

Health & Human Services Committee

Tuesday, February 21, 2018 9:00 AM – 12:00 PM Morris Hall (17 HOB)

Action Report

REVISED

Richard Corcoran Speaker W. Travis Cummings Chair

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)	AMENDED
Summary:	
Health & Human Services Committee	
Wednesday February 21, 2018 09:00 am	
CS/HB 21 Favorable With Committee Substitute	Yeas: 19 Nays: 0
Amendment 677879 Adopted Without Objection	,
CS/HB 425 Favorable With Committee Substitute	Yeas: 15 Nays: 0
Amendment 229641 Adopted Without Objection	1603. 15 100y3. 0
HB 675 Favorable With Committee Substitute	Yeas: 15 Nays: 0
Amendment 128723 Adopted Without Objection	
	Name 12 Name 2
CS/HB 693 Favorable	Yeas: 13 Nays: 2
CS/CS/HB 751 Favorable With Committee Substitute	Yeas: 14 Nays: 4
Amendment 706697 Adopted Without Objection	
CS/CS/HB 937 Favorable	Yeas: 17 Nays: 0
CS/CS/HB 965 Favorable With Committee Substitute	Yeas: 17 Nays: 0
Amendment 368581 Adopted Without Objection	
CS/HB 1047 Favorable With Committee Substitute	Yeas: 18 Nays: 0
Amendment 754059 Adopted Without Objection	
Amendment 736555 Adopted	
Amendment 598223 Adopted as Amended	
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CS/CS/HB 1129 Favorable	Yeas: 12 Nays: 6
CS/HB 1155 Favorable	Yeas: 17 Nays: 0
	Verse 15 Nove 2
CS/HB 1165 Favorable With Committee Substitute	Yeas: 15 Nays: 0
Amendment 648661 Adopted Without Objection	
CS/CS/HB 1435 Favorable	Yeas: 17 Nays: 0

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

AMENDED

Attendance:

	Present	Absent	Excused
W. Travis Cummings (Chair)	X		
Lori Berman	×		
Jason Brodeur	×		
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	×		
Cary Pigman	×		
David Santiago	×		
David Silvers	x		
Cyndi Stevenson	x		
Frank White	x		
Patricia Williams	X		
Clay Yarborough	X		
Totals:	20	0	0

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 21 : Controlled Substances

X 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			Х		
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	Х				
Frank White	Х				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
	Total Yeas: 19	Total Nays:	0		

CS/HB 21 Amendments

Amendment 677879

X Adopted Without Objection

Appearances:

Nuland, Chris (Lobbyist) - Opponent Florida Chapter, American College of Surgeons 1000 Riverside Avenue Jacksonville Florida 32204 Phone: (904) 233-3051

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

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 21 : Controlled Substances (continued)

Appearances: (continued)

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

Amendment 677879 Bell, Doug (Lobbyist) - Waive In Support Florida Chapter American Academy of Pediatrics 119 S Monroe St Tallahassee FL 32301 Phone: (850) 205-9000

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

McFaddin, Logan (Lobbyist) - Waive In Support Property Casualty Insurers Association of America 215 S Monroe St Tallahassee FL 32301 Phone: (850) 681-2615

Chaney, Christopher (Lobbyist) - Waive In Support Associated Industries of Florida 204 S Monroe St Tallahassee FL 32301 Phone: (850) 222-8900

Large, Toni (Lobbyist) - Opponent Florida Orthopaedic Society 519 E Park Ave Tallahassee FL 32308 Phone: (850) 566-1461

Silverman, MD, Sanford (General Public) - Proponent FMA, FSIPP 100 E Sample Rd Pompano Bch FL 33064

Ericks, Candice (Lobbyist) - Waive In Support Palm Beach County 205 S Adams St Tallahassee FL 32301 Phone: (954) 648-1204

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 21 : Controlled Substances (continued)

Appearances: (continued)

Beaubien, Roger (Lobbyist) - Waive In Support Office of the Attorney General Special Counsel PI-01 The Capitol Tallahassee FL 32399-0001 Phone: (850) 245-0140

Amendment 677879 Beaubien, Roger (Lobbyist) - Waive In Support Office of the Attorney General Special Counsel Pl-01 The Capitol Tallahassee FL 32399-0001 Phone: (850) 245-0140

West, Sally (Lobbyist) - Proponent Walgreen Company/PDMP Foundation Board Regional Director Tallahassee FL 32317 Phone: (850) 210-2461

Bennett, Shane (General Public) - Waive In Support The Florida Police Chiefs Association 2636 Mitcham Drive Tallahassee FL 32308 Phone: 8502193631

Choy, Erin (State Employee) - Waive In Support Junior Leagues of Florida 404 E. Sixth Avenue Tallahassee FL 32303 Phone: 5616354168

Bishop, Barney (Lobbyist) - Waive In Support Florida Smart Justice Alliance 204 S Monroe St Tallahassee FL 32301 Phone: (850) 907-3436

West, Devon (Lobbyist) - Waive In Support Broward County Policy Advisor 115 S Andrews Ave Fort Lauderdale FL 33301 Phone: (954) 789-9293

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 425 : Physician Fee Sharing Task Force

X Favorable With Committee Substitute

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

CS/HB 425 Amendments

Amendment 229641

X Adopted Without Objection

Appearances:

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

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

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 425 : Physician Fee Sharing Task Force (continued)

Appearances: (continued)

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

Christian, David (Lobbyist) - Waive In Support Florida Hospital Director Government Relations 900 Hope Way Altamonte Springs FL 32714 Phone: (407) 357-2493

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

HB 675 : Pharmacies

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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			х		
James Grant	X				
Michael Grant	Х				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	Х				
Cary Pigman	X				
David Santiago			x		
David Silvers	Х				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams			X		
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
	Total Yeas: 15	Total Nays: 0)		

HB 675 Amendments

Amendment 128723

X Adopted Without Objection

Appearances:

Fuller, Heather (General Public) - Waive In Support Florida Society of Health System Pharmacists Pharmacist 402 E Palmer Ave Tallahassee FL 32308 Phone: (850) 405-1968

Christian, David (Lobbyist) - Waive In Support Florida Hospital Director Government Affairs 900 Hope Way Altamonte Springs FL 32714 Phone: (407) 357-2493

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) HB 675 : Pharmacies (continued)

Appearances: (continued)

Gonzalez, Larry (Lobbyist) - Waive In Support Florida Society of Health System Pharmacists, Inc 223 S Gadsden St Tallahassee FL 32309 Phone: (850) 570-6307 AMENDED

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 693 : Family Self-Sufficiency

AMENDED

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman		-	X		
Jason Brodeur	X				
Kamia Brown			Х		
Colleen Burton	X				
Tracie Davis		X			
Bobby DuBose			X		
James Grant	X				
Michael Grant	X				
Roy Hardemon		Х			
Gayle Harrell	Х				
MaryLynn Magar	X				
Ralph Massulio, MD	X				
Cary Pigman	Х				
David Santiago			X		
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams			X		
Clay Yarborough	Х				
W. Travis Cummings (Chair)	X				
	Total Yeas: 13	Total Nays: 2			

Appearances:

Chamizo, Jorge (Lobbyist) - Waive In Support Opportunity Solutions Project Attorney 108 S Monroe St Tallahassee FL 32301 Phone: (850) 681-0024

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/CS/HB 751 : Public Assistance

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman		X			
Jason Brodeur	X				
Kamia Brown		Х			
Colleen Burton	X				
Tracie Davis			x		
Bobby DuBose		X			
James Grant			Х		
Michael Grant	X				
Roy Hardemon	X				
Gayle Harreli	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers		x			
Cyndi Stevenson	X				
Frank White	Х				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
	Total Yeas: 14	Total Nays:	4		

CS/CS/HB 751 Amendments

Amendment 706697

Adopted Without Objection

Appearances:

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Chamizo, Jorge (Lobbyist) - Waive In Support Opportunity Solutions Project Attorney 108 S Monroe St Tallahassee FL 32301 Phone: (850) 681-0024

Amendment 706697 Chamizo, Jorge (Lobbyist) - Waive In Support Opportunity Solutions Project Attorney 108 S Monroe St Tallahassee FL 32301 Phone: (850) 681-0024

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/CS/HB 751 : Public Assistance (continued)

Appearances: (continued)

Huddleston, Cindy (Lobbyist) - Opponent Florida Legal Services 2425 Torreya Dr Tallahassee FL 32303 Phone: (850) 508-8282 AMENDED

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/CS/HB 937 : Perinatal Mental Health

X Favorable

	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	Χ				
MaryLynn Magar	X				
Ralph Massulio, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams			Х		
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
	Total Yeas: 17	Total Nays: 0			

Appearances:

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

Watson, Ronald (Lobbyist) - Waive In Support Midwives Association of Florida 3738 Mundon Way Tallahassee FL 32309 Phone: (850) 567-1202

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

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/CS/HB 937 : Perinatal Mental Health (continued)

Appearances: (continued)

Bishop, Barney (Lobbyist) - Waive In Support Florida Smart Justice Alliance 204 S Monroe St Tallahassee FL 32301 Phone: (850) 907-3436 AMENDED

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

CS/CS/HB 965 : Laser Hair Removal Or Reduction

AMENDED

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman			Х		
Jason Brodeur	X				
Kamia Brown		- <u> </u>	X		
Colleen Burton	X				.,=
Tracie Davis			X		
Bobby DuBose	X		<u></u>		
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)	Х				
	Total Yeas: 17	Total Nays:	0		

CS/CS/HB 965 Amendments

Amendment 368581

X Adopted Without Objection

Appearances:

Nuland, Christopher (Lobbyist) - Waive In Support Florida Society of Plastic Surgeons/Florida Society of Dermatology 1000 Riverside Ave Jacksonville FL 32204 Phone: (904) 233-3051

Amendment 368581 Gonzalez, Larry (Lobbyist) - Opponent Electrologist Society & Electrologist Association of Florida 223 S Gadsden St Tallahassee FL 32301 Phone: (850) 570-6307

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/CS/HB 965 : Laser Hair Removal Or Reduction (continued)

Appearances: (continued)

Bogdanoff, Ellyn (Lobbyist) - Proponent SCMHR 1 E Broward Blvd Fort Lauderdale FL 33301 Phone: (954) 364-6005

Amendment 368581 Bogdanoff, Ellyn (Lobbyist) - Waive In Support SCMHR 1 E Broward Blvd Fort Lauderdale FL 33301 Phone: (954) 364-6005

Gonzalez, Larry (Lobbyist) - Opponent Electrologist Society & Electrologist Association of Florida 223 S Gadsden St Tallahassee FL 32301 Phone: (850) 570-6307

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 1047 : Department of Health

Favorable With Committee Substitute x

	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	Х				
James Grant			x		
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Raiph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X		-		
David Silvers	Х				
Cyndi Stevenson	X				
Frank White	Х				
Patricia Williams	X				
Clay Yarborough	Х				
W. Travis Cummings (Chair)	X				
	Total Yeas: 18	Total Nays: (נ		

CS/HB 1047 Amendments

Amendment 754059

X Adopted Without Objection

Amendment 736555

X Adopted

Amendment 598223

Adopted as Amended Х



Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 1047 : Department of Health (continued)

Appearances:

Amendment 598223 Stewart, Michelle (General Public) - Opponent Florida Academy of Nutrition and Dietetics President 1050 Satin Leaf Street Hollywood FL 33019 Phone: (954) 547-5382

Stewart, Michelle (General Public) - Opponent Florida Academy of Nutrition and Dietetics President 1050 Satin Leaf Street Hollywood FL 33019 Phone: (954) 547-5382

Christie, Dr. Catherine (State Employee) (General Public) - Opponent Florida Academy of Nutrition & Dietetics Associate Dean, Brooks College of Health 10168 Bishop Lake Rd W Jacksonville FL 32256 Phone: (904) 716-2202

Amendment 598223 Christie, Dr. Catherine (State Employee) (General Public) - Opponent Florida Academy of Nutrition & Dietetics Associate Dean, Brooks College of Health 10168 Bishop Lake Rd W Jacksonville FL 32256 Phone: (904) 716-2202

Amendment 598223 Mixon, Corinne (Lobbyist) - Waive In Support Florida Academy of Physician Assistants Government Consultant 119 S Monroe St Tallahassee FL 32301 Phone: (850) 766-5795

Amendment 736555 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

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 1047 : Department of Health (continued)

Appearances: (continued)

Wright, Dr Lauri (State Employee) - Opponent Florida Academy of Nutrition & Dietetics Director, UNF Center for Nutrition & Food Security 2959 McCrone Way Jacksonville FL 32216 Phone: (904) 620-1436

Amendment 598223 Wright, Dr Lauri (State Employee) - Opponent Florida Academy of Nutrition & Dietetics Director, UNF Center for Nutrition & Food Security 2959 McCrone Way Jacksonville FL 32216 Phone: (904) 620-1436

Beseler, Lucille (General Public) - Opponent Academy of Nutrition & Dietetics Immediate Past President 5350 W Hillsboro Blvd Coconut Creek FL 33498 Phone: (954) 360-7883

Amendment 598223 Beseler, Lucille (General Public) - Opponent Academy of Nutrition & Dietetics Immediate Past President 5350 W Hillsboro Blvd Coconut Creek FL 33498 Phone: (954) 360-7883

Fisher, MS, RDN, CEDRD, Heather (General Public) - Opponent Florida Academy of Nutrition & Dietetics Owner, Nutrition Education & Consulting Dietetics Services 2940 E Park Ave Tallahassee FL 32301 Phone: (850) 274-1052

Hart, Joe (Lobbyist) - Waive In Support Florida Dental Association Chief Legislative Officer 118 E Jefferson St Tallahassee FL 32301 Phone: (850) 224-1089

Amendment 598223 Bell, Doug (Lobbyist) - Waive In Support Florida Chapter American Academy of Pediatrics 119 S Monroe St Tallahassee FL 32301 Phone: (850) 205-9000

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 1047 : Department of Health (continued)

Appearances: (continued)

Jackson, MS, RD, CP, Jontae (General Public) - Waive In Opposition Florida Academy of Nutrition & Dietetics Licensed and Registered Dietitian 4265 Sloe Dr Tallahassee FL 32305 Phone: (850) 727-3131

Mabry, Janet (Lobbyist) - Waive In Support American Massage Therapy Association 2866 Bay Heather Cir Gulf Breeze FL 32563 Phone: (850) 501-2502

Amendment 598223 Diaz Lyons, Aimee (Lobbyist) - Waive In Support Florida Physical Therapy Association 119 South Monroe St Tallahassee FL 32301 Phone: (850) 205-9000

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

Watson, Ronald (Lobbyist) - Waive In Support Florida Chiropractic Physician Association 3738 Mundon Way Tallahassee FL 32309 Phone: (850) 567-1202

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

Amendment 736555 Smith, Steven (Lobbyist) - Waive In Support Florida Blue Director, State Legislative Relations 4800 Deerwood Campus Pkwy Jacksonville FL 32246 Phone: (904) 905-6742

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 1047 : Department of Health (continued)

Appearances: (continued)

Amendment 598223 Bullock, Carole (General Public) - Waive In Opposition Medical Nutrition Therapy of Florida President 267 John Knox Rd Tallahassee FL 32303 Phone: (850) 212-0383

Amendment 598223 Griffin, Jaqvinn M (General Public) - Waive In Opposition Longterm Care MSRD/LDN Tallahassee FL 32311 Phone: (850) 510-9401

Amendment 598223 Bayliss, Slater (Lobbyist) - Opponent American Board of Medical Specialties 204 S Monroe St Tallahassee FL 32301 Phone: (850) 222-8900

Amendment 598223 Stapell, Christine (General Public) - Opponent Florida Academy of Nutrition & Dietatics Executive Director 2834 Remington Green Circle Tallahassee FL 32308 Phone: (850) 386-8850

Ewer, Brett (Lobbyist) - Proponent CrossFit, Inc. 611 Keefer Pl NW Washington DC Phone: (508) 560-2738

Posey, Jonathan (General Public) - Proponent The Council of Holistic Health Educators 6614 Jupiter Hills Circle Apt A ALEXANDRIA VA 22312 Phone: 2023791653

Blume, Amanda (General Public) - Proponent
Myself, my family, my volunteer philanthropy orphanage & foster home
Nutritional Therapy Practitioner
4308 Juanita Way S
St Petersburg FL 33705
Phone: (727) 401-4070

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 1047 : Department of Health (continued)

Appearances: (continued)

Dorman, Meghan (General Public) - Waive In Support Self Nutritional Therapy Practitioner 490 28TH AVE N St Petersburg FL 33704 Phone: (727) 424-9482

Orlofske, Chelsie (General Public) - Waive In Support Holistic Nutrition Professionals 1810 NW 23rd Blvd Gainesville Florida 32605 Phone: (740) 526-6044

Zukowsky, Lisa (General Public) - Waive In Support Nutritional Therapy Certification, Holistic Health Practitioners Nutritional Therapy Practitioner 11951 Laura Rose Ct Jacksonville Florida 32223 Phone: (619) 549-6517

Amendment 598223 Winn, Stephen (Lobbyist) - Waive In Support Florida Osteopathic Medical Association Executive Director 2544 Blairstone Pines Drive Tallahassee FL 32301 Phone: (850) 878-7364

Amendment 598223 Fisher, MS, RDN, CEDRD, Heather (General Public) - Opponent Florida Academy of Nutrition & Dietetics Owner, Nutrition Education & Consulting Dietetics Services 2940 E Park Ave Tallahassee FL 32301 Phone: (850) 274-1052

Amendment 598223 Hart, Joe (Lobbyist) - Waive In Support Florida Dental Association Chief Legislative Officer 118 E Jefferson St Tallahassee FL 32301 Phone: (850) 224-1089

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/CS/HB 1129 : Licensure of Child Care Programs

AMENDED

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman			x		
Jason Brodeur	X	<u> </u>			
Kamia Brown	· · · · · · · · · · · · · · · · · · ·	· X			
Colleen Burton	X				
Tracie Davis		Х			
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	Х				
David Silvers		Х			
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams		X			
Clay Yarborough	Х				
W. Travis Cummings (Chair)	X				
	Total Yeas: 12	Total Nays: 6			

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Appearances:

Mabry, Janet (Lobbyist) - Waive In Support Self Mother/Grandmother 2866 Bay Heather Cir Gulf Breeze FL 32563 Phone: (850) 501-2502 Kottkamp, Jeffrey (Lobbyist) - Opponent

Florida Alliance of Boys & Girls Clubs 3311 Dartmoor Dr Tallahassee FL 32312 Phone: (239) 297-9741

Cory, Jack (Lobbyist) - Opponent Florida Alliance of Boys & Girls Clubs 730 E Park Ave Tallahassee FL 32301 Phone: (850) 893-0995

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 1155 : Anatomical Gifts

х Favorable

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

Appearances:

Christian, David (Lobbyist) - Waive In Support Florida Hospital **Director Government Relations** 900 Hope Way Altamonte Springs FL 32714 Phone: (407) 357-2493

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

CS/HB 1165 : Allocation of Trauma Centers

X 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			Х		
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	· · · · · · · · · · · · · · · · · · ·			
	Total Yeas: 15	Total Nays: 0			

CS/HB 1165 Amendments

Amendment 648661

X Adopted Without Objection

Appearances:

Martinez, Cristina (General Public) - Opponent Myself 10900 SW 129th St Miami FL 33176 Phone: (305) 907-4418

Meyer, Dr. Keith (General Public) - Opponent Children's Critical Care Specialists Medical Director 3100 SW 62nd Ave Miami FL 33155 Phone: (305) 720-5365

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 1165 : Allocation of Trauma Centers (continued)

Appearances: (continued)

McKenney, Dr. Mark (State Employee) - Proponent HCA Medical Director of Trauma 6575 Allison Rd Miami Beach FL 33141 Phone: (786) 417-4080

Ecenia, Steve (Lobbyist) - Proponent HCA Healthcare Attorney PO Box 551 Tallahassee FL 32302 Phone: (850) 509-4996

Panza, Tom (Lobbyist) - Proponent Jackson Memorial Hospital - Ryder Trauma Center 201 East Park Avenue Tallahassee FL 32301 Phone: (850) 681-0980

Amendment 648661 Anderson, Ellen (Lobbyist) - Proponent Community Heal th Systems Director of Government Relations 106 E College Ave Tallahassee FL 32301 Phone: (850) 228-7959

Delegal, Mark (Lobbyist) - Proponent Safety Net Hospital Alliance of Florida General Counsel 315 S Calhoun St Tallahassee FL 32301 Phone: (850) 224-7000

Amendment 648661 Delegal, Mark (Lobbyist) - Proponent Safety Net Hospital Alliance of Florida General Counsel 315 S Calhoun St Tallahassee FL 32301 Phone: (850) 224-7000

Amendment 648661 Ecenia, Steve (Lobbyist) - Proponent HCA Healthcare Attorney PO Box 551 Tallahassee FL 32302 Phone: (850) 509-4996

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/HB 1165 : Allocation of Trauma Centers (continued)

Appearances: (continued)

Singh, April Andrews (General Public) - Opponent Nicklaus Children's Hospital Sr VP/General Counsel 3100 SW 62nd Ave Miami FL 33155 Phone: (305) 666-6511

Health & Human Services Committee

2/21/2018 9:00AM

Location: Morris Hall (17 HOB) CS/CS/HB 1435 : Child Welfare

Х Favorable

	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			Х		
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	Х				
Patricia Williams	X		_		
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
	Total Yeas: 17	Total Nays: 0	1		

Appearances:

Glover, Shakema (General Public) - Information Only The New Florida Majority Phone: (561) 801-9415

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

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

Committee meeting was reported out: Thursday, February 22, 2018 12:59PM



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

LORIDA		
	Bill Amendment	1
	Bill/PCS/PCB Number:	Ŭ
	Amendment Number: <u>677879</u>	
Name: Doug Bel		
Representing: <u>Florida Cha</u>	pter American Academy of Pediatrics	
Title:	/	
Address: 119 5. Mo	mine st	
City: TLH	State/Zip: FC	
Phone Number:	Meeting Date: 2/21/16	
Committee/Subcommittee:	#5	
Presentation/Workshop Topic:		
Regist	tered Lobbyist: YES 🔀 NO 🗌	
State I	Employee: YES NO	
I wish to speak Appearing in response to an inc Appearing in response to subpo Appearing at the written reque Judge or elected officer appear	est of the chair	
	omitted online lease also indicate your position as a proponent or opponent on the bill as a whole.) onent Waive in Support X Waive in Opposition Info only	
Amendment: Proponent Oppor		



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

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6	$\left\{ \right\}$	L

ADDING TO A	CORIDA				\neg
		Bill		Amendment 🔀	
		Bill/PCS/PCB N	lumber:		
				677879	
Name:	. Koczer	Beausi	en (Bo-be-en)
Repres	esenting: <u>Cffree of</u>	fne	Atta	ney Gen	eral
Title	dress: PL 01 Cap	Course			
Add	dress: PLOI Can	nbel			
	y:			State/Zip:	
Pho	one Number:			Meeting Date:	
Com	mmittee/Subcommittee:				
Pres	esentation/Workshop Topic:				
	Registere	ed Lobbyist: YE	s 🕅 🛛	10	
	State Em	ployee: YE	s 🛛 🕴	10	
[]					
	I wish to speak	c · c · ·			
	Appearing in response to an inqui	•	n made by r	nember, committee, o	r staff
	Appearing in response to subpoen				
	Appearing at the written request of				
	Judge or elected officer appearing	·	ity		
	Lobbyist Appearance form submit	ted online			
(If you a	are testifying on an amendment, please	e also indicate you	r position as	a proponent or opponent	t on the bill as a whole.)
Bill:	Proponent Opponen	t 🗌 Waive in	Support	Waive in Opposition	n Info only
Amend	dment: Proponent Opponen	t 🗌 Waive in	Support	Waive in Opposition	n Info only



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

LORIDA	
	Bill Amendment
	Bill/PCS/PCB Number:
	Amendment Number:
Name: Ro	per Beaubien (Bo-be-en)
Representing:	ftre of the Attoiney (seneral
Address:	01 Capitol
	State/Zip:
Phone Number: _	Meeting Date:
Committee/Subc	mmittee:
Presentation/Wo	kshop Topic:
	Registered Lobbyist: YES 🔀 NO 🗌
	State Employee: YES 🔀 NO 🗌
Appearing in a Appearing at a Judge or elect	esponse to an inquiry for information made by member, committee, or staff esponse to subpoena ne written request of the chair ed officer appearing in official capacity arance form submitted online
(If you are testifying on	n amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Propo	nent Opponent Waive in Support 🕅 Waive in Opposition Info only
Amendment: Propo	nent Opponent Waive in Support Waive in Opposition Info only



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

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LORIDA	
	Bill Amendment
	Amendment Number:
Name: Sally West	
ρ	reens / PDMP Foundation Board
Title: <u>Performa</u> Address:	Director
city: Tallahass	State/Zip: 323/7-
Phone Number: <u>850 210</u>	Meeting Date:
Committee/Subcommittee:	HS
Presentation/Workshop Topic:	Opioids - Controlled Substances
Regist	ered Lobbyist: YES 🕅 NO 🦳
State I	Employee: YES NO
I wish to speak Appearing in response to an ind Appearing in response to subpo Appearing at the written reque Judge or elected officer appear Lobbyist Appearance form subp	st of the chair ing in official capacity
	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only



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

Constant P	CORIDA ASSIS	stant at the meeting.				\backslash	
					CS/PCB Number:	•	
		- 1		Ame	ndment Number:		
	Chris						
Repres	senting: <u>Flor</u> 1	da Chapte	er, Amer	ican	College of Sc	rgeens	
Title	2:						
Add	ress: 1000	Riverside	Ave #	240			
City	: Jacksonu	ille			State/Zip:	3204	
Pho	ne Number: <u>9</u> C	4-233-3051			Meeting Date:		
Corr	nmittee/Subcom	mittee: Heal t	+ Huma	n Se	ruices		
Pres	sentation/Works	hop Topic:					
		Registered L	obbyist: YES.	V	NO 🗌		
		State Emplo	yee: YES		NO 🖌		
Z	I wish to speak						
	Appearing in resp	onse to an inquiry fo	or information	made by	member, committee, or s	staff	
	Appearing in resp	oonse to subpoena					
	Appearing at the	written request of th	ne chair				
	Judge or elected	officer appearing in o	official capacit	у			
	Lobbyist Appeara	nce form submitted	online				
(If you a	re testifying on an a	mendment, please als	o indicate your	position a:	s a proponent or opponent o	on the bill as a whole.)	
	Bill:	Proponent	Opponent	ľ	Info only		
	Amendment:	Proponent	Opponent		Info only		



59030051





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill Number: CS/HB 21 : Controlled Substances

Amendment: N/A

Name:	Bennett, Shan	e		
Representing:	The Florida Police Chiefs Association			
Title:	Chief of Police, Lawtey PD			
Address:	2636 Mitcham	Drive		
City:	Tallahassee		State/Zip:	FL 32308
Phone Number:	8502193631		Meeting Date:	February 21, 2018 9:00 AM
Committee/Sub	committee:	Health & Hum	an Services Commit	tee
Presentation/W	orkshop Topic	: N/A		

Registered Lobbyist

State Employee

☑ I Wish To Speak

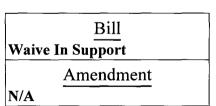
Appearing in response to subpoena

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





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

5

LORIDA	
	Bill Amendment
	Bill/PCS/PCB Number:
	Amendment Number:
Name: JII Girc	3/
Representing: Florida	a Behavioral Health Association
Title: Sonor Pulic	y Advisor
Address: <u>2868</u> M	lahan Dr
City: Tallahassel	State/Zip: FE 32308
Phone Number: $850 q$	78 2196 Meeting Date: 21 Feb 2019
Committee/Subcommittee:	HHS
Presentation/Workshop Topic:	Cpioids
Regist	tered Lobbyist: YES X NO
State	Employee: YES NO
I wish to speak	anuing for information mode by member committee, or staff
Appearing in response to subpo	nquiry for information made by member, committee, or staff
Appearing at the written reque	
Judge or elected officer appear	
Lobbyist Appearance form sub	
(If you are testifying on an amondment of	lease also indicate your position as a proponent or encount on the bill as a whole
	lease also indicate your position as a proponent or opponent on the bill as a whole.

Opponent Waive in Support Waive in Opposition

Info only

Amendment: Proponent





LORIDA		7
	Bill Amendment	
	Bill/PCS/PCB Number:/	
	Amendment Number:	
Name: <u> </u>	AD LOWREY	
Representing:	OPERATION PAR	
Title:	2 GOU. RIELATIONS	
Address:	720 WASHINGTOW ST	
City: <u>Po 1</u> -	ZTRICHTZ State/Zip: 17-	34668
Phone Number	r: Meeting Date: <u>2</u> - ,	21-18
Committee/Su	ibcommittee: AAS	
Presentation/V	Workshop Topic:	
	Registered Lobbyist: YES 🔽 NO	
	State Employee: YES NO	ς.
I wish to sp	heak	
	in response to an inquiry for information made by member, committee, or st	aff
Appearing	in response to subpoena	
Appearing	at the written request of the chair	
Judge or el	lected officer appearing in official capacity	
Lobbyist Ap	ppearance form submitted online	
(If you are testifying o	on an amendment, please also indicate your position as a proponent or opponent or	n the bill as a whole.)
Bill: Pro	oponent 🗹 Opponent 🌠 Waive in Support 🔽 Waive in Opposition	Info only
Amendment: Pro	oponent Opponent Waive in Support Waive in Opposition	Info only



Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.
Bill Amendment Bill/PCS/PCB Number #B2 Amendment Number: Name: Logan //c faddin Representing: <u>Froperty Casualty Insurers Assoc.of America</u>
Address: 215 5. Monroe St
City: $TG[[a hassee State/Zip: FL 3230]$ Phone Number: $850-681-2615$ Meeting Date: $2/2/$
Phone Number: $850 - 681 - 2615$ Meeting Date: $2/2/$
Committee/Subcommittee: Heg Ith & Human Service S
Presentation/Workshop Topic:
Registered Lobbyist: YES 📉 NO 🦳
State Employee: YES NO 🔀
 I wish to speak Appearing in response to an inquiry for information made by member, committee, or staff Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacity Lobbyist Appearance form submitted online
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only
Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



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

WAVE IN SUPPORT Amendment Number:
Name: BILC BUNKLEY
Representing: FLORIDA ETRICS AND RELIGIOUS LIBERTRY COMMISSION
Title: PRESIDENT
Address: POBOX 34/644
City: TAMAA State/Zip: E 33694
Phone Number: 813.264.2977 Meeting Date: 2-2\$.18
Committee/Subcommittee: HEARTH + HUMAN SERVICES E
Presentation/Workshop Topic: CONTROLIED SUDSTANCES
Registered Lobbyist: YES V NO
State Employee: YES NO
V I wish to speak WAVE IN SUPPORT
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent 🗹 Opponent 🗌 Info only 🗌

Opponent 🗌 Info only

Amendment:

Proponent



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

10

ALORIDA	\sim
	Bill Amendment Bill/PCS/PCB Number:
Λ	Amendment Number:
Name: Candice	Ericks
Representing: Palm	Beach County
Title:	1
Address: <u>2055</u>	. Adoms St
city: TAllahas	ll State/Zip:
Phone Number: <u>954-6</u>	48-1204 Meeting Date: 2/2/18
Committee/Subcommittee:	toolth + Himon Services
Presentation/Workshop Topic:	Controlled Substance
Registe	ered Lobbyist: YES NO
State E	Employee: YES NO
1	
I wish to speak	
	quiry for information made by member, committee, or staff
Appearing in response to subpo	
Appearing at the written reque	
Judge or elected officer appear	
Lobbyist Appearance form subr	nitted online
(If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only



CORIDA		\bigcirc
	Bill Amendment	
	Bill/PCS/PCB Number: HB 21	
	Amendment Number:	
. Sonford	Silverman, MP	
Name:	STORING ME	
Representing: <u>FMA</u>	+ FSIPI-	
Title:		
	ample Rd Ste 2001	
city: Pommero B	anple Rd Stc 2001 ush State/Zip: FL 330	164
V Phone Number:	Meeting Date: <u>2-2</u> [-2	2018
Committee/Subcommittee:		_
Presentation/Workshop Topic: _		
Regist	stered Lobbyist: YES NO	
State	Employee: YES NO	
I wish to speak		
Appearing in response to an in	nquiry for information made by member, committee, or staff	
Appearing in response to subp	poena	
Appearing at the written reque	lest of the chair	
Judge or elected officer appear	aring in official capacity	
Lobbyist Appearance form sub	omitted online	
(If you are testifying on an amendment, pl	lease also indicate your position as a proponent or opponent on the bill as a w	vhole.)
Bill: Proponent Oppo	onent Waive in Support Waive in Opposition Info only	
Amendment: Proponent Oppo	onent Waive in Support Waive in Opposition Info only	



LORIDA MAR			
	Bill	Amendment	
	Bill/PCS/PCB Number: _	2	
	Amendment Number:		
Name: Toni Lav	ÀC		
Representing: Florida (<u>jrthopedic</u> Sc	ociety	
Title:		,	
Address: 519 E. Parl	(Ave		
city: Tallahasse	il .	State/Zip: FL 2	32305
Phone Number: (850)	556-1461	Meeting Date: FC	p. 21, 18
Committee/Subcommittee:	touse Health	5 Human	Services
Presentation/Workshop Topic: _	opioid presi	cribing	
	tered Lobbyist: YES		
State	Employee: YES		
I wish to speak			
Appearing in response to an ir	nquiry for information made by	member, committee, or sta	aff
Appearing in response to subp	oena		
Appearing at the written requ	est of the chair		
Judge or elected officer appea	ring in official capacity		
Lobbyist Appearance form sub	mitted online		
(If you are testifying on an amendment, p	ease also indicate your position a	s 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

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD Assistant at the meeting.

PLOBIDA MAR		
	Bill Amendment	\
	Bill/PCS/PCB Number: 2/	\
	Amendment Number:	
Name: Chris Cha	ney	
Representing: <u>ASSOCIAT</u>	ted Industries of Florida	,
Title: Lobby1st	-	
Address: 204 Sou	-Monroe Street	
City: Tallahasse	· · · · · · · · · · · · · · · · · · ·	
Phone Number: 222-	- 7900 Meeting Date: 2/21/18	
Committee/Subcommittee:	Health and Human services	
Presentation/Workshop Topic: _		
	tered Lobbyist: YES 📈 NO 🗌	
State	Employee: YES NO	
I wish to speak		
	quiry for information made by member, committee, or staff	
Appearing in response to subp	oena	
Appearing at the written reque	est of the chair	
Judge or elected officer appea	ring in official capacity	
Lobbyist Appearance form sub	mitted online	
(If you are testifying on an amendment, pl	ease also indicate your position as a proponent or opponent on the bill as a whole	.)
Bill: Proponent Oppo	nent Waive in Support Waive in Opposition Info only	
Amendment: Proponent Oppo	nent Waive in Support Waive in Opposition Info only	



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Missing C

Bill Number: CS/HB 21 : Controlled Substances Amendment: N/A

Name: Choy, Erin

Representing:	Junior League	of Florida	
Title:	Immediate Pas	t Chair	· · · ·
Address:	404 E. Sixth Av	venue	·····
City:	Tallahassee	State/Zip:	FL 32303
Phone Number:	5616354168	Meeting Date:	February 21, 2018 9:00 AM
Committee/Sub	committee:	Health & Human Services Commi	ttee
Presentation/Wo	orkshop 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



94401587





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Number: CS/HB 21 : Controlled Substances

Amendment: N/A

Name: **Bishop**, **Barney** Representing: **Florida Smart Justice Alliance** Title: CEO Address: 204 S Monroe St, Ste 201 City: Tallahassee State/Zip: FL Phone Number: (850) 907-3436 February 21, 2018 9:00 AM Meeting Date: Health & Human Services Committee Committee/Subcommittee: 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

Bill Waive In Support Amendment N/A



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Loging	
	Bill Amendment
	Bill/PCS/PCB Number: 2
	Amendment Number:
Name: Devin West	
Representing: <u>Broward</u> C	ounty
Title: Dolla; Advisa	د
Address: 115 S And	rews Ave
city: IT lauderdale	State/Zip: <u>FL 33301</u>
Phone Number: 954.78	<u>1.9293</u> Meeting Date: 2/21/18
Committee/Subcommittee:	alths Human Services
	Convolled Substances
Regist	ered Lobbyist: YES NO
State I	Employee: YES NO
 I wish to speak Appearing in response to an ind Appearing in response to subpo Appearing at the written reque Judge or elected officer appear Lobbyist Appearance form subpo 	st of the chair ing in official capacity
(If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only

	2.21-248
CU BEFRESS	COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD
	Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.
	Bill Amendment Bill/PCS/PCB Number: <u>HB 425</u> Amendment Number:
Name: <u>STEP</u> F	ten R. WINN
Representing: <u>F</u>	DRIDA DETEOPATHIC MEDILAL ASSOCIATION
Title: <u>とメビC</u>	UTIVE PARECTOR
Address: <u>み</u> ち	044 BLAIRGTONE PINES DRINE
City: TAUA	HASSEEState/Zip: FCS2301
Phone Number	: <u>878-7364</u> Meeting Date: <u>2-21-2018</u>
Committee/Sub	DECOMMITTEE: HOUSE HEARTHE HUMAN SERVICES COMMITTEE
	Vorkshop Topic: PHYSICIAN FEE SHARING TASK FERCE
	Registered Lobbyist: YES NO
	State Employee: YES NO
Appearing i Appearing a Appearing a Judge or ele	
	on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)
Bill:	Proponent Opponent Info only
Amendmen	it: Proponent Opponent Info only





ALORIDA .			\backslash
	Bill	Amendment	
	Bill/PCS/PCB Number:	<u>475</u>	
	Amendment Number:		
Name: Dwid Chs	isticn		
Representing: Floride h	105, 721		
Title: Director - Go		\$	
Address: _ Goo lape	wey		
City: <u>D/ 10 monte Spr</u>	ings	State/Zip:	,
Phone Number: <u>437</u> 257	1-2493	Meeting Date: 3/3	1/15
Committee/Subcommittee:	<u>lyys</u>		,
Presentation/Workshop Topic:	For Shering		
Regist	ered Lobbyist: YES		
State	Employee: YES	NO	
I wish to speak			
Appearing in response to an inc	quiry for information made b	y member, committee, or staf	f
Appearing in response to subpo			
Appearing at the written reque			
Judge or elected officer appear			
Lobbyist Appearance form sub	nitted online		
(If you are testifying on an amendment, ple	ease also indicate your position	as a proponent or opponent on t	he bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support	Waive in Opposition	Info only
Amendment: Proponent Oppor	nent Waive in Support	Waive in Opposition	Info only



Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.
Bill Amendment Bill/PCS/PCB Number: 425 Amendment Number:
Representing: Florida Chapter, American College of Physicians
Address: 1000 Riverside Are #240
City: Jacksenville State/Zip: R 32204
Phone Number: $904-233-3051$ Meeting Date: $2/21/18$
Committee/Subcommittee: Health + Human Services
Presentation/Workshop Topic:
Registered Lobbyist: YES V NO State Employee: YES NO VO
 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



LOBIDA MAR			
	Bill 🗹 Bill/PCS/PCB Number:	Amendment 425	X
	Amendment Number:		
Name: Mary Thom	mas		
Representing: <u>Flovida</u> N	Medical Assoc	intion	
Title: ASSISTANT Go	noral Counsel		
Address: 1430 RedMo	-		
City: TLH		State/Zip: FC 3	2308
Phone Number: 850224	6496	Meeting Date: 2/2	21/18
Committee/Subcommittee:	414f S		
Presentation/Workshop Topic:			
	ered Lobbyist: YES		
State	Employee: YES	NO 🔽	
I wish to speak			
Appearing in response to an inc		y member, committee, or st	aff
Appearing at the written reque			
Judge or elected officer appear			
Lobbyist Appearance form sub	mitted online		
(If you are testifying on an amendment, ple	ease also indicate your position	as a proponent or opponent on	the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support	Waive in Opposition	Info only
Amendment: Proponent Oppor	nent Waive in Support	Waive in Opposition	Info only



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

Assistant at the meeting.
Bill Amendment Bill/PCS/PCB Number: MB 675 Amendment Number:
Name: Larry Gonzalez
Representing: Florida Society of Health System Pharmacists
Title: General Counsel
Address: 223 S. Gadeden St
City: Tallchassee State/Zip: FL 3230/
Phone Number: $850 - 570 - 6307$ Meeting Date: $\frac{2}{18}$
Committee/Subcommittee: Her Hth + Human Services
Presentation/Workshop Topic: Regulation of hospital pharmanes
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

Opponent Waive in Support Waive in Opposition

Info only

Amendment: Proponent



- TORIDA
Bill Amendment Bill/PCS/PCB Number: <u>675</u>
Amendment Number:
Name: David Christian
Representing: FLoside Hospilel
Title: Director - Gov 7 Affairs
Address: Jos Mape Der Lay
City: <u>PIdemond</u> State/Zip: <u>F/</u>
Phone Number: $\frac{407}{357}$, $\frac{357}{357}$, $\frac{9973}{100}$ Meeting Date: $\frac{7/21}{18}$
Committee/Subcommittee: HNS
Presentation/Workshop Topic: Phermacies
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



Assistant at the meeting.
Bill Amendment Bill/PCS/PCB Number:
Name: HEATHER FULLER Representing: Florida Society of Halthsyster Pharmacists
Title: <u>PHARMACIST</u> Address: <u>402 EPALMER AVE</u>
City: TALLAHASSEE State/Zip: + Phone Number: 3BL 405 1968 Meeting Date: 2/24/18
Committee/Subcommittee: <u>Committee</u> HHS Presentation/Workshop Topic: <u>PITARMACY</u>
Registered Lobbyist: 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
Bill: Proponent Yeave in Support Waive in Opposition Info only Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



OT REPRESS		
	Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative	C
2 ORIDA	Bill Amendment Bill/PCS/PCB Number:	
Name:	Torge chamizo	
Representing:	opportunity solutions project	
Title:	Horney	
Address:	OB South Montae Street	
City:	11ahasse State/Zip: PL 52.30/	
Phone Number	r: (B50) 681-0024 Meeting Date: 2/21/18	
Committee/Sul	bcommittee: HASC	
Presentation/V	Norkshop Topic: PUBLE ASSISTANCE	
	Registered Lobbyist: YES NO	
Ą	State Employee: YES NO	
I wish to sp	beak	
	in response to an inquiry for information made by member, committee, or staff	
Appearing i	in response to subpoena	
Appearing a	at the written request of the chair	
Judge or ele	ected officer appearing in official capacity	
Lobbyist Ap	ppearance form submitted online	
(If you are testifying o	on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)	
Bill: Pro	oponent 📝 Opponent 🔄 Waive in Support 🚺 Waive in Opposition 📄 Info only 🔄	
Amendment: Pro	oponent Opponent Waive in Support Waive in Opposition Info only	

Please fill out the entire form and submit both copies to the Committee Administrative



Assistant at the meeting. 7W15 Amendment Bill Bill/PCS/PCB Number: Amendment Number: Name: **Representing:** Title: NDI Address State/Zip: City: 681-00 ХS **Phone Number:** Meeting Date Committee/Subcommittee: Presentation/Workshop Topic: Registered Lobbyist: YES NO YES State Employee: 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 i	n Support 😥 Waive in Opposition 🗌 Info only 🗌
Amendment:	Proponent Opponent Waive i	n Support Waive in Opposition Info only



- CORIDA	
	Bill Amendment Bill/PCS/PCB Number: 75 /
	Amendment Number:
Name: Cirdy	Huddlestun FL legal Services
Representing:	FL Legal Services
Title: <u>a</u> Hur	nev
Address:	
City: T	State/Zip: A 32303
Phone Number: 850 - 50	Meeting Date:
Committee/Subcommittee:	HHS
Presentation/Workshop Topic: _	
Regis	tered Lobbyist: YES NO
State	Employee: YES NO
I wish to speak	equiry for information made by member, committee, or staff
Appearing in response to subp	
Appearing at the written requ	
Judge or elected officer appea	ring in official capacity
Lobbyist Appearance form sub	omitted online
(If you are testifying on an amendment. p	ease also ip dicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppo	
Amendment: Proponent Oppo	nent Waive in Support Waive in Opposition Info only



Assistant at the meeting.	\neg
Bill Amendment Bill/PCS/PCB Number: 937 Amendment Number:	
Name: JILL Gran	
Representing: Florida Behavioral Health Association	
Title: Senior Policy Drector	
Address: OSLES Mahan D	
City: Tallahassel State/Zip: FL 32305	
Phone Number: 8508782194 Meeting Date: 21 Feb 2018	
Committee/Subcommittee:	
Registered Lobbyist: YES NO State Employee: YES NO A	
 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	

. HOUSE		
	CORIDA	

2-21-2018 17-H 9:00 AM (C Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

Bill Amendment Bill/PCS/PCB Number: <u>HB 937</u>
Amendment Number:
Name: STEPHEN R. WINN
Representing: FLORIDA DSTEDPATHIC MEDICAL ASSOCIATION
Title: EXECUTIVE DIRECTOR
Address: 2544 BLAIRSTONE PINES DRIVE
City: TAICAHASSOE State/Zip: FL 32301
Phone Number: <u>878-7364</u> Meeting Date: <u>3-21-2018</u>
Committee/Subcommittee: HODSE HEALTH = HUMAN SERVICES COMMITTEE
Presentation/Workshop Topic: PERINATAL MENTAL HEALTH
Registered Lobbyist: YES NO
State Employee: YES NO
I wish to speak WAIVE TIME 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

Opponent

Info only

Proponent



(C

LORIDA					1	
			Bill	Amendment		
		D:11/	ЖŲ	az>		
		ВШЛ	PCS/PCB Number:			
	1	Ame	endment Number:			
Name:	o W ni	neet				
Representing: _	Midu	ife A	sociation o	f Florida		
Title:	Libbolit		3			
Address:	3738	Mund	on Way			
City: 10	lahouse			State/Zip:	32309	
Phone Numb	er: <u>8</u> \$0	567-1	202	Meeting Date:	Jail 18	
Committee/S	Subcommittee	:		·····		
Presentation,	/Workshop To	pic: <u>Per</u>	notel Moral	H Heatth		
		Registered Lol	obyist: YES			
		State Employe	e: YES	NOX		
				/		
I wish to s	•					
			information made by I	member, committee, or sta	ıff	
	g in response to		chair			
	Appearing at the written request of the chair Judge or elected officer appearing in official capacity					
		m submitted or				
46						
		_	Υ.	a proponent or opponent on		
Bill: P	Proponent	Opponent	Waive in Support	Waive in Opposition	Info only	
Amendment: P	roponent	Opponent 🗌	Waive in Support	Waive in Opposition	Info only	



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill Number: CS/CS/HB 937 : Perinatal Mental Health

Amendment: N/A

Name:	Bishop, Barney			
Representing:	Florida Smart .	Justice Alliance		
Title:	СЕО			
Address:	204 S Monroe S	St, Ste 201		
City:	Tallahassee		State/Zip:	FL
Phone Number:	(850) 907-3436		Meeting Date:	February 21, 2018 9:00 AM
Committee/Sub	committee:	Health & Huma	n Services Commit	tee
Presentation/Wo	orkshop Topic:	Mental Health		

Registered Lobbyist

State Employee

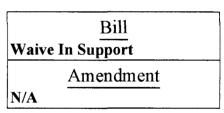
✓ I Wish To Speak

- 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





- CONTRA	
Value	
	Bill Amendment
	Bill/PCS/PCB Number: <u>4105</u>
	Amendment Number: 368581 DE
Name:	Ellyn Bogdanoff
Representing	
Title:	•
Address:	I E And Blud
City:	
Phone Nur	nber: Meeting Date:
Committee	/Subcommittee: HHS
	on/Workshop Topic:
	Registered Lobbyist: YES NO
	State Employee: YES 🗌 🖱 NO 🚺
	o spoak
	o speak ing in response to an inquiry for information made by member, committee, or staff
	ing in response to subpoena
	ing at the written request of the chair
Judge o	or elected officer appearing in official capacity
Lobbyi:	st Appearance form submitted online
<u> </u>	
(If you are testify	ring 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



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

CORIUM	
	Bill Amendment
	Bill/PCS/PCB Number: 18 965
	Amendment Number:
Name: Larry Gonz	calez
	st Society + Eketrologist Association of Florida
Title: Attornay/Lobi	byIST
Address: 223 S. Gar	Isden St
City: Tallahang	State/Zip: <u>F1_3730/</u>
Phone Number: 850-57	$D - G 3 07$ Meeting Date: $\frac{\partial \left[\frac{\partial \left[1 \right]}{\partial S} \right]}{\partial S}$
Committee/Subcommittee:	ealth + Hormen Services
Presentation/Workshop Topic: 🖌	Electrologist regulation
Regist	ered Lobbyist: YES NO
State	Employee: YES NO
· I wish to speak	
	quiry for information made by member, committee, or staff
Appearing in response to subp	
Appearing at the written reque	
Judge or elected officer appear	

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 🗌 🕻)pponent	Waive in Support	Waive in Opposition	Info only



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

Port L	ORIDA			
		Bill V Bill/PCS/PCB Number:	Amendment HB 965	J.
		Amendment Number:		
Name:	Larry GONZO	alez		
Represe	enting: <u>Flectrologis</u>	TSociety & Ele	tralosis (Associ	otion of Florida
Title:	Attorney / Lok	byst		
Addr	ess: 273 5.G	adder St.		
City:	Tallahasee		State/Zip:	3230/
Phor	ne Number: <u>850 - 222</u>	-0465	Meeting Date:	1/18
Com	mittee/Subcommittee:	eator + Huma	Service Com	nitte
Prese	entation/Workshop Topic: <u>/</u>	Electrologist	regulation	
		ered Lobbyist: YES		
	State I	Employee: YES	NO 🔽	
V	l wish to speak			
	Appearing in response to an inc	quiry for information made b	y member, committee, or sta	aff
	Appearing in response to subpo	pena		
	Appearing at the written reque	est of the chair		,
	Judge or elected officer appear	ing in official capacity		
	Lobbyist Appearance form sub	mitted 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



- Cogriph	
	Bill Amendment
Name: Chris Auland	
Representing: <u>Marida Society of Pla</u>	estic Surgeons / Florida Society of Dermatology
Title:	
Address: 1000 Riverride	Are # 240
city: Jacksonville	State/Zip: PL 32204
Phone Number: 904-233-305	1 Meeting Date: 2/21/18
Committee/Subcommittee: <u>Health</u>	
Presentation/Workshop Topic:	
Registered Lo	bbyist: YES 🔽 NO 🗌
State Employ	ee: YES NO
 I wish to speak Appearing in response to an inquiry for Appearing in response to subpoena Appearing at the written request of the Judge or elected officer appearing in of Lobbyist Appearance form submitted or 	ficial capacity
(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



	Bill Amendment
	Bill/PCS/PCB Number: 1097
	Amendment Number: <u>Scatiuss Ane</u> dme
Name: Wences Troncos	0
Representing: FLorida Associa	tion of Health Plans
Title: Vice President + Gen	1
Address: 200 W. College	tre ste. 104
City: Jallahasser	State/Zip: FZ /3230 g
Phone Number: 850-212-3173	
Committee/Subcommittee:	
Presentation/Workshop Topic:	
Registered Lobbyist: YES	
State Employee: YES	NO U
_/	
I wish to speak	
Appearing in response to an inquiry for information	i made by member, committee, or staff
Appearing in response to subpoena	
Appearing at the written request of the chair	
Judge or elected officer appearing in official capacit	Ϋ́
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 y Opponent	Info only



Name:

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting. Santiaso Amendment 🖌 Bill Bill/PCS/PCB Number: Amendment Number: San ha 90 Steven Smith Enting: MovidaBlue Representing: State Legislative Relations Title: <u>Director</u> Address: State/Zip:_____ City: Phone Number: _____ Meeting Date: Committee/Subcommittee: _____ Presentation/Workshop Topic: Registered Lobbyist: YES NO YES State Employee: 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



					L CS/PCB Number:	Amendment <u>MB</u> 1047 598223	
Name:	CORIN	NE MI	XON				
Repres	senting: <u>FL</u>	ORIVA ME	NTAL 1	(EALTH	CUUNBEL	ORS ASSOCI	97/0NI
Title	GOVEN	LNMENT	CONSVLTI	FN T			
Add	ress: 119	S MO	NRUE	ST	#202		
	: TALLA				State/Zip:f	=L 32301	
Pho	ne Number:	350 - 766 -				2/21/18	
Com	nmittee/Subcomi	mittee:	USE HE	FALTM		JERVILES	
Pres	sentation/Worksl	nop Topic:	EPT.	oF	HEALTH		
			Lobbyist: YES		NO 🗌		
		State Emplo	oyee: YES		NO 🗸		
	Appearing in resp Appearing at the Judge or elected of	onse to an inquiry f onse to subpoena written request of t officer appearing in nce form submitted	the chair official capaci		member, commiti	tee, or staff	
(If you a	re testifying on an a	mendment, please al	so indicate your	position as	a proponent or opp	ponent on the bill as a who	ole.)
	Bill:	Proponent	Opponent		Info only		
	Amendment:	Proponent	Opponent		Info only		



ALOBIDA		\sim
	Bill Amendment	Z
	Bill/PCS/PCB Number: <u> </u>	
	Amendment Number: <u>598223</u>	
Name: Carole Bull	ock	
Representing: Medical Y	nutrition of Tallahassu	
Title: President	U	
Address: 267 John &	Knox Rd	
City: Tallahassu	State/Zip: F/. 32	303
Phone Number: <u>850 - 215</u>	7 - 0383 Meeting Date:	
Committee/Subcommittee:	IHS	
Presentation/Workshop Topic:		
Regist	ered Lobbyist: YES 📄 NO 🖵	
State E	Employee: YES NO	
 I wish to speak Appearing in response to an ind Appearing in response to subpo Appearing at the written reque Judge or elected officer appear Lobbyist Appearance form subr 	est of the chair ring in official capacity	
(If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bil	l as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Inf	o only 🦳
Amendment: Proponent Oppor	nent 🖌 Waive in Support 🔄 Waive in Opposition 🗌 Inf	o only 🗌



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

LORIDA	7					
		Bill		Amendment	7	
		Bill/PCS/PCB N		(04-)	—	
		DIII/PCS/PCB IN				
		Amendment N	umber: <u>5</u>	18223		
Name:	Jaqvinn M.	gather				
	Longtorm					
Title:	MERDIUDI	J				
Address:	5872 Fli	ntluck long				
City:	Taumas	W M		State/Zip:	32311	
Phone Number:						
Committee/Subcommittee:						
Presentatio	on/Workshop Topic: _			<u></u>		
	Regis	tered Lobbyist: YES	5 🔲 N	₽ ₽		
	State	Employee: YES	5 🗌 🍈 N			
	o 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 testify	/ing on an amendment, p	ease also indicate you	r position as a	proponent or oppo	onent on the bill as a whole.)	
Bill:	Proponent Oppo	onent Waive in	Support	Waive in Oppos	sition Info only	
Amendment:	Proponent Oppo	nent Waive in	Support	Waive in Oppos	sition Info only	

..



CORIDA CONTRACT							
	Bill Amendment						
	Bill/PCS/PCB Number: 1047						
	Amendment Number: 598223						
Name:	TER BAHLISS						
Representing: THE	AMERICAN BODRD OF MEDICAL SPECIALTIES						
Title:							
Address: <u>204</u> -	5. MONROE ST						
City: TAILAL	ASSEE State/Zip: FL						
Phone Number: <u>222 8900</u> Meeting Date: <u>2/2//2</u> 014							
Committee/Subcomn	ittee: HHS COMMITTEE						
Presentation/Worksh	Presentation/Workshop Topic: MAINTENANCE OF CERTIFICATION						
	Registered Lobbyist: YES 📈 NO 🗌						
	State Employee: YES NO						
Appearing in response Appearing at the v Judge or elected o	nse to an inquiry for information made by member, committee, or staff nse to subpoena rritten request of the chair ficer appearing in official capacity ce form submitted online						
(If you are testifying on an ar	endment, please also indicate your position as a proponent or opponent on the bill as a whole.)						
Bill: Proponen	Opponent Waive in Support Waive in Opposition Info only						
Amendment: Proponen	Opponent Waive in Support Waive in Opposition Info only						



Assistant at the meeting.
Bill Amendment
Bill/PCS/PCB Number: <u>HB 1097</u>
Amendment Number: <u>598223</u>
Name: CORINNE MIXON
Representing: FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS
Title: GOVERNMENT CUNJULTANT
Address: 119 S MONROE ST. #202
City: TALLANASSEE State/Zip: FL 3230/
Phone Number: 850 - 766 - 5795 Meeting Date: 2/2//18
Committee/Subcommittee: HOUSE NEALTH & NUMAN JERVICES
Presentation/Workshop Topic: DEPT OF HEALTH
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



Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.
Bill Amendment Bill/PCS/PCB Number: 1047 Amendment Number: 578223
Name: Doug Bell
Name: Doug Bell Representing: Flofida Chapter American Academy of Pediatrics
Title:
Address: 119 S. Mource St
City: TLH State/Zip: FL
Phone Number: <u>205-9000</u> Meeting Date: <u>2/21/18</u>
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



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



*ZORIDA		<u></u>	
	Bill	Amendment	
Bi	ىـــــ II/PCS/PCB Number	:	
Ar	nendment Number	598223	
Name: Joe Anne			
		1	
Representing: Florida	Dental 1	to sociation	
Title: Chief Leg	islative	Officer	
Address: 118 E. J	efferson	Street	
city: Tallabas	See	State/Zip: F	32301
Phone Number: $850 \cdot 22$	4.1089	Meeting Date:2	121/18
Phone Number: <u>850-22</u> Committee/Subcommittee:	Heath	d Hukan Se	evorces
Presentation/Workshop Topic:	Dept	of Health	
Registered I	obbyist: YES		
State Emplo	yee: YES		
I wish to speak			
Appearing in response to an inquiry f	or information made	by member, committee, or st	aff
Appearing in response to subpoena			
Appearing at the written request of t	he chair		
Judge or elected officer appearing in			
Lobbyist Appearance form submitted			
(If you are testifying on an amendment, please als	so indicate your position	n as a proponent or opponent on	the bill as a whole.)



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Assistant at the meeting.
Bill Amendment Amendment Bill/PCS/PCB Number: 1047 Amendment Number: 598233 (strike all) Name: Aimee Diaz Lyon
Representing: Florida Physical Therapy Association
Title:
Address: 119 South Monroe Street, Suite 200
city: Tallahassee State/Zip: FL 32301
Phone Number:
Committee/Subcommittee: Health + Homan 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



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

			(Bill/PCS/PCB NU STRIKE ALL Amendment)Nu		
Name:	STEPHEN	R. WINN				
Repres	enting: FLDEI	DA DSTEDPATI	HIC MEDI	CIAL AGEDC	ATION	
Title	EXECUT	IVE DIRECTO	R			
Add	ress: 2544	BLARSTONE F	PINES DRIV	le		
	TAUAHASE	ï			ip:FL 32301	
Pho	ne Number: <u>8'</u>	78-7364		Meetin	g Date: <u> </u>	
Corr	imittee/Subcom	mittee: Harst Ht	ALTH 2 H	UMAN SERI	IKÉS	
			,			
			bbyist: YES	,		
			e: YES	¬ —		
	١			7	1	
 I wish to speak WANE IN SUPPORT OF STRIKE ALL AMENDMENT 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 a	re testifying on an a	mendment, please also	indicate your pos	ition as a proponen	t or opponent on the bill as a whole.)
	Bill:	Proponent	Opponent] Info onl	у 🛄	
	Amendment:		Opponent] Info onl	у 🗌	
	4> STRIK	É ALL				



CORIDA		
	Bill Amendment	
	Bill/PCS/PCB Number: 10 4.7	
	Amendment Number: <u>598223</u>	
Name: Dr. Lauri u	Iright	
Representing: <u>Florida</u> A	cademy of Nutrition + Dietetics	
	IF Center for Nutrition + Food Security	
Address: <u>2959 Mc(</u>	rone Way	
City: Jacksonville	State/Zip: F1 32216	
Phone Number: <u>90</u> A - 62O	-1436 Meeting Date: 2/21/18	
Committee/Subcommittee: <u>H</u>		
Presentation/Workshop Topic:		
Regist	ered Lobbyist: YES NO	
State I	Employee: YES NO	
I wish to speak		
Appearing in response to an inc	quiry for information made by member, committee, or staff	
Appearing in response to subpo	oena	
Appearing at the written request of the chair		
Judge or elected officer appearing in official capacity		
Lobbyist Appearance form sub	nitted online	
(If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bill as a whole.)	
Bill: Proponent Oppor	nent 🔀 Waive in Support 🗌 Waive in Opposition 🗌 Info only 🗌	
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only	



2ORIDA			
	Bill	Amendment 🔀	
	Bill/PCS/PCB Number:	1047	\sim
	Amendment Number:	598223	\sim
Name: Lucille	BESELER		
Representing: <u>ACaden</u>	My of Nutru	tion + Diete	tues
Title: Anned	rate Past	Resident	3
ر Address: <u>5357</u>	W. Hills	boro Blud	#105
City: COCONUT	Creek	State/Zip:	33498
Phone Number: <u>954-34</u>	0-7883	Meeting Date: $2/c$	21/18
Committee/Subcommittee:	HHS		,
Presentation/Workshop Topic: _			د
Regist	ered Lobbyist: YES		
State	Employee: YES		
	_		
I wish to speak			
Appearing in response to an in	quiry for information made b	y member, committee, or sta	aff :
Appearing in response to subpoena			
Appearing at the written request of the chair			
Judge or elected officer appear			
Lobbyist Appearance form sub	initied offinie		
(If you are testifying on an amendment, pla	ease also indicate your position	as a proponent or opponent on	the bill as a whole.)
Bill: Proponent Oppo	nent 🔀 Waive in Support [Waive in Opposition] Info only
Amendment: Proponent Oppon	nent Waive in Support	Waive in Opposition	Info only



PLOBIDA .	· · · · · · · · · · · · · · · · · · ·		
	Bill	Amendment	in the second se
	Bill/PCS/PCB Number:	1041	
	Amendment Number:	598223	(4 d)
Name: Dr. Cather,			
Representing: <u>Horida</u> f	Flademy of N	utrition « Diet	FLICS
Title: Associate D	ean, Brooks (Callege of the	alth
Address: 10168 318		\ \	
city: Jacksonville	0	State/Zip: FI	32256
Phone Number: $904 - 710$	2025-9	Meeting Date:	21/18
Committee/Subcommittee:	445		
Presentation/Workshop Topic: _			
Regist	tered Lobbyist: YES		
State	Employee: YES		
I wish to speak			
Appearing in response to an in	quiry for information made b	y member, committee, or st	aff
Appearing in response to subp	oena		
Appearing at the written reque	est of the chair		
Judge or elected officer appea	ring in official capacity		
Lobbyist Appearance form sub	mitted online		
(If you are testifying on an amendment, pl	ease also indicate your position	as a proponent or opponent or	the bill as a whole.)
Bill: Proponent Oppo	nent 📈 Waive in Support [Waive in Opposition	Info only
Amendment: Proponent Oppo	nent 📈 Waive in Support	Waive in Opposition	Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.
Bill Amendment
Bill/PCS/PCB Number: 1047
Amendment Number: <u>598223</u>
Name: Michelk Stewart
Representing: Florid A Acade My of NUTRITION AND Dietetics
Title: President
Address: 1050 Satin Leaf Street
city: Hollywood State/Zip:FL 33019
Phone Number: 954-547-5382 Meeting Date: 02/21/2018
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



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COBIDA .	
	Bill Amendment Bill/PCS/PCB Number:/047
	,
	Amendment Number: <u>598223</u>
Name: CHRISTINE	STAPEII
Representing: FORAA	ACA DEMY of NUMITION AND DIETETICS
	DIRECTOR
Address: <u>2834 REM</u>	SQTON GREEN CIRCLE
City: TAILAHASSEE	State/Zip: <u>F/</u>
Phone Number:	<u> 多多5つ</u> Meeting Date: <u> 2/21 / 2 以1</u> 8
Committee/Subcommittee:	HS
Presentation/Workshop Topic:	
Registe	ered Lobbyist: YES NO 🔀
State E	mployee: YES NO
V I wish to speak	
	uiry for information made by member, committee, or staff
Appearing in response to subpo	ena
Appearing at the written reque	st of the chair
Judge or elected officer appear	ng in official capacity
Lobbyist Appearance form subr	nitted online
(If you are testifying on an amendment, ple	ase also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	ent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppon	ent 🔀 Waive in Support 🗌 Waive in Opposition 🗌 Info only 🗌



PLORIDA .			\sim
	Bill 🗶	Amendment	\mathcal{O}
	Bill/PCS/PCB Number: _	1047	
	Amendment Number:		
Name: Joe Anne	-Hart	· · · · ·	
Representing: Flonda	· Dental Asso	sciation	
Title: Chief he	gislative offic	er	
Address: 118 R. Jet			
City: Talloha	ssee	State/Zip:F_C_3	2301
Phone Number:	24.1089	Meeting Date: 2	121/18
Committee/Subcommittee:	Heelth 4	Hunan Servic	้ เ ร
Presentation/Workshop Topic:	Depti 0	f Health	
	ered Lobbyist: YES 🔀		
State	Employee: YES	NO 🔀	
 I wish to speak Appearing in response to an ind Appearing in response to subpol 		y member, committee, or sta	aff
Appearing at the written request of the chair			
Judge or elected officer appear Lobbyist Appearance form substruction			
(If you are testifying on an amendment, ple	ease also indicate your position a	as a proponent or opponent on	the bill as a whole.)
Bill: Proponent Oppor	nent 🔲 Waive in Support	Waive in Opposition	Info only
Amendment: Proponent Oppor	nent Waive in Support	Waive in Opposition	Info only

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

Bill Amendment Bill/PCS/PCB Number: <u>しびイフ</u> Amendment Number:		
Name: Javet MAbry		
Representing: AMPRICAN MUSSAYE ASSOCIATION		
Title:		
Address: 2866 Bay Heather Circle		
City: GUF Breeze State/Zip: FL		
Phone Number: $550-501-2502$ Meeting Date:		
Committee/Subcommittee:		
Presentation/Workshop Topic:		
Registered Lobbyist: YES NO		
State Employee: YES NO		
I wish to speak Warne 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		

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NOR C	
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N.	ALOBIDA

2-21-2018 17-4 9:00 Am rative Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment Bill/PCS/PCB Number: <u>HB 1047</u>	
)	Amendment Number:	
Name: STEPHEN R. WINN		
Representing: FLDRIDA OSTEDPATHIC	MEDICAL ASSOCIATION	
Title: EXECUTIVE DIRECTOR		
Address: 2544 BLAIRSTONE PINE	5 DRIVE	
City: JALLAHASSEE	State/Zip: FL 32301	
Phone Number: <u>878-7364</u>	Meeting Date: <u>2-21-2018</u>	
Committee/Subcommittee: HOUSE HEALT	It & HUMAN SERVICES COMMITTEE	
Presentation/Workshop Topic: DEPARTMEN	GF HEALTH	
Registered Lobbyist: YES		
State Employee: YES	NO A	
B. I wish to speak WAIVE TIME	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	



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



CORIDA			•
	Bill	Amendment	
	Bill/PCS/PCB Number:	1047	
\bigcirc	Amendment Number:		
Name: Kon Watson			
Representing: <u>Florida</u> Cl	riropratic Ph	ysicium Asucia	tion
Title: Lobbyist			·····
Address: 3738 ML	udon Way		
City: 1 allahassee	/	State/Zip:	32309
Phone Number: <u> </u>	67-1202	Meeting Date:	21/18
Committee/Subcommittee:			
Presentation/Workshop Topic:	Dott bill		
Registe	ered Lobbyist: YES		
State E	Employee: YES	NO	
I wish to speak		,	
Appearing in response to an inc	juiry for information made b	y member, committee, or st	aff
Appearing in response to subpo	oena		
Appearing at the written reque	st of the chair		
Judge or elected officer appear	ng in official capacity		
Lobbyist Appearance form subr	nitted online		
(If you are testifying on an amendment, ple	ase also indicate your position a	as a proponent or opponent or	the bill as a whole.)
Bill: Proponent Oppon	ent Waive in Support	Waive in Opposition	Info only
Amendment: Proponent Oppon	ent Waive in Support	Waive in Opposition	Info only

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LOBIDA MA			
	віІІ 🗸	Amendment	ן ר
	Bill/PCS/PCB Number	: 1047	-
	Amendment Number		-
Name: Many Tho	mes		
Representing: FIOrida	Medical Ass	ociation	
Title: ASSISTANT (Aeneral cons	el	
Address: 1430 PledA			
City: TLH		State/Zip:	32308
Phone Number:	6496	Meeting Date: $\underline{\partial}$	-12/118
Committee/Subcommittee:	HH S		
Presentation/Workshop Topic	:		
Re	gistered Lobbyist: YES 🗸		
Sta	te Employee: YES		
I wish to speak			
	n inquiry for information made	by member, committee,	or staff
Appearing in response to su	Ibpoena		
Appearing at the written re	quest of the chair		
Judge or elected officer app	earing in official capacity		
Lobbyist Appearance form s	submitted online		
(If you are testifying on an amendment	, please also indicate your positior	n as a proponent or oppone	ent on the bill as a whole.)
Bill: Proponent Op	ponent Waive in Support	Waive in Oppositi	on Info only
Amendment: Proponent Op	ponent Waive in Support	Waive in Oppositi	on Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill Number: CS/HB 1047 : Department of Health

Amendment: N/A

Name:	Posey, Jonathan		
Representing:	The Council of Holistic Health Educators		
Title:	Executive Director		
Address:	6614 Jupiter Hills Circle,	Apt A	
City:	ALEXANDRIA	State/Zip:	VA 22312
Phone Number:	2023791653	Meeting Date:	February 21, 2018 9:00 AM
Committee/Sub	committee: Health &	Human Services Commit	tee
Presentation/Wo	orkshop Topic: N/A		

Registered Lobbyist	Bill
State Employee	Proponent
☑ I Wish To Speak	Amendment
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







COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill Number: CS/HB 1047 : Department of Health

N/A

Amendment: N/A

Name:	Ewer, Brett		
Representing:	CrossFit, Inc.		
Title: (sovernment h	Relations Specialis	st and Lobby ist
Address:	611 Keefer Pl NW		
City:	Washington	State/Zip:	DC
Phone Number:	(508) 560-2738	Meeting Date:	February 21, 2018 9:00 AM
Committee/Sub	committee: Health	n & Human Services Commit	tee
Presentation/W	orkshop Topic: N/A		
<u> </u>			
Registered L	obbyist	(Bill
State Employ	yee		Proponent
I Wish To St	beak		Amendment

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



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

	<u>%</u>
Bill Amendment Bill/PCS/PCB Number: <u>1047</u> Amendment Number: <u>598323</u>	mi s
Name: Heather Fisher MS, RDN, CEDRS	_
Representing: Florida Academy of Nutrition & The	tetis
Title: Owner, Nutrition Education + Consulting Scri	ies
Address: 2740 East park Ave, Ste 1A	
City: Tallahassee State/Zip: FC 32.301	
Phone Number: <u>(850) 274-105</u> Meeting Date: <u>2-21-18</u>	/
Committee/Subcommittee:	
Presentation/Workshop Topic:Bill 1047 Americanet 59	8223
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 D	Info only





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

State/Zip:

Meeting Date:

Bill Amendment

Bill Number: CS/HB 1047 : Department of Health

FL 33705

Amendment: N/A

Name: Blume, Amanda

Representing: Myself, my family, my volunteer philanthropy orphanage & foster home

Title: Nutritional Therapy Practitioner

Address: 4308 Juanita Way S

City: St. Petersburg

Phone Number: 727-401-4070

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Allow other holistic practitioners to practice

Registered Lobbyist

State Employee

☑ I Wish To Speak

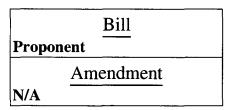
Appearing in response to subpoena

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

 \Box Appearing at the written request of the chair

□ Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted



February 21, 2018 9:00 AM







COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill Number: CS/HB 1047 : Department of Health

Amendment: N/A

Name: Dorman, Meghan **Representing: Nutritional Therapy Practitioner** Title: 490 28TH AVE N Address: **St Petersburg** FL 33704 City: State/Zip: Phone Number: 7274249482 Meeting Date: February 21, 2018 9:00 AM Committee/Subcommittee: Health & Human Services Committee Presentation/Workshop Topic: Nutrition recommendations/advice for the welfare of the public

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

 Bill

 Proponent

 Amendment

 N/A







COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

State/Zip:

Meeting Date:

Bill Amendment

Bill Number: CS/HB 1047 : Department of Health

Florida 32605

February 21, 2018 9:00 AM

Amendment: N/A

Name: Orlofske, Chelsie

Representing: Holistic Holistic Nutrition Professionals

Title:

Address: 1810 NW 23rd Blvd Apt 136

Gainesville

City:

Phone Number: 740-526-6044

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Nutritional Recommendations Without License

 □ Registered Lobbyist
 Bill

 □ State Employee
 Proponent

 ☑ I Wish To Speak
 Amendment

 □ Appearing in response to subpoena
 N/A

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

Appearing at the written request of the chair

□ Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted







COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill Number: CS/HB 1047 : Department of Health

Amendment: N/A

Name: Zukowsky, Lisa

Nutritional Therapy Certification, Holistic Health Practitioners **Representing: Nutritional Therapy Practitioner** Title: 11951 Laura Rose Ct. Address: Jacksonville Florida 32223 City: State/Zip: Phone Number: 619-549-6517 Meeting Date: February 21, 2018 9:00 AM **Health & Human Services Committee** Committee/Subcommittee: Presentation/Workshop Topic: Nutritional Therapy

 Registered Lobbyist
 Bill

 State Employee
 Proponent

 I Wish To Speak
 Amendment

 Appearing in response to subpoena
 N/A

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

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance Form Submitted



PLORIDA			
	Bill	Amendment	
	Bill/PCS/PCB Number:	1047	
	Amendment Number:		
Name: Jonte Jackso	n, MS, RD G	ρ	
Representing: <u>Florida</u>	trademy of	Nutrition and	(Rietetics
Title: <u>ficensed</u> an	d Resisterod	Diet: tian	
Address: (265 5104			
City: Taulahassee		State/Zip:	32305
Phone Number: $50-72$	7-3131	Meeting Date:	121/1P
Committee/Subcommittee:			
Presentation/Workshop Topic:			
Regist	ered Lobbyist: YES	NO T	
State E	Employee: YES	NO 🖊	
I wish to speak			
Appearing in response to an inc	quiry for information made b	oy member, committee, or st	aff
Appearing in response to subpo	bena		
Appearing at the written reque	st of the chair		
Judge or elected officer appear	ing in official capacity		
Lobbyist Appearance form sub	nitted online		
(If you are testifying on an amendment, ple	ase also indicate your position	as a proponent or opponent on	the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support	Waive in Opposition	Info only
Amendment: Proponent Oppor	ent Waive in Support	Waive in Opposition	Info only



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LORIDA		
	Bill Amendment	\bigcirc
	Bill/PCS/PCB Number: _// 29	
	Amendment Number:	
JEGG KAR		
Representing: 1045 \$ 61	thank Ns Clubs	
/		
Address:		
City:		
Phone Number:	Meeting Date:	
Committee/Subcommittee: _/	HEALPH + Human Sourices Commisse	
Presentation/Workshop Topic:		
Reg	istered Lobbyist: YES NO	
	e Employee: YES NO	
Jiai		
I wish to speak		
Appearing in response to an	inquiry for information made by member, committee, or staff	
Appearing in response to sub	opoena	
Appearing at the written req	uest of the chair	
Judge or elected officer appe	earing in official capacity	
Lobbyist Appearance form su	ibmitted online	
(If you are testifying on an amendment,	please also indicate your position as a proponent or opponent on the bill as a who	ole.)
Bill: Proponent Opp	oonent Waive in Support Waive in Opposition Info only	
Amendment: Proponent Opp	oonent Waive in Support Waive in Opposition Info only	



CORIDA CORIDA		
	Bill 1/ Amendment	\bigvee
	Bill/PCS/PCB Number: <u>HB 1129</u>	
	Amendment Number:	
JACK	CARV	
Name:		
Representing: 15071 4	July Clark	<u> </u>
Title:		
Address: 730 E	ast Pard And	
City: Tellet	State/Zip: Fla	- 3231
Phone Number:	BIJ D995 Meeting Date:	
Committee/Subcommittee:		
Presentation/Workshop Topic: _		<u> </u>
Regist	ered Lobbyist: YES NO	
State	Employee: YES NO	
I wish to speak		
Appearing in response to an in	quiry for information made by member, committee, or	staff
Appearing in response to subp	oena	
Appearing at the written reque	est of the chair	
Judge or elected officer appear	ring in official capacity	
Lobbyist Appearance form sub	mitted online	
(If you are testifying on an amendment, pl	ease also indicate your position as a proponent or opponent o	on the bill as a whole.)
Bill: Proponent Oppo	nent Waive in Support Waive in Opposition	Info only
Amendment: Proponent Oppo	nent Waive in Support Waive in Opposition	Info only



	\sim
Bill Amendment Bill/PCS/PCB Number: 1129 Amendment Number:	,
Name: Janet Mabry	
C	
Representing:	
Title: Mother i Grandmother	
Address: 2866 Bay Heather Circle	
City: CUF Bully State/Zip: 32563	
Phone Number: $\sqrt{50-50}$ $\sqrt{502}$ Meeting Date:	
Committee/Subcommittee:	
Presentation/Workshop Topic:	
Registered Lobbyist: YES 🔽 NO	
State Employee: YES NO	
I wish to speak Ware 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	



Assistant at the meeting.
Bill Amendment Bill/PCS/PCB Number: 1155
Amendment Number:
Name: Devid Aristicn
Representing: Flaside Rospotel
Title: Disc 601 17 Relations
Address: So Nope Way
City: <u>NHamon R Springs</u> State/Zip: FZ
Phone Number: 437/357-2453 Meeting Date: 2/21/18
Committee/Subcommittee:
Presentation/Workshop Topic: Ancting Gitts
Registered Lobbyist: YES NO
State Employee: YES NO
 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



LORIDA		
	Bill Amendment	/
	Bill/PCS/PCB Number:65	
	Amendment Number: <u>64866</u>	
Name: Ellen N. Ander.		
Representing: <u>CÓMMUNIty</u>	Mealth Systems	
Title: Director of Gove		
Address: Dlo E. Colley	Ave. Suite 650	
city: Tallahassee	State/Zip: FL 3230	
Phone Number: <u>850 228.</u>	7959 Meeting Date: 2/3//2018	
Committee/Subcommittee: <u></u>		
Presentation/Workshop Topic:	-	
Regist	tered Lobbyist: YES NO	
A State I	Employee: YES NO	
I wish to speak Appearing in response to an ind Appearing in response to subpo Appearing at the written reque Judge or elected officer appear Lobbyist Appearance form subpo	est of the chair ring in official capacity	
(If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bill as a whole.)	
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only	
Amendment: Proponent 🗹 Oppor	nent Waive in Support Waive in Opposition Info only	



*LORIDA		
	Bill Amendment Bill/PCS/PCB Number: 1/65	\bigvee
	Amendment Number:	
Name: Mark Del	cqa/	
Representing: Safety	Net Hospital Alliance	
Title: Ceneral (ounsel	
Address: <u>3/5</u> ,	Calhoun #600	
City: <u> </u>	State/Zip: FL 32-30	•
Phone Number: 850 7	<u>74-1000</u> Meeting Date: <u>7</u> 71	
Committee/Subcommittee:	Health + Human Services	
Presentation/Workshop Topic: _	Trauma	
Regist	ered Lobbyist: YES NO	
State	Employee: YES NO	
I wish to speak		
	quiry for information made by member, committee, or staff	
Appearing in response to subp	oena	
Appearing at the written reque	est of the chair	
Judge or elected officer appear	ing in official capacity	
Lobbyist Appearance form sub	mitted online	
(If you are testifying on an amendment, pla	ease also indicate your position as a proponent or opponent on the bill as a wh	nole.)
Bill: Proponent Oppon	nent Waive in Support Waive in Opposition Info only	
Amendment: Proponent V Oppor	nent Waive in Support Waive in Opposition Info only	



LORIDA			л 、 /
	віш 🔀	Amendment	
	Bill/PCS/PCB Number	1165	
	Amendment Number:		
Te Vill			
Name: Dr Koith	•		
Representing: Childrens	Critical Care 5	ipecial ists	
Title: Medical Di			
Address: 3100 SW (ernd Ave		
city: Miami	····-	State/Zip:	33155
Phone Number: <u>305</u> 72	05365	Meeting Date:	
Committee/Subcommittee:			<u> </u>
Presentation/Workshop Topic:			
Regist	ered Lobbyist: YES	NO D	
State	Employee: YES		
I wish to speak Appearing in response to an in	quiry for information made	by member, committee, or s	staff
Appearing in response to subp	oena		
Appearing at the written reque			
Judge or elected officer appear			
Lobbyist Appearance form sub	mitted online		
(If you are testifying on an amendment, pla	ease also indicate your positior	as a proponent or opponent o	on the bill as a whole.)
Bill: Proponent Oppo	nent 📈 Waive in Support	Waive in Opposition	Info only
Amendment: Proponent Oppor	nent Waive in Support	Waive in Opposition	Info only



LOBIDA	
	Bill 🔀 Amendment
	Bill/PCS/PCB Number:
	Amendment Number:
Name: Cristing Ma	artinez
Representing: MUSER	<
Title:	
	100 CL
Address: 10900 5W	1 2 37
city: Mami	State/Zip: FL 33174
Phone Number: <u>305</u> 90	D7 4418 Meeting Date:
Committee/Subcommittee:	
Presentation/Workshop Topic:	
Regist	ered Lobbyist: YES NO
State	Employee: YES NO
I wish to speak	
	quiry for information made by member, committee, or staff
Appearing in response to subp	
Appearing at the written reque	
Judge or elected officer appear	ring in official capacity
Lobbyist Appearance form sub	mitted online
	•
(If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only



	Bill	Ameno	dment	
	, Bill/PCS/PCB Numbe	er: 1165		
	Amendment Numbe	er: <u>UH/R//</u>	Bhr.	
Name: Tam Panza				
Representing: Jackson N	<u>Aemorial Hosp</u>	ital - Ry	der Traum	na Center
Title:				<u></u>
Address: 201 East P	ark Avenue, Su	, te 200		يم
City: Tallahassee			Zip:FC	3230]
Phone Number: <u>(850) 681</u>	6980	Meetir	ng Date: 2 - 2	1-18
Committee/Subcommittee:	Health \$H	uman S	ervices	
Presentation/Workshop Topic:	Trauma C	are.		
Registe	ered Lobbyist: YES 🔽			
State E	Employee: YES			
 I wish to speak Appearing in response to an inc Appearing in response to subpo Appearing at the written reques Judge or elected officer appearing Lobbyist Appearance form subr 	bena st of the chair ing in official capacity	e by member, o	committee, or st	aff
(If you are testifying on an amendment, ple	ase also indicate your positi	on as a proponer	nt or opponent or	the bill as a whole.)
Bill: Proponent Oppon	ent 🔄 Waive in Suppo	rt 🗌 Waive	in Opposition	Info only
Amendment: Proponent Oppon	ent Waive in Suppo	ort Waive	in Opposition	Info only



CORIDA DE	
	Bill Amendment
	Bill/PCS/PCB Number: CS/HB 1165
	Amendment Number:
Name: Steve Eco	znia
Representing: <u>HCA</u>	
Title: 0 torney	
Address: P.O. Box 5	51
city: Tallahassee	State/Zip: 32302
Phone Number: $850 - 500$	2 - 4 9 9 6 Meeting Date:
Committee/Subcommittee:	-lealth and Human Services
Presentation/Workshop Topic: _	
Regist	ered Lobbyist: YES 🗹 NO 🗌
State	Employee: YES NO
 I wish to speak Appearing in response to an in Appearing in response to subp Appearing at the written reque Judge or elected officer appear Lobbyist Appearance form sub 	est of the chair ring in official capacity
(If you are testifying on an amendment, pl	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppo	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppo	nent Waive in Support Waive in Opposition Info only





CLORIDA			
	Bill	Amendment	\bigcirc
	Bill/PCS/PCB Number:	1165	
	Amendment Number:	6-18-46-1	
	DREWS 5		
Representing: $\frac{\lambda_{lic}k_{c}}{\lambda_{lic}}$	ms Chila	reis Hospin	ta/
Title: \underline{SR} , $VP/$	GENERAL	Course/	
Address: <u>3100</u>	5W 62	no Ave	
city: Micemi		State/Zip:	33155
Phone Number:	- 64e - 6511	Meeting Date: 2-2	-1-18
Committee/Subcommittee:	House +	4HS	
Presentation/Workshop Topic:	TRAUMA		
Regist	ered Lobbyist: YES	NO	
State B	Employee: YES	NO	
			• •
Υ I wish to speak			
Appearing in response to an inc Appearing in response to subpo		y member, committee, or sta	11
Appearing at the written reque			
Judge or elected officer appear			
Lobbyist Appearance form subr			
(If you are testifying on an amendment, ple	ase also indicate your position a	as a proponent or opponent on t	he bill as a whole.)
Bill: Proponent Oppor	nent 🖌 Waive in Support [Waive in Opposition	Info only
Amendment: Proponent Oppor	ent Waive in Support	Waive in Opposition	Info only





Bill

Amendment

Waive In Support

N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

🗹 Bill 🗖 🗸	Amendment
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Bill Number: CS/CS/HB 1435 : Child Welfare

Amendment: N/A

Name: Bishop, Barney

Representing:	Florida Smart	Justice Alliance		
Title:	СЕО			•
Address:	204 S Monroe S	St, Ste 201		
City:	Tallahassee		State/Zip:	FL
Phone Number:	(850) 907-3436		Meeting Date:	February 21, 2018 9:00 AM
Committee/Subcommittee: Hea		Health & Huma	an Services Commit	itee
Presentation/We	orkshop Topic:	Social Services	<u>,</u>	<u> </u>

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

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LORIDS	Bill Amendment
	Bill/PCS/PCB Number: <u>1435CZ</u>
. 17	Amendment Number:
Name: VICTORIA	Zepp
Representing: <u>FL</u> Oa	lition for Children
Title: Chief Pol	icy + Research Officer
Address: <u>411 E. C.</u>	ollege
City: TLH	State/Zip: 3730/
Phone Number: <u>850, 561</u>	.1102 Meeting Date: 2/21/18
Committee/Subcommittee:	HHS
Presentation/Workshop Topic:	Child Welfme
Regist	ered Lobbyist: YES NO
State B	Employee: YES NO
I wish to speak	quiry for information made by member, committee, or staff
Appearing in response to subpo	
Appearing at the written reque	st of the chair
Judge or elected officer appear	ing in official capacity
Lobbyist Appearance form sub	nitted online
(If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only



CORIDA CORIDA	
	Bill Amendment
	Bill/PCS/PCB Number: HB 1435
	Amendment Number:
Name: Shakema Gk	
Representing: The New	Florida Majority
Title:	
Address:	
City:	State/Zip:
Phone Number: <u>561 801 9915</u> Meeting Date:	
Committee/Subcommittee: 📙 a	alth & Human Services
Presentation/Workshop Topic: _	
Regist	ered Lobbyist: YES NO
State	Employee: YES NO
	eral Child Malfara Sistem
I wish to speak on general Child Welfare System 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 sub	
(If you are testifying on an amendment, pla	ease 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	