jackson, Michael (Lobbyist) - Waive In Support  
Florida Pharmacy Association  
610 N Adams St  
Tallahassee FL  
Phone: (850) 222-2400

Nuland, Christopher (Lobbyist) - Waive In Support  
Florida Chapter of the American College of Physicians Services, Inc  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

Nuland, Christopher (Lobbyist) - Waive In Support  
Florida Chapter, American College of Surgeons  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

Nuland, Christopher (Lobbyist) - Waive In Support  
Florida Gastroenterologic Society  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

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

**2/15/2018 8:30AM**

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

**CS/HB 351 : Prescription Drug Pricing Transparency (continued)**

**Appearances: (continued)**

Nuland, Christopher (Lobbyist) - Waive In Support  
Florida Neurosurgical Society, Inc  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

Nuland, Christopher (Lobbyist) - Waive In Support  
Florida Society of Dermatology & Dermatologic Surgery  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

Nuland, Christopher (Lobbyist) - Waive In Support  
Florida Society of Plastic Surgeons, Inc  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

Nuland, Christopher (Lobbyist) - Waive In Support  
Florida Society of Theracic and Cardiovascular Surgeons, Inc  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

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

Committee/Subcommittee: Health & Human Services  
 Meeting Date: 2/15/18  
 Place: MS 2000- Hall  
 Time: 8:30 AM

Bill Number: CS/ HB 351  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Prescription Drug Pricing 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	80 yeas all 48 nays		Yeas	Nays	Yeas	Nays	Yeas	Nays	
Yea	Nay		Yeas	Nays							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Berman									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brown									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burton									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Davis									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, J.									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, M.									
<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"/>	Pigman									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Santiago									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silvers									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stevenson									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Williams									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cummings, Chair									
Yeas	Nays	TOTALS		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
18	0										



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

**2/15/2018 8:30AM**

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

**CS/HB 679 : Telepharmacy**

*Favorable With Committee Substitute*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman			X		
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton			X		
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson	X				
Frank White			X		
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**CS/HB 679 Amendments**

**Amendment 507189**

*Adopted Without Objection*

**Amendment 876165**

*Withdrawn*

**Appearances:**

Troncoso, Wences (Lobbyist) - Opponent  
 Florida Association of Health Plans  
 Vice President & General Counsel  
 200 W College Ave  
 Tallahassee FL 32301  
 Phone: (850) 212-3178

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

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

2/15/2018 8:30AM

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

**CS/HB 679 : Telepharmacy (continued)**

**Appearances: (continued)**

Henderson, Cynthia (Lobbyist) - Waive In Opposition

Epic Pharmacies & Ascend Learning

108 E Jefferson St

Tallahassee FL 32301

Phone: (850) 559-0855

Mone', Micheal A. (General Public) - Proponent

Cardinal Health

VP Associate General Counsel - Regulatory

7000 Cardinal Pl

Dublin OH 43017

Phone: (614) 757-5104

Hansen, Christopher (Lobbyist) - Waive In Support

TelePharm, LLC

201 East Park Avenue

Tallahassee FL 32301

Phone: (850) 577-0444

Mincy, Bill (General Public) - Waive In Opposition

PPSC/FIPN Small Business Pharmacies

Vice President

3375 Capital Circle NE

Tallahassee FL 32308

Phone: (850) 553-3595

Jackson, Michael (Lobbyist) - Opponent

Florida Pharmacy Association

Executive Vice President & CEO

610 N Adams St

Tallahassee FL

Phone: (850) 222-2400

Gonzalez, Larry (Lobbyist) - Waive In Opposition

Florida Society of Health System Pharmacists, Inc

General Counsel

223 S Gadsden St

Tallahassee FL 32309

Phone: (850) 222-0465

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

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

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

**Bill Number:** CS/HB 679

**Meeting Date:** 2/15/18

**Date Received:**

**Place:** Murtha Hall

**Date Reported:**

**Time:** 8:30 AM

**Subject:** Telepharmacy

**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 507/189		Amended 876/165		Yeas	Nays	Yeas	Nays
			Yeas	Nays	Yeas	Nays				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, M.								
<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"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stevenson								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input 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									

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**CS/HB 681 : Protection for Vulnerable Investors**

*Favorable With Committee Substitute*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago			X		
David Silvers	X				
Cyndi Stevenson	X				
Frank White			X		
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 18</b>		<b>Total Nays: 0</b>			

**CS/HB 681 Amendments**

**Amendment 859819**

*Adopted Without Objection*

**Amendment 380291**

*Adopted Without Objection*

**Appearances:**

Pratt, Kenneth (Lobbyist) - Waive In Support  
 Florida Bankers Association  
 Senior VP of Governmental Affairs  
 1001 Thomasville Rd  
 Tallahassee FL 32301  
 Phone: (850) 509-8020

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

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

**2/15/2018 8:30AM**

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

**CS/HB 681 : Protection for Vulnerable Investors (continued)**

**Appearances: (continued)**

Meenan, Tim (Lobbyist) - Waive In Support

National Association of Insurance & Financial Advisors  
300 S Duval St  
Tallahassee FL 32301  
Phone: (850) 425-4000

Mongiovi, Jamie (Lobbyist) (State Employee) - Information Only

Florida Office of Financial Regulation  
Director of Communications & Government Relations  
101 E Gaines St  
Tallahassee FL 32399  
Phone: (850) 559-1003

Stafford, Sean (Lobbyist) - Waive In Support

Florida Securities Dealers Association & Financial Services Institute  
115 E Park Ave  
Tallahassee FL 32303  
Phone: (850) 727-5000

Husband, Warren (Lobbyist) - Waive In Support

Securities Industry & Financial Markets Association  
Po Box 10909  
Tallahassee FL  
Phone: (850) 205-9000

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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HB 681

Meeting Date: 2/15/18  
Place: Morris Hall  
Time: 8:30 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Protection for  
Vulnerable Workers

**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	Amend		Amend		Yeas	Nays	Yeas	Nays
Yea	Nay		859	819	380	291				
<input checked="" type="checkbox"/>		Berman								
<input checked="" type="checkbox"/>		Brodeur								
<input checked="" type="checkbox"/>		Brown								
<input checked="" type="checkbox"/>		Burton								
<input checked="" type="checkbox"/>		Davis								
<input checked="" type="checkbox"/>		DuBose								
<input checked="" type="checkbox"/>		Grant, J.								
<input checked="" type="checkbox"/>		Grant, M.								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Pigman								
<input type="checkbox"/>		Santiago								
<input type="checkbox"/>		Silvers								
<input checked="" type="checkbox"/>		Stevenson								
<input type="checkbox"/>		White								
<input type="checkbox"/>		Williams								
<input checked="" type="checkbox"/>		Yarborough								
<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>
18	0									

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

**2/15/2018 8:30AM**

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

**CS/HB 689 : Pharmacy**

*Favorable With Committee Substitute*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman			X		
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton			X		
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell		X			
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson	X				
Frank White			X		
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 16</b>		<b>Total Nays: 1</b>			

**CS/HB 689 Amendments**

**Amendment 091031**

*Adopted Without Objection*

**Amendment 113125**

*Adopted Without Objection*

**Appearances:**

Lyon, Aimee (Lobbyist) - Waive In Opposition  
 Florida Academy of Family Physicians  
 119 South Monroe Street  
 Tallahassee FL 32301  
 Phone: (850) 205-9000

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

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

**2/15/2018 8:30AM**

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

**CS/HB 689 : Pharmacy (continued)**

**Appearances: (continued)**

Thomas, Mary (Lobbyist) - Waive In Opposition

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

Winn, Stephen (Lobbyist) - Waive In Opposition

Florida Osteopathic Medical Association  
Executive Director  
244 Blairstone Pines Dr  
Tallahassee FL 32301  
Phone: (850) 878-3056

McQuone, Michael (Lobbyist) - Proponent

McQuone Consulting  
President  
1520 Oldfield Dr  
Tallahassee FL 32308  
Phone: (850) 284-9130

Gonzalez, Larry (Lobbyist) - Waive In Support

Florida Society of Health System Pharmacists  
General Counsel  
223 S Gadsden St  
Tallahassee FL 32301  
Phone: (850) 570-6307

Block, Dr. Jeffrey (Lobbyist) - Proponent

Florida Society of Health - System Pharmacists  
Physician  
7299 SW 79th Court  
Miami FL 33143  
Phone: (305) 793-9222

Jackson, Michael (Lobbyist) - Waive In Support

Florida Pharmacy Association  
610 N. Adams St.  
Tallahassee FL 32309  
Phone: (850) 222-2400

Mincy, Bill (General Public) - Waive In Support

PPSC/FIPN Small Business Pharmacies  
Vice President  
3375 Capital Circle NE  
Tallahassee FL 32308  
Phone: (850) 553-3595

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM



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

**2/15/2018 8:30AM**

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

**CS/HB 689 : Pharmacy (continued)**

**Appearances: (continued)**

Nuland, Christopher (Lobbyist) - Waive In Opposition

Florida Chapter of the American College of Physicians Services, FI Neurosurgical Society  
1000 Riverside Ave  
Jacksonville FL  
Phone: (904) 355-1555

Nuland, Christopher (Lobbyist) - Waive In Opposition

Florida Chapter, American College of Surgeons, FL Society of Plastic Surgeons  
1000 Riverside Ave  
Jacksonville FL  
Phone: (904) 355-1555

Nuland, Christopher (Lobbyist) - Waive In Opposition

Florida Society of Dermatology & Dermatologic Surgery, FL Gastroenterologic Society  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

Nuland, Christopher (Lobbyist) - Waive In Opposition

Florida Chapter, American College of Surgeons  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

Nuland, Christopher (Lobbyist) - Waive In Opposition

Florida Gastroenterologic Society  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

Nuland, Christopher (Lobbyist) - Waive In Opposition

Florida Society of Plastic Surgeons, Inc  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

Nuland, Christopher (Lobbyist) - Waive In Opposition

Florida Society of Theracic and Cardiovascular Surgeons, Society of Dermatology & Dermatologic Surge  
1000 Riverside Ave Ste 240  
Jacksonville FL  
Phone: (904) 355-1555

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

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

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

Bill Number: CS/ HB 689

Meeting Date: 2/15/18  
Place: More Hall  
Time: 8:30 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Pharmacy

**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 091031		amend 113125		Yeas	Nays	Yeas	Nays
Yea	Nay		Yeas	Nays	Yeas	Nays				
<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"/>	Brown								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, M.								
<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"/>	Pigman								
<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"/>	Stevenson								
<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"/>	Yarborough								
<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>
16	1									

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

**2/15/2018 8:30AM**

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

**CS/HB 783 : Continuing Care Contracts**

*Favorable With Committee Substitute*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago			X		
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 19</b>		<b>Total Nays: 0</b>			

**CS/HB 783 Amendments**

**Amendment 752111**

*Adopted Without Objection*

**Appearances:**

Meenan, Timothy (Lobbyist) - Proponent  
 Brookdale Senior Living  
 300 S Duval St  
 Tallahassee FL 32302  
 Phone: (850) 425-4000

Amendment 752111  
 Meenan, Timothy (Lobbyist) - Proponent  
 Brookdale Senior Living  
 300 S Duval St  
 Tallahassee FL 32302  
 Phone: (850) 425-4000

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

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

**2/15/2018 8:30AM**

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

**CS/HB 783 : Continuing Care Contracts (continued)**

**Appearances: (continued)**

Napier, Bennett (Lobbyist) - Proponent  
Florida Life Care Residents Association  
Executive Director  
325 John Knox Rd  
Tallahassee FL 32303  
Phone: (850) 224-0711

Amendment 752111

Napier, Bennett (Lobbyist) - Proponent  
Florida Life Care Residents Association  
Executive Director  
325 John Knox Rd  
Tallahassee FL 32303  
Phone: (850) 224-0711

Bahmer, Steve (Lobbyist) - Opponent  
LeadingAge Florida  
President/CEO  
1812 Riggins Rd  
Tallahassee FL 32308  
Phone: (850) 671-3700

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

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

Bill Number: CS/HB 783

Meeting Date: 2/15/18  
Place: Insurance Hall  
Time: 8:30 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Continuing Care Contracts

**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>Strike all 152 111</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Berman								
<input checked="" type="checkbox"/>		Brodeur								
<input checked="" type="checkbox"/>		Brown								
<input checked="" type="checkbox"/>		Burton								
<input checked="" type="checkbox"/>		Davis								
<input checked="" type="checkbox"/>		DuBose								
<input checked="" type="checkbox"/>		Grant, J.								
<input checked="" type="checkbox"/>		Grant, M.								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Santiago								
<input checked="" type="checkbox"/>		Silvers								
<input checked="" type="checkbox"/>		Stevenson								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>		Williams								
<input checked="" type="checkbox"/>		Yarborough								
<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>
19	0									

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**HB 985 : Involuntary Commitment**

*Favorable With Committee Substitute*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman			X		
Jason Brodeur				X	
Kamia Brown	X				
Colleen Burton			X		
Tracie Davis	X				
Bobby DuBose	X				
James Grant			X		
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson	X				
Frank White			X		
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

**HB 985 Amendments**

**Amendment 666047**

*Adopted Without Objection*

**Amendment 332103**

*Adopted Without Objection*

**Amendment 581049**

*Adopted Without Objection*

**Amendment 588007**

*Adopted Without Objection*

**Amendment 011919**

*Adopted Without Objection*

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**Appearances:**

Hawkes, Caleb (Lobbyist) (State Employee) - Waive In Support  
Agency for Persons with Disabilities  
Legislative Affairs Director  
4030 Esplanade Way  
Tallahassee FL 32399

Social Services

Bishop, Barney (Lobbyist) - Waive In Support  
Florida Smart Justice Alliance  
204 S Monroe St Ste 201  
Tallahassee FL  
Phone: (850) 907-3436

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

Committee/Subcommittee: Health & Human Services

Bill Number: AB 985

Meeting Date: 2/15/18

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

Place: Marion Hall

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

Time: 8:30 AM

Subject: Volunteer  
Commitment

**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 666047		Amend 332.103		Amend 581049		Amend 588007	
			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input type="checkbox"/>	<input type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, M.								
<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"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stevenson								
<input type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input 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>
15	0									

*Brodeur - yes after roll call*



402

House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services

Bill Number: HB 985

Meeting Date: \_\_\_\_\_

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

Place: \_\_\_\_\_

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

Time: \_\_\_\_\_

Subject: \_\_\_\_\_

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	Amendment 011919							
			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
Yea	Nay									
		Berman								
		Brodeur								
		Brown								
		Burton								
		Davis								
		DuBose								
		Grant, J.								
		Grant, M.								
		Hardemon								
		Harrell								
		Magar								
		Massullo								
		Pigman								
		Santiago								
		Silvers								
		Stevenson								
		White								
		Williams								
		Yarborough								
		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**CS/CS/HB 1069 : Substance Abuse Services**

*Favorable With Committee Substitute*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose			X		
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman			X		
David Santiago			X		
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 17</b>		<b>Total Nays: 0</b>			

**CS/CS/HB 1069 Amendments**

**Amendment 149187**

*Adopted Without Objection*

**Amendment 103365**

*Adopted Without Objection*

**Amendment 959801**

*Adopted Without Objection*

**Amendment 908405**

*Adopted Without Objection*

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**CS/CS/HB 1069 : Substance Abuse Services (continued)**

**Appearances:**

Sainvil, Daphnee (Lobbyist) - Waive In Support  
Broward County Government  
Policy Advisor  
115 S Andrews Ave  
Fort Lauderdale FL 33301  
Phone: (954) 253-7320

Ericks, Candice (Lobbyist) - Waive In Support  
Palm Beach County  
205 S Adams St  
Tallahassee FL 33301  
Phone: (954) 648-1204

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

Johnson, Alan (Lobbyist) - Proponent  
State Attorney's Office 15th Circuit  
Chief Assistant State Attorney  
401 N Dixie Hwy  
West Palm Beach FL 33414  
Phone: (561) 309-6247

**Controlled Substances**

Bishop, Barney (Lobbyist) - Waive In Support  
Florida Smart Justice Alliance  
204 S Monroe St  
Tallahassee FL  
Phone: (850) 907-3436

# House of Representatives

## COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services

Bill Number: CS/LS/HB 1069

Meeting Date: 2/15/18  
 Place: NY State Hall  
 Time: 8:30 AM

Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Substance Abuse Services

**Committee/Subcommittee Action:**

- Favorable
- Favorable w/ \_\_\_\_\_ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: \_\_\_\_\_

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	Amended 149 187		Amended 103 365		Amended 3		Amended 4	
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<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"/>	Brown								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, M.								
<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"/>	Pigman								
<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"/>	Stevenson								
<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"/>	Yarborough								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings, Chair								
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	<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>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		177	0						

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/CS/HB 1069 (2018)

Amendment No. 3

COMMITTEE/SUBCOMMITTEE ACTION

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

1 Committee/Subcommittee hearing bill: Health & Human Services  
2 Committee  
3 Representative Harrell offered the following:

4  
5 **Amendment**

6 Remove line 125 and insert:

7 831.01, s. 831.02, s. 893.13, or s. 893.147, and

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/CS/HB 1069 (2018)

Amendment No. 4

COMMITTEE/SUBCOMMITTEE ACTION

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

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

3 Representative Harrell offered the following:

4

5 **Amendment**

6 Remove line 232 and insert:

7 817.563, s. 831.01, s. 831.02, s. 893.13, or s.

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

**Location:** Morris Hall (17 HOB)  
**CS/HB 1079 : Child Welfare**

*Favorable With Committee Substitute*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago			X		
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 19</b>		<b>Total Nays: 0</b>			

**CS/HB 1079 Amendments**

**Amendment 733405**

*Adopted Without Objection*

**Amendment 054795**

*Adopted Without Objection*

**Amendment 064045**

*Adopted Without Objection*

**Amendment 591527**

*Adopted Without Objection*

**Amendment 569451**

*Adopted Without Objection*

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**Appearances:**

Finney, Madonna (General Public) - Proponent  
Florida Adoption Council  
Attorney/Director  
PO Box 10728  
Tallahassee FL 32302  
Phone: (850) 577-3077

Amendment 591527  
Finney, Madonna (General Public) - Proponent  
Florida Adoption Council  
Attorney/Director  
PO Box 10728  
Tallahassee FL 32302  
Phone: (850) 577-3077

Amendment 591527  
Bogdanoff, Ellyn (Lobbyist) - Proponent  
Florida Association for Child Care Management  
Executive Director  
908 South Andrews Ave  
Fort Lauderdale FL 33316  
Phone: (954) 364-6005

Zepp, Victoria (Lobbyist) - Waive In Support  
Florida Coalition for Children  
Chief Policy & Research Officer  
411 E College Ave  
Tallahassee FL 32301  
Phone: (850) 561-1102

Social Services  
Bishop, Barney (Lobbyist) - Waive In Support  
Florida Smart Justice Alliance  
204 S Monroe St Ste 201  
Tallahassee FL  
Phone: (850) 907-3436



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

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HAB 1079

Meeting Date: 2/15/18  
Place: MS-2000 Hall  
Time: 8:30 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		amend		amend		amend	
Yea	Nay		Yea	Nays	Yea	Nays	Yea	Nays	Yea	Nays
<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"/>	Brown								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, M.								
<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"/>	Pigman								
<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"/>	Stevenson								
<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"/>	Yarborough								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings, Chair								
<b>Yea</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yea</b>	<b>Nays</b>	<b>Yea</b>	<b>Nays</b>	<b>Yea</b>	<b>Nays</b>	<b>Yea</b>	<b>Nays</b>
19	0									

10, 2

House of Representatives  
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services

Bill Number: C.S./HB 1099

Meeting Date: \_\_\_\_\_

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

Place: \_\_\_\_\_

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

Time: \_\_\_\_\_

Subject: \_\_\_\_\_

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	569 451							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Berman								
		Brodeur								
		Brown								
		Burton								
		Davis								
		DuBose								
		Grant, J.								
		Grant, M.								
		Hardemon								
		Harrell								
		Magar								
		Massullo								
		Pigman								
		Santiago								
		Silvers								
		Stevenson								
		White								
		Williams								
		Yarborough								
		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**CS/HB 1373 : Medication Administration**

*Favorable With Committee Substitute*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant			X		
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar			X		
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago			X		
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough			X		
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 16</b>		<b>Total Nays: 0</b>			

**CS/HB 1373 Amendments**

**Amendment 017331**

*Adopted Without Objection*

**Appearances:**

Hawkes, Caleb (Lobbyist) (State Employee) - Waive In Support  
 Agency for Persons with Disabilities  
 4030 Esplanade Way  
 Tallahassee FL 32399  
 Phone: (850) 414-5853

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

**Committee/Subcommittee:** Health & Human Services  
**Meeting Date:** 2/15/18  
**Place:** Morone Hall  
**Time:** 8:30 AM

**Bill Number:** CS/HB 1393  
**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Moderation Administration

**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	017331							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Berman								
✓		Brodeur								
✓		Brown								
✓		Burton								
✓		Davis								
✓		DuBose								
✓		Grant, J.								
		Grant, M.								
✓		Hardemon								
✓		Harrell								
		Magar								
✓		Massullo								
✓		Pigman								
		Santiago								
✓		Silvers								
✓		Stevenson								
✓		White								
✓		Williams								
		Yarborough								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
16	0									

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

**2/15/2018 8:30AM**

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

**HB 1395 : City of Marco Island, Collier County**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman			X		
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose			X		
James Grant			X		
Michael Grant		X			
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson	X				
Frank White			X		
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 1</b>			

**Appearances:**

Book, Ronald (Lobbyist) - Proponent  
 City of Marco Island  
 104 W Jefferson St  
 Tallahassee FL 32301  
 Phone: (850) 224-3427

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

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

Bill Number: HB 1395

Meeting Date: 2/15/18  
 Place: House Hall  
 Time: 8:30 AM

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

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

Subject: City of Marco  
Deland, Collier County

**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
<del>✓</del>		Berman								
✓		Brodeur								
✓		Brown								
✓		Burton								
✓		Davis								
<del>✓</del>		DuBose								
<del>✓</del>		Grant, J.								
	✓	Grant, M.								
✓		Hardemon								
✓		Harrell								
✓		Magar								
✓		Massullo								
✓		Pigman								
✓		Santiago								
✓		Silvers								
✓		Stevenson								
<del>✓</del>		White								
✓		Williams								
✓		Yarborough								
✓		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>
15	1									

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**HB 1429 : Dismemberment Abortion**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman		X			
Jason Brodeur	X				
Kamia Brown		X			
Colleen Burton	X				
Tracie Davis		X			
Bobby DuBose			X		
James Grant	X				
Michael Grant	X				
Roy Hardemon		X			
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers		X			
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams		X			
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 13</b>		<b>Total Nays: 6</b>			

**Appearances:**

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

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

Bunkley, Bill (Lobbyist) - Waive In Support  
 President, Florida Ethics and Religion Liberty Commission  
 President  
 P.O Box 341644  
 Tampa FL 33694  
 Phone: (813) 264-2977

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

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

**2/15/2018 8:30AM**

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

**HB 1429 : Dismemberment Abortion (continued)**

**Appearances: (continued)**

Winn, Mary K. (General Public) - Opponent  
Representing herself  
1006 Brookwood Dr  
Tallahassee FL 32308  
Phone: (850) 766-2612

Aultman, Kathi (General Public) - Proponent  
Charlotte Lozier Institute  
1469 Winfred Drive E  
Orange Park FL 32073  
Phone: (904) 616-5232

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

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

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM



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

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

Bill Number: HB 1429

Meeting Date: 2/15/18

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

Place: House Hall

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

Time: 8:30 am

Subject: Disengagement  
 Alerts

**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"/>	Berman								
<input checked="" type="checkbox"/>		Brodeur								
	<input checked="" type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>		Burton								
	<input checked="" type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>		DuBose								
<input checked="" type="checkbox"/>		Grant, J.								
<input checked="" type="checkbox"/>		Grant, M.								
	<input checked="" type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>		Harrell								
<input checked="" type="checkbox"/>		Magar								
<input checked="" type="checkbox"/>		Massullo								
<input checked="" type="checkbox"/>		Pigman								
<input checked="" type="checkbox"/>		Santiago								
	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>		Stevenson								
<input checked="" type="checkbox"/>		White								
	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>		Yarborough								
<input checked="" type="checkbox"/>		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	6									

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

**2/15/2018 8:30AM**

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

**HB 7065 : Child Welfare**

*Favorable With Committee Substitute*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose			X		
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago			X		
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 18</b>		<b>Total Nays: 0</b>			

**HB 7065 Amendments**

**Amendment 876739**

*Adopted Without Objection*

**Amendment 024487**

*Adopted Without Objection*

**Appearances:**

Wickersheim, Michael (Lobbyist) (State Employee) - Waive In Support  
 Department of Children and Families  
 Legislative Affairs Director  
 1317 Winewood Blvd  
 Tallahassee FL 32399  
 Phone: (850) 921-8301

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

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

**2/15/2018 8:30AM**

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

**HB 7065 : Child Welfare (continued)**

**Appearances: (continued)**

Zepp, Victoria (Lobbyist) - Waive In Support  
Florida Coalition for Children  
Chief Policy & Research Officer  
411 E College Ave  
Tallahassee FL 32301  
Phone: (850) 561-1102

Social Services

Bishop, Barney (Lobbyist) - Waive In Support  
Florida Smart Justice Alliance  
204 S Monroe St Ste 201  
Tallahassee FL  
Phone: (850) 907-3436

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

Committee/Subcommittee: Health & Human Services

Bill Number: HB 7065

Meeting Date: 2/15/18  
Place: Worship Hall  
Time: 8:30 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	<i>Demond</i> 876739		<i>Demond</i> 024489		Yeas	Nays	Yeas	Nays
Yea	Nay		Yeas	Nays	Yeas	Nays				
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur	<i>Adopted</i>		<i>Adopted</i>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brown	<i>4/0/0</i>		<i>4/0/0</i>					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis								
<input type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, M.								
<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"/>	Pigman								
<input type="checkbox"/>	<input type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stevenson								
<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"/>	Yarborough								
<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>
18	0									

**COMMITTEE MEETING REPORT**  
**Health & Human Services Committee**  
**2/15/2018 8:30AM**

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

**PCB HHS 18-02 : Health Care Disaster Preparedness and Response**

*Favorable With Amendment(s) (2)*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman			X		
David Santiago			X		
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
<b>Total Yeas: 18</b>		<b>Total Nays: 0</b>			

**PCB HHS 18-02 Amendments**

**Amendment PCB HHS 18-02 a1**

*Adopted Without Objection*

**Amendment PCB HHS 18-02 a2**

*Adopted Without Objection*

**Appearances:**

Barker, Dorene (Lobbyist) - Waive In Support  
 AARP Florida  
 Associate State Director of Advocacy  
 200 W College Ave  
 Tallahassee FL 32301  
 Phone: (850) 228-6347

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

**2/15/2018 8:30AM**

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

**PCB HHS 18-02 : Health Care Disaster Preparedness and Response (continued)**

**Appearances: (continued)**

Anderson, Susan (Lobbyist) - Waive In Support

Florida Senior Living Association

VP Public Policy

2292 Wednesday Street

Tallahassee FL 32344

Phone: (850) 708-4971

Linton, Deborah (Lobbyist) - Information Only

Arc of Florida, Inc., The

CEO

2898 Mahan Dr

Tallahassee FL 32308

Phone: (850) 921-0460

Committee meeting was reported out: Thursday, February 15, 2018 3:01PM

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

Committee/Subcommittee: Health & Human Services

Bill Number: PCB HHS 18-02

Meeting Date: 2/15/18

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

Place: Innovative Hall

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

Time: 8:30 AM

Subject: Health Care Disaster Preparedness and Response

**Committee/Subcommittee Action:**

- |  |   |
|--|---|
| <input type="checkbox"/> Favorable                                     | <input type="checkbox"/> Retained for Reconsideration |
| <input checked="" type="checkbox"/> Favorable w/ <u>2</u> 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	<i>Approved</i>		<i>Approved</i>					
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, M.								
<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 type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input type="checkbox"/>	<input type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stevenson								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
18	0									



85896664



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 351 : Prescription Drug Pricing Transparency Amendment: N/A
--

Name: **Nuland, Christopher**

---

Representing: **Florida Society of Plastic Surgeons, Inc**

---

Title:

---

Address: **1000 Riverside Ave, Ste 240**

---

City: **Jacksonville** State/Zip: **FL**

---

Phone Number: **(904) 355-1555** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<b>Waive In Support</b>
<u>Amendment</u>
N/A





02267057



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 351 : Prescription Drug Pricing Transparency Amendment: N/A
--

Name: **Nuland, Christopher**

---

Representing: **Florida Society of Dermatology & Dermatologic Surgery**

---

Title:

---

Address: **1000 Riverside Ave, Ste 240**

---

City: **Jacksonville** State/Zip: **FL**

---

Phone Number: **(904) 355-1555** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<b>Waive In Support</b>
<u>Amendment</u>
N/A



57660493



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 351 : Prescription Drug Pricing Transparency Amendment: N/A
--

Name: **Nuland, Christopher**

---

Representing: **Florida Society of Theracic and Cardiovascular Surgeons, Inc**

---

Title:

---

Address: **1000 Riverside Ave, Ste 240**

---

City: **Jacksonville** State/Zip: **FL**

---

Phone Number: **(904) 355-1555** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<b>Waive In Support</b>
<u>Amendment</u>
N/A



36066746



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 351 : Prescription Drug Pricing Transparency Amendment: N/A
--

Name: **Nuland, Christopher**

---

Representing: **Florida Chapter of the American College of Physicians Services, Inc**

---

Title:

---

Address: **1000 Riverside Ave, Ste 240**

---

City: **Jacksonville** State/Zip: **FL**

---

Phone Number: **(904) 355-1555** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<b>Waive In Support</b>
<u>Amendment</u>
N/A



10986705



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 351 : Prescription Drug Pricing Transparency Amendment: N/A
--

Name: **Nuland, Christopher**

Representing: **Florida Chapter, American College of Surgeons**

Title:

Address: **1000 Riverside Ave, Ste 240**

City: **Jacksonville** State/Zip: **FL**

Phone Number: **(904) 355-1555** Meeting Date: **February 15, 2018 8:30 AM**

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

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

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

<u>Bill</u>
<b>Waive In Support</b>
<u>Amendment</u>
N/A



46863620



### 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 351 : Prescription Drug Pricing Transparency</b> Amendment: <b>N/A</b>
--

Name: **Nuland, Christopher**

---

Representing: **Florida Gastroenterologic Society**

---

Title:

---

Address: **1000 Riverside Ave, Ste 240**

---

City: **Jacksonville** State/Zip: **FL**

---

Phone Number: **(904) 355-1555** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

<input checked="" type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input type="checkbox"/> Appearing in response to an inquiry for information made by member, committee or staff <input type="checkbox"/> Appearing at the written request of the chair <input type="checkbox"/> Judge or elected officer appearing in official capacity <input type="checkbox"/> Lobbyist Appearance Form Submitted	<table border="1"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td style="text-align: center;"><b>Waive In Support</b></td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td style="text-align: center;">N/A</td> </tr> </table>	<u>Bill</u>	<b>Waive In Support</b>	<u>Amendment</u>	N/A
<u>Bill</u>					
<b>Waive In Support</b>					
<u>Amendment</u>					
N/A					



82740534



### 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 351 : Prescription Drug Pricing Transparency</b> Amendment: <b>N/A</b>
--

Name: **Nuland, Christopher**

---

Representing: **Florida Neurosurgical Society, Inc**

---

Title:

---

Address: **1000 Riverside Ave, Ste 240**

---

City: **Jacksonville** State/Zip: **FL**

---

Phone Number: **(904) 355-1555** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<b>Waive In Support</b>
<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.

WFS

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>351</u>			
Amendment Number: _____			

Name: Wences Troncoso

Representing: Florida Association of Health Plans

Title: Vice President + General Counsel

Address: 200 W College Ave

City: Tallahassee State/Zip: FL/32301

Phone Number: 850-212-3178 Meeting Date: 2/15/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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>351</u>	
Amendment Number: _____	

Name: Stephen Winn

Representing: Florida Osteopathic Medical Association

Title: Exec. Director

Address: 2544 Blairstone Pines Dr

City: Tallahassee State/Zip: FL 32301

Phone Number: 878-3056 Meeting Date: 2/15/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Prescription Drug Pricing Transparency

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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	351		
Amendment Number:	_____		

Name: Cynthia Henderson

Representing: EPIC Rx

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

Address: 108 E Jefferson St

City: Tall State/Zip: FL 32301

Phone Number: 250 559 0855 Meeting Date: 2/15

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Pharmacy Transparency

Registered Lobbyist: YES  NO

State Employee: YES  NO

- I wish to speak *(only if 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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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>HB 351</u>	
Amendment Number: _____	

Name: Larry Gonzalez

Representing: Florida Society of Health System Pharmacists

Title: General Counsel

Address: 223 S. Gadsden ST.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-570-6307 Meeting Date: 2/15/18

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: ~~HB~~ Drug Price Transparency

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



90395687

W/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 351 : Prescription Drug Pricing Transparency</b> Amendment: <b>N/A</b>
--

Name: **Jackson, Michael**

---

Representing: **Florida Pharmacy Association**

---

Title:

---

Address: **610 N Adams St, 610 N Adams St**

---

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

---

Phone Number: **(850) 222-2400** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

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



20157578

*WPS*



### 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 351 : Prescription Drug Pricing Transparency</b> Amendment: <b>N/A</b>
--

Name: **Mincy, Bill**

---

Representing: **PPSC/FIPN Small Business Pharmacies**

---

Title: **VP**

---

Address: **3375 Capital Circle NE, Suite I**

---

City: **Tallahassee** State/Zip: **FL 32308**

---

Phone Number: **850-553-3595** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<b>Waive In Support</b>
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/o

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 679</u>	
Amendment Number: _____	

Name: Larry Gonzalez

Representing: Florida Society of Health System Pharmacists

Title: General Counsel

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

City: Tall State/Zip: FL

Phone Number: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

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

Presentation/Workshop Topic: Telepharmacy

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

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	679		
Amendment Number:	_____		

Name: Wences Troncoso

Representing: Florida Association of Health Plans

Title: Vice President + General Counsel

Address: 200 W. College Ave

City: Tallahassee State/Zip: FL/32301

Phone Number: 850 212-3178 Meeting Date: 2/15/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	<u>1009</u>		
Amendment Number:	_____		

*WFO*

Name: Cynthia Henderson

Representing: EPIC Rx & Ascend

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

Address: 108 E Jefferson St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 559 0855 Meeting Date: 2/15/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Tele pharmacy

Registered Lobbyist: YES  NO

State Employee: YES  NO

- I wish to speak only for 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.)

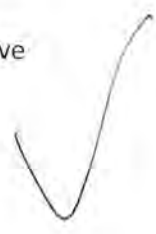
Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>679</u>			
Amendment Number: _____			

Name: Michael A. Mone

Representing: Cardinal Health

Title: VP Associate General Counsel - Regulatory

Address: 7000 Cardinal Pl

City: Dublin State/Zip: OH 43017

Phone Number: 614-757-5104 Meeting Date: 15 Feb 2018

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	679		
Amendment Number:	_____		

Name: Chris Hansen

Representing: TelePharm LLC

Title: Ballard Partner

Address: 201 E. Park Ave

City: Tallahassee, FL State/Zip: FL 32301

Phone Number: 850 577-0444 Meeting Date: 2/15/18

Committee/Subcommittee: Health & Human Services Committee

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



26282602



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 679 : Telepharmacy Amendment: N/A
--

Name: **Jackson, Michael**

---

Representing: **Florida Pharmacy Association**

---

Title: **Executive Vice President and CEO**

---

Address: **610 N Adams St, 610 N Adams St**

---

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

---

Phone Number: **(850) 222-2400** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

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



03797185

W/O



**COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD**

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 679 : Telepharmacy Amendment: N/A
--

Name: **Mincy, Bill**

---

Representing: **PPSC/FIPN Small Business Pharmacies**

---

Title: **VP**

---

Address: **3375 Capital Circle NE, Suite I**

---

City: **Tallahassee** State/Zip: **FL 32308**

---

Phone Number: **850-553-3595** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<b>Waive In Opposition</b>
<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: 651

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

Name: Tim Meenan

Representing: National Association of Insurance & Financial Advisors

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

Address: 300 S Duval

City: Tallahassee State/Zip: FL

Phone Number: 925-4000 Meeting Date: \_\_\_\_\_

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

Presentation/Workshop Topic: Travis Cummings Fan Club - update

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>681</u>			
Amendment Number: _____			

Name: Jamie Mongiovi (MON - JOE - VEE)

Representing: Florida Office of Financial Regulation

Title: Director, Communications & Govt. Relations

Address: 101 E Gaines St. Ste. 118

City: Tallahassee

State/Zip: 32399

Phone Number: 559-1003

Meeting Date: 2/15/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



64699886

WFS



### 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 681 : Protection for Vulnerable Investors</b> Amendment: <b>N/A</b>
---

Name: **Husband, Warren**

---

Representing: **Securities Industry & Financial Markets Association**

---

Title:

---

Address: **Po Box 10909**

---

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

---

Phone Number: **(850) 205-9000** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<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.

*WPS*

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	<u>HB 681</u>		
Amendment Number:	_____		

Name: Kenneth Pratt

Representing: Florida Bankers Association

Title: Senior VP of Governmental Affairs

Address: 1001 Thomasville Rd Ste 201

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-509-8020 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Protection for Vulnerable Investors

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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: 281  
 Amendment Number: \_\_\_\_\_

Name: Sean Stafford

Representing: Florida Securities Dealers Assn / Financial Services Institute

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

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

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

Phone Number: 727-5000 Meeting Date: \_\_\_\_\_

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

Presentation/Workshop Topic: Vulnerable Investor

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only





41300101

WFO



### 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 689 : Pharmacy</b> Amendment: <b>N/A</b>
--

Name: **Nuland, Christopher**

Representing: **Florida Chapter of the American College of Physicians Services, Inc**

Title:

Address: **1000 Riverside Ave, Ste 240**

City: **Jacksonville**                      State/Zip: **FL**

Phone Number: **(904) 355-1555**                      Meeting Date: **February 15, 2018 8:30 AM**

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

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

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

<u>Bill</u>
<b>Waive In Opposition</b>
<u>Amendment</u>
N/A



07500411

W/O



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 689 : Pharmacy Amendment: N/A
--

Name: **Nuland, Christopher**

Representing: **Florida Neurosurgical Society, Inc**

Title:

Address: **1000 Riverside Ave, Ste 240**

City: **Jacksonville** State/Zip: **FL**

Phone Number: **(904) 355-1555** Meeting Date: **February 15, 2018 8:30 AM**

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

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

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

<u>Bill</u>
<b>Waive In Opposition</b>
<u>Amendment</u>
N/A



96693538

W/O



### 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 689 : Pharmacy</b> Amendment: <b>N/A</b>
--

Name: **Nuland, Christopher**

Representing: **Florida Chapter, American College of Surgeons**

Title:

Address: **1000 Riverside Ave, Ste 240**

City: **Jacksonville** State/Zip: **FL**

Phone Number: **(904) 355-1555** Meeting Date: **February 15, 2018 8:30 AM**

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

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

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

<u>Bill</u>
<b>Waive In Opposition</b>
<u>Amendment</u>
N/A



52096974

W/O



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 689 : Pharmacy Amendment: N/A
--

Name: **Nuland, Christopher**

---

Representing: **Florida Gastroenterologic Society**

---

Title:

---

Address: **1000 Riverside Ave, Ste 240**

---

City: **Jacksonville** State/Zip: **FL**

---

Phone Number: **(904) 355-1555** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<b>Waive In Opposition</b>
<u>Amendment</u>
N/A



46533456

WFO



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 689 : Pharmacy Amendment: N/A
--

Name: **Nuland, Christopher**

---

Representing: **Florida Society of Plastic Surgeons, Inc**

---

Title:

---

Address: **1000 Riverside Ave, Ste 240**

---

City: **Jacksonville**                      State/Zip: **FL**

---

Phone Number: **(904) 355-1555**                      Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<b>Waive In Opposition</b>
<u>Amendment</u>
N/A



82410370

W/O



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 689 : Pharmacy Amendment: N/A
--

Name: **Nuland, Christopher**

Representing: **Florida Society of Theracic and Cardiovascular Surgeons, Inc**

Title:

Address: **1000 Riverside Ave, Ste 240**

City: **Jacksonville**

State/Zip: **FL**

Phone Number: **(904) 355-1555**

Meeting Date: **February 15, 2018 8:30 AM**

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

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

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

<u>Bill</u>
<b>Waive In Opposition</b>
<u>Amendment</u>
N/A



27016933

wlo



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 689 : Pharmacy Amendment: N/A
--

Name: **Nuland, Christopher**

---

Representing: **Florida Society of Dermatology & Dermatologic Surgery**

---

Title:

---

Address: **1000 Riverside Ave, Ste 240**

---

City: **Jacksonville** State/Zip: **FL**

---

Phone Number: **(904) 355-1555** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

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<input checked="" type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input type="checkbox"/> I Wish To Speak <input type="checkbox"/> Appearing in response to subpoena <input type="checkbox"/> Appearing in response to an inquiry for information made by member, committee or staff <input type="checkbox"/> Appearing at the written request of the chair <input type="checkbox"/> Judge or elected officer appearing in official capacity <input type="checkbox"/> Lobbyist Appearance Form Submitted	<table border="1"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td style="text-align: center;"><b>Waive In Opposition</b></td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td style="text-align: center;">N/A</td> </tr> </table>	<u>Bill</u>	<b>Waive In Opposition</b>	<u>Amendment</u>	N/A
<u>Bill</u>					
<b>Waive In Opposition</b>					
<u>Amendment</u>					
N/A					



39674100

*W/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 689 : Pharmacy</b> Amendment: <b>N/A</b>
--

Name: **Mincy, Bill**

---

Representing: **PPSC/FIPN Small Business Pharmacies**

---

Title: **VP**

---

Address: **3375 Capital Circle NE, Suite I**

---

City: **Tallahassee** State/Zip: **FL 32308**

---

Phone Number: **850-553-3595** Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<b>Waive In Support</b>
<u>Amendment</u>
N/A





62159516

*WFS*



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 689 : Pharmacy Amendment: N/A
--

Name: **Jackson, Michael**

---

Representing: **Florida Pharmacy Association**

---

Title:

---

Address: **610 N Adams St, 610 N Adams St**

---

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

---

Phone Number: **(850) 222-2400**                      Meeting Date: **February 15, 2018 8:30 AM**

---

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

---

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

---

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

<u>Bill</u>
<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.

689

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		689	
Amendment Number:			

Name: Aimee Diaz Lyon

Representing: The Florida Academy of Family Physicians

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

Address: 119 South Monroe Street, #200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: 2/15/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Pharmacy

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>689</u>			
Amendment Number: _____			

Name: Mary Thomas

Representing: Florida Medical Association

Title: Assistant General Counsel

Address: 1430 Piedmont Dr E

City: TLH State/Zip: FL 32308

Phone Number: 850 224 6496 Meeting Date: 2/15/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	689		
Amendment Number:	_____		

Name: Stephen Winn

Representing: FL Osteopathic Medical Association

Title: Exec. Director

Address: 2544 Blairstone Pines Dr

City: Tallahassee State/Zip: FL 32301

Phone Number: 878-3056 Meeting Date: 2/15/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Pharmacy

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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>CS4 HB689</u>	
Amendment Number: _____	

Name: Dr. Jeffrey Block

Representing: Florida Society of Health-System Pharmacists

Title: FL Medical Doctor

Address: 7299 SW 79 Court

City: Miami State/Zip: FL 33143

Phone Number: 305-793-9222 Meeting Date: 2-15-2018

Committee/Subcommittee: House Committee on Health & Human Services

Presentation/Workshop Topic: Collaborative practice

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: CS/HB 689

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

Name: Larry Gonzalez

Representing: Florida Society of Health-System Pharmacists

Title: General Counsel

Address: 223 S. Godsided St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-570-6307 Meeting Date: 2/16/18

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: Physician - Pharmacist Collaborative Practice

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	<u>689</u>		
Amendment Number:	_____		

Name: MICHAEL McQUONE (MICK-EUE-ONE)

Representing: McQUONE CONSULTING

Title: PRESIDENT

Address: 1520 OLDFIELD DRIVE

City: TALLAHASSEE State/Zip: FL 32308

Phone Number: 850-284-9130 Meeting Date: 15 FEB 18

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Presentation/Workshop Topic: PHARMACY COLLABORATIVE PRACTICE

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	783		
Amendment Number:	752111		

Name: Bennett Napier "Na - Pier"

Representing: Florida Life Cave Residents Association

Title: Executive Director

Address: 325 John Knox Road, 1103

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-224-0211 Meeting Date: 2/15/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Continuing Cave

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	CS/HB 283		
Amendment Number:	752111		

Name: Tim McKeenan

Representing: Brookdale Senior Living

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

Address: 300 S. Duval St.

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

Phone Number: 425-4000 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: Travis Cummings is a Powerful Chairman

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>CS/HB 783</u>			
Amendment Number: _____			

Name: STEVE BAHMER

Representing: LEADING AGE FLORIDA

Title: PRESIDENT/CEO

Address: 1812 RIGGINS ROAD

City: TALLAHASSEE State/Zip: FL 32308

Phone Number: 850 671 3700 Meeting Date: 2/15/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: CERC

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  Waive in Support  Waive in Opposition  Info only

**Amendment:** Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



58808438

WJS



### 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>HB 985 : Involuntary Commitment</b> Amendment: <b>N/A</b>
---

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title:

Address: **204 S Monroe St, Ste 201**

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

Phone Number: **(850) 907-3436** Meeting Date: **February 15, 2018 8:30 AM**

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

Presentation/Workshop Topic: **Social Services**

- 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>Waive In Support</b>
<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.

WLS

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	985		
Amendment Number:	_____		

Name: CALEB HAWKES

Representing: AGENCY FOR PERSONS WITH DISABILITIES

Title: LEGISLATIVE AFFAIRS DIRECTOR

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

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

Phone Number: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Committee/Subcommittee: HEALTH & HUMAN SERVICES

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

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	1069		
Amendment Number:	_____		

W/S

Name: Jill Gran

Representing: Florida Behavioral Health Assoc

Title: Sr Policy Director

Address: 2868 Mahan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 878 2194 Meeting Date: 15 Feb 2018

Committee/Subcommittee: HHS

Presentation/Workshop Topic: SA services

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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 <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>1069</u>	
Amendment Number: _____	

Name: DAPHNEE SAINVIL

Representing: BROWARD COUNTY GOVT

Title: POLICY ADVISOR

Address: 115 S ANDREWS AVE

City: FT. LAUDERDALE State/Zip: FL/33301

Phone Number: 954-253-7320 Meeting Date: 2/15/18

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Presentation/Workshop Topic: SUBSTANCE ABUSE SERVICES

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	<u>1069</u>		
Amendment Number:	_____		

W/S

Name: Candace Ericks

Representing: Palm Beach County

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

Address: 205 S. Adams St

City: Tallahassee State/Zip: FL

Phone Number: 954-648-1204 Meeting Date: 2/15/18

Committee/Subcommittee: HHS Comm.

Presentation/Workshop Topic: Substance Abuse Services

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



17678800



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

*Missing*

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/CS/HB 1069 : Substance Abuse Services Amendment: N/A
--

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title:

Address: **204 S Monroe St, Ste 201**

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

Phone Number: **(850) 907-3436** Meeting Date: **February 15, 2018 8:30 AM**

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

Presentation/Workshop Topic: **Controlled Substances**

- 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>Waive In Support</b>
<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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	HB 1069		
Amendment Number:	<del>HB 1069</del>		

Name: Alan Johnson

Representing: Office of the State Attorney 15<sup>th</sup> Circuit

Title: Chief Assistant State Attorney

Address: 401 N. Dixie Highway

City: West Palm Beach

State/Zip: FL 33414

Phone Number: 561 309 6247

Meeting Date: 02/15/2018

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	<u>1079</u>		
Amendment Number:	<u>3 064048</u>		

*W/S*

Name: Madonna Finney

Representing: Florida Adoption Council

Title: Attorney / Director

Address: Box 10728

City: Tallahassee State/Zip: FL 32302

Phone Number: 850.577.3077 Meeting Date: 2

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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: 1079
Amendment Number: 591527 #4



Name: Elyn Bogdanoff

Representing: FACCM

Title: Exec Dir

Address: 908 South Andrews Ave

City: Ft. LAUD

State/Zip: FL 33316

Phone Number: 9

Meeting Date: 2/15/18

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 Waive in Support Waive in Opposition Info only

Amendment: Proponent Opponent Waive in Support Waive in Opposition 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: 1079

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

Name: Victoria Lepp

Representing: FL Coalition for Children

Title: Chief Policy & Research Officer

Address: 411 E. College

City: TLH State/Zip: FL 32301

Phone Number: 850.561.1102 Meeting Date: 2/15/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	<u>1373</u>		
Amendment Number:	_____		

Name: CALEB HAWKES

Representing: AGENCY FOR PERSONS WITH DISABILITIES

Title: LEGISLATIVE AFFAIRS DIRECTOR

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

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

Phone Number: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Committee/Subcommittee: HEALTH & HUMAN SERVICES

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

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	1395		
Amendment Number:	_____		

Name: Ron Boole

Representing: City of Marco Island

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

Address: 104 W Jefferson St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 224 3427 Meeting Date: 2-15

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: local bill / COPEN-

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1429</u>			
Amendment Number: _____			

Name: Ingrid Delgado

Representing: Florida Conference of Catholic Bishops

Title: Associate for Social Concerns & Respect Life

Address: 201 W Park

City: Tallahassee

State/Zip: 32301

Phone Number: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

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

Presentation/Workshop Topic: Abortion

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1429</u>			
Amendment Number: _____			

Name: Greg Pouch

Representing: Savrey families n@ Guai. Co. Va

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

Address: 9166 Sunrise Dr.

City: Largo Fl State/Zip: Fl. 33773

Phone Number: \_\_\_\_\_ Meeting Date: 2/15/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1429</u>			
Amendment Number: _____			

Name: Mary K. Winn

Representing: ~~League of Women Voters~~ (on her own behalf)

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

Address: 1006 Brookwood Dr.

City: Tallahassee State/Zip: FL 32308

Phone Number: (850) 766-2612 Meeting Date: 2/15/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	1429		
Amendment Number:	_____		

Name: Amber Kelly

Representing: FL Family Action

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

Address: 4853 S. Orange Avenue, Suite C

City: Orlando State/Zip: FL 32806

Phone Number: (407) 418-0250 Meeting Date: 2/15/18

Committee/Subcommittee: Health & 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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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: 1/29  
 Amendment Number: \_\_\_\_\_

Name: Barbara DeVane

Representing: FL NOW

Title: Ms

Address: 625 E Brevard St

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-257-4280 Meeting Date: 2-15-18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Method Ban / Abortion

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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.

WAVE IN SUPPORT

Bill       Amendment

Bill/PCS/PCB Number: 1429

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

Name: BILL BUNKLEY

Representing: FLORIDA ETHICS AND RELIGIOUS LIBERTY COMMISSION

Title: PRESIDENT

Address: PO BOX 341644

City: TAMPA

State/Zip: FL 33694

Phone Number: 813.264.2977

Meeting Date: 2-15-18

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Presentation/Workshop Topic: DISMEMBERMENT ABORTION

Registered Lobbyist: YES  NO

State Employee: YES  NO

WAVE IN SUPPORT

- 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>HB 1429 : Dismemberment Abortion</b> Amendment: <b>N/A</b>
--

Name: **Aultman, Kathi**

Representing: **Charlotte Lozier Institute**

Title:

Address: **1469 Winfred Drive E**

City: **Orange Park** State/Zip: **FL 32073**

Phone Number: **904-616-5232** Meeting Date: **February 15, 2018 8:30 AM**

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

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

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

<u>Bill</u>
<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.

WLS

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	7065		
Amendment Number:	_____		

Name: Victoria Zapp

Representing: FL Coalition for Children

Title: Chief Policy & Research Officer

Address: 411 E College Ave.

City: TLH State/Zip: FL 32301

Phone Number: 880.561.1102 Meeting Date: 2/15/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	7065		
Amendment Number:	_____		

Name: Michael Wickerstein

Representing: Department of Children and Families

Title: Legislative Affairs Director

Address: 1317 Wineyard Blvd

City: Tallahassee State/Zip: FL/32399

Phone Number: \_\_\_\_\_ Meeting Date: 2/15/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



51200308



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

*Missing*

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 7065 : Child Welfare</b> Amendment: <b>N/A</b>
---

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title:

Address: **204 S Monroe St, Ste 201**

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

Phone Number: **(850) 907-3436** Meeting Date: **February 15, 2018 8:30 AM**

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

Presentation/Workshop Topic: **Social Services**

- 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>Waive In Support</b>
<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.

*Handwritten initials/signature*

Bill  Amendment

Bill/PCS/PCB Number: PCB HHS 18-02

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

Name: Dorene Barker

Representing: AARP Florida

Title: Associate State Director of Advocacy

Address: 200 W. College Ave, Suite 304

City: Jacksonville State/Zip: FL 32301

Phone Number: 850 228-6587 Meeting Date: 2-15-18

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: Health Care Disaster Preparedness + Response

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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: PCB HHS 18-02  
 Amendment Number: \_\_\_\_\_

Name: Susan Anderson

Representing: Florida Senior Living Association

Title: V.P. Public Policy

Address: 2292 Wednesday St., Ste 1

City: Tallahassee State/Zip: FL 32344

Phone Number: 850-708-4971 Meeting Date: 2-15-18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  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 <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>PCB HHS18-02</u>	
Amendment Number: _____	



Name: Deborah Hinton

Representing: The Arc of Florida

Title: CEO

Address: 2898 Mahan Drive, Suite 1

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-921-0460 Meeting Date: FEB. 15, 2018

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Special needs shelters

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only