

# **Health & Human Services Committee**

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

# Action Report

Richard Corcoran Speaker W. Travis Cummings Chair

### **Health & Human Services Committee**

### 2/21/2018 9:00AM

Location: Morris Hall (17 HOB)

Summary:

### **Health & Human Services Committee**

Wednesday February 21, 2018 09:00 am

CS/HB 21 Favorable With Committee Substitute Amendment 677879 Adopted Without Objection	Yeas: 19	Nays: O
	V 15	No 0
CS/HB 425 Favorable With Committee Substitute Amendment 229641 Adopted Without Objection	Yeas: 15	Nays: O
HB 675 Favorable With Committee Substitute	Yeas: 15	Nays: O
Amendment 128723 Adopted Without Objection		
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: O
CS/CS/HB 965 Favorable With Committee Substitute	Yeas: 17	Nays: O
Amendment 368581 Adopted Without Objection		
CS/HB 1047 Favorable With Committee Substitute	Yeas: 18	Nays: O
Amendment 754059 Adopted Without Objection Amendment 736555 Adopted		
Amendment 598223 Adopted as Amended		
CS/CS/HB 1129 Favorable	Yeas: 12	Nays: 6
CS/HB 1155 Favorable	Yeas: 17	Nays: O
CS/HB 1165 Favorable With Committee Substitute	Yeas: 15	Nays: O
Amendment 648661 Adopted Without Objection		
CS/CS/HB 1435 Favorable	Yeas: 17	Nays: O

### **Health & Human Services Committee**

### 2/21/2018 9:00AM

### Location: Morris Hall (17 HOB)

### Attendance:

	Present	Absent	Excused
W. Travis Cummings (Chair)	X		
Lori Berman	X		
Jason Brodeur	X		
Kamia Brown	x		
Colleen Burton	х		
Tracie Davis	Х		
Bobby DuBose	x		
James Grant	х		
Michael Grant	х		
Roy Hardemon	X		
Gayle Harrell	х		
MaryLynn Magar	×		
Ralph Massullo, MD	Х		
Cary Pigman	x		
David Santiago	Х		
David Silvers	×		
Cyndi Stevenson	×		
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	Х				
Kamia Brown	Х				
Colleen Burton	Х				
Tracie Davis	X				
Bobby DuBose	Х				
James Grant			Х		
Michael Grant	Х				
Roy Hardemon	X				
Gayle Harrell	Х				
MaryLynn Magar	X				
Raiph Massullo, MD	Х				
Cary Pigman	Х				
David Santiago	Х				
David Silvers	Х				
Cyndi Stevenson	Х				
Frank White	Х				
Patricia Williams	Х				
Clay Yarborough	Х				
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

### **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

#### **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 Pl-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

Comm	ittee/Su	bcommittee: Heal			Bill Nu	mber:	-100	si		
		Serv	ices				111D	21		
	Μ	eeting Date: 2/ Place: 100	21/13	D	ate Rec	eived: _/			<b>1</b>	
		Place: $10^{\circ}$	Pute Hol-	L D	ate Repo	orted:	+ P	$l \rightarrow l$	Ta	,
		<b>Time:</b> <u>9:</u>	00 Ara		Su	bject: 🗠	Marian	(3 31)		2-
	ittee/Su Favorab	bcommittee Action	:			Reta	ined for	Reconsid	leration	
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	Other A						vorable	-		
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1	Vote		Struck	your						
	Bill	MEMBERS	6.1.12	17			····			
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		DuBose		-						
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L.		White			· · ·					
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### **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	Х				
Kamia Brown			X	···-	
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose			X		
James Grant	X				
Micháel Grant	X				
Roy Hardemon	X				
Gayle Harrell	Х				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago			X		
David Silvers	Х				<u></u>
Cyndi Stevenson	Х	······································			
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

### **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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

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Final	Vote		Ameri	1						
1	Bill	MEMBERS	2296	54						
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		DuBose								
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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### **COMMITTEE MEETING REPORT** Health & Human Services Committee

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2/21/2018 9:00AM

### Location: Morris Hall (17 HOB)

### HB 675 : Pharmacies

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	Х				
Ralph Massullo, MD	Х				
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)	Х				
	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

### **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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

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Comm		bcommittee: Health Services	S.		Bill Nu	mber: ⊬	IB LE	15		
	Μ	leeting Date: 1/21 Place: 1/0-1/21 Time: 9:0	118, 1	D	ate Reco	eived:	·····	/		
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	Bill	MEMBERS	1280	23						
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

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

2/21/2018 9:00AM

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

X Favorable

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

Commi	ittee/Sul	bcommittee: Heal			Bill Nur	nber:	duß.	192	
	М		21/18 SM2 Holl	·	ate Reco ate Repo	orted: _		<u>e</u> , <u>b</u>	 {}//
Commi	ittee/Sul	Time: <u>2</u>	<u>00 A.M</u> :		Su	bject: Bilfi	and an	5	£
<del>. 6</del>	Favorab		-			Reta	ined for	Reconsid	leration
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On	Bill	MEMBERS		. <u>.</u>					
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		DuBose								
		Grant, J.								
V		Grant, M.								
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		Pigman								
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L		Yarborough								
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	2									

### **COMMITTEE MEETING REPORT** 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		х			
Jason Brodeur	Х				
Kamia Brown		X			
Colleen Burton	Х				
Tracie Davis			X		
Bobby DuBose		Х			
James Grant			Х		
Michael Grant	Х				
Roy Hardemon	Х				
Gayle Harrell	Х				
MaryLynn Magar	Х				
Ralph Massullo, MD	Х				
Cary Pigman	X				
David Santiago	Х				
David Silvers		Х			
Cyndi Stevenson	Х				
Frank White	Х				
Patricia Williams	X				
Clay Yarborough	Х				
W. Travis Cummings (Chair)	Х			·······	
	Total Yeas: 14	Total Nays:	4		

#### CS/CS/HB 751 Amendments

#### Amendment 706697

X Adopted Without Objection

#### **Appearances:**

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

### **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

Comm	ittee/Su	bcommittee: He	ealth & Hu rvices	ıman	Bill Number: CS/CS/HB 151 Date Received: Date Reported: Subject: Public Coerdance							
	Μ	eeting Date: Place: Time:			D	ate Rec	eived: 7		<u>IV</u> /-			
		Place: Inv	losvulz F	tell	D	ate Repo	orted:	<del>6 <i>P</i></del>	<u>A.</u>	Ŧ		
		Time: $\_\_\1$	.004	11		Su	bject: <u>Th</u>	her(_	Liero	<u>r</u> und	• • •	
Comm	ittee/Su	bcommittee Actio	on:									
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	l Vote Bill	MEMBERS		5666								
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17 BRANK REAL		Davis			/							
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		Grant, J.										
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Yeas	Nays	TOTALS	Y	eas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	
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#### **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				х	
Jason Brodeur	Х				
Kamia Brown	Х				
Colleen Burton	Х				
Tracie Davis	Х				
Bobby DuBose	X				
James Grant			x		
Michael Grant	Х				
Roy Hardemon	Х				
Gayle Harrell	Х				
MaryLynn Magar	Х				
Ralph Massullo, MD	X				
Cary Pigman	Х				
David Santiago	X				
David Silvers	Х				
Cyndi Stevenson	X				
Frank White	Х				
Patricia Williams			Х		
Clay Yarborough	Х				
W. Travis Cummings (Chair)	Х				
	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

### **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

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Comm	Committee/Subcommittee: Health & Human Services Marin Data Services Data Data Data Data Data Data Data Data										
	М	eeting Date: ユゴル Place: M ひづん Time: ユンブ	18 18 Hall 3 A.M	- D - D	Date Received: Date Reported: Subject: Entrated Mental Health						
Committee/Subcommittee Action: <ul> <li>Favorable</li> <li>Favorable w/ amendments</li> <li>Favorable w/Committee/Subcommittee Substitute</li> <li>Other Action:</li> <li>Unfavorable</li> </ul> Retained for Reconsideration Reconsidered Temporarily Postponed Unfavorable											
	Vote										
	Bill	MEMBERS		1							
Yea	Nay	Down or	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	
	Z	Berman Brodeur									
	/	Brown									
<u> </u>		Burton									
		Davis									
		DuBose									
		Grant, J.									
	r	Grant, M.									
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V		Silvers						-			
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li.		Yarborough									
i		Cummings, Chair									
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	
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ß	Bernan - Yes atte roll call										

### **Health & Human Services Committee**

### 2/21/2018 9:00AM

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

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman			Х		
Jason Brodeur	Х				
Kamia Brown			Х		
Colleen Burton	X				
Tracie Davis			Х		
Bobby DuBose	X				
James Grant	X				
Michael Grant	Х				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	Х				
Ralph Massullo, MD	Х				
Cary Pigman	Х				
David Santiago	Х				
David Silvers	Х				
Cyndi Stevenson	Х				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	Х				
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

### **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

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### **Health & Human Services Committee**

### 2/21/2018 9:00AM

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

X Favorable With Committee Substitute

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

### CS/HB 1047 Amendments

### Amendment 754059

X Adopted Without Objection

### Amendment 736555

X Adopted

### Amendment 598223

X Adopted as Amended

#### **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

### **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

#### **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) - Waive In Support CrossFit, Inc. 611 Keefer PI 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

### **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

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### COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1047 (2018)

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION (Y/N) ADOPTED ADOPTED AS AMENDED (Y/N)ADOPTED W/O OBJECTION (Y/N)(Y/N) FAILED TO ADOPT WITHDRAWN (Y/N)OTHER Committee/Subcommittee hearing bill: Health & Human Services 1 Committee 2 Representative Santiago offered the following: 3 4 5 Amendment to Amendment (598223) by Representative Gonzalez 6 Remove line 379 of the amendment and insert: facility or licensure, except that a 7 Remove line 494 of the amendment and insert: 8 9 facility or licensure, except that a 736555 - h1047-line379a2.docx Published On: 2/21/2018 1:04:17 PM Page 1 of 1

**Health & Human Services Committee** 

2/21/2018 9:00AM

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

X Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman			Х		
Jason Brodeur	Х				<u>.</u>
Kamia Brown		Х			
Colleen Burton	Х				
Tracie Davis		Х	-		
Bobby DuBose		Х			
James Grant			Х		
Michael Grant	X X				
Roy Hardemon		· X			
Gayle Harrell	Х				
MaryLynn Magar	Х				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	Х				
David Silvers		Х			
Cyndi Stevenson	Х				
Frank White	Х				
Patricia Williams		Х			
Clay Yarborough	X		· · · · ·		
W. Travis Cummings (Chair)	Х				
	Total Yeas: 12	Total Nays: 6	5		

#### **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

Comm	ittee/Sul	bcommittee: Health &	k Human		Bill Nu	mber:	-leal	nG L					
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**Health & Human Services Committee** 

2/21/2018 9:00AM

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

X Favorable

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

Comm	nittee/Su	bcommittee: He	alth & Human rvices		Bill Nu	mber:	STHR	115	Ç	
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#### **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		_	X		
James Grant	X				
Michael Grant	X				
Roy Hardemon	Х				
Gayle Harrell	X				
MaryLynn Magar	Х				
Ralph Massulio, MD	X				
Cary Pigman	Х				
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: (	D		

#### **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

#### **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

Committee meeting was reported out: Wednesday, February 21, 2018 3:55PM

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comm	ittee/Su	bcommittee:				Bill Nu	mber:	clip	$\Pi/\Gamma$		
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#### **Health & Human Services Committee**

2/21/2018 9:00AM

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

X Favorable

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

#### **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

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

	M ittee/Sul Favorab Favorab	Place: M Time: A committee Action: le le w/ am le w/Committee/Su	ices 1/18 5/16 Ha 5/06 A M DO A M	<u>丸</u> D —		eived: orted: bject: ( Reta Reco Tem	ined for onsidered porarily worable	l		
	Vote									
<u>On</u> Yea	Bill Nay	MEMBERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
104		Berman	1 cas	Itays	ICas	Itays	ICas	Tays	Itas	14495
hum		Brodeur				· · · · · · · · · · · ·				··· <b>-</b>
L	r	Brown								
		Burton								
T		Davis								
i		DuBose	· · · · · ·							
		Grant, J.								
-	-	Grant, M.								
i		Hardemon								
		Harrell								
<u> </u>	[	Magar								
		Massullo								
		Pigman								
		Santiago								· · · · · · · · · · · · · · · · · · ·
L		Silvers								
		Stevenson								
Ĺ	[	White								
L		Williams								
U	7	Yarborough								
V		Cummings, Chair								
		· · · · · · · · · · · · · · · · · · ·								
			1				1	1		

Nays

TOTALS

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas



CORIDA CONTRACTOR			1
	Bill	Amendment 🔀	
	Bill/PCS/PCB Number:	<u> </u>	
	Amendment Number:	677879	
Name: Doug Be	(		• 
Representing: Florida Cha	pter American Ac	ademy of Pedia	trics
Title:		/	
Address: 119 5. M	mine st		
City: TLH	······	State/Zip:FL	
Phone Number:		Meeting Date: 2/2	1115
Committee/Subcommittee:	#5	· · · · · · · · · · · · · · · · · · ·	
Presentation/Workshop Topic: _			
Regis	tered Lobbyist: YES 🔀	NO	
State	Employee: YES	NO 🗌	
I wish to speak         Appearing in response to an ir         Appearing in response to subp         Appearing at the written require         Judge or elected officer appear         Lobbyist Appearance form subp	ooena est of the chair ring in official capacity	y member, committee, or st	aff
(If you are testifying on an amendment, pl	ease also indicate your position a	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



LORIDA		
	Bill Amendment	
	Bill/PCS/PCB Number:	
	Amendment Number: 677879	
Name: Roccy	Beausien (Bo-be-en)	
Representing: Office	of the Atterney General	
Title: Special	Counsel	
Address: PLOLC	apitel	
City:	State/Zip:	
Phone Number:	Meeting Date:	
Committee/Subcommittee:	······································	
Presentation/Workshop Topic: _		<u></u>
Regist	tered Lobbyist: YES 🔀 NO 🔄	
State	Employee: YES NO	
I wish to speak		
	nquiry 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	omitted online	
(If you are testifying on an amendment, ple	lease also indicate your position as a proponent or opponent on the bill as	a whole.)
Bill: Proponent Oppor	onent Waive in Support Waive in Opposition Info o	nly 🗌
Amendment: Proponent Oppor	nent Waive in Support X Waive in Opposition Info o	only 🗌



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LORIDA		
	Bill 🖌 Amendment	$\sim$
	Bill/PCS/PCB Number:	
	Amendment Number:	
Name: Roger	Beaubien (Bo-be-en)	
Representing: Offue	Beaubien (Bo-be-en) of the Attoiney (seneral	
	•	
Address: YLOL	Connact Corpital	
	State/Zip:	
Phone Number:	Meeting Date:	
Committee/Subcommittee:		
Presentation/Workshop Top	pic:	
R	Registered Lobbyist: YES 🔀 🛛 NO 🗌	
S	itate Employee: YES 🔀 NO 🗌	
I wish to speak		
Appearing in response to	an inquiry for information made by member, committee, or staff	<u>-</u>
Appearing in response to	subpoena	
Appearing at the written	request of the chair	
Judge or elected officer a	ppearing in official capacity	
Lobbyist Appearance form	n submitted online	
(If you are testifying on an amendme	ent, please also indicate your position as a proponent or opponent on th	e bill as a whole.)
Bill: Proponent C	Opponent 🔄 Waive in Support 🔀 Waive in Opposition 🔄	Info only
Amendment: Proponent C	Opponent Waive in Support Waive in Opposition	Info only



*LORIDA			
	Bill 🔀	Amendment	, i i i i i i i i i i i i i i i i i i i
	Bill/PCS/PCB Number:	_21	
	Amendment Number:		
Name: <u>Sally West</u>			
Representing:Walgi	reens / PD	MP Foundation E	Board
Title: <u>Regiona</u>	1 Director		
Address:			
city: Tallahases	°C	State/Zip:	17
Phone Number: <u>850 210</u>	24/61	Meeting Date:	
Committee/Subcommittee: <u> </u>	HS		
Presentation/Workshop Topic:	Opioids -	Controlled S	rubstances
Regist	ered Lobbyist: YES 🔀	NO 🗍	
State I	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			
Lobbyist Appearance form subr			
(If you are testifying on an amendment, ple	ase also indicate your position	as a proponent or opponent on t	ne 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

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#### 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/PCS/PCB Number:2
	Amendment Number:
Name: Chris Mand	
Representing: Florida Chapter, Amer	rican College of Surgeons
Title:	
Address: 1000 Riverside Ave #	240
city: Jacksonville	
Phone Number: 909-233-3051	Meeting Date:
Committee/Subcommittee: Health + Huma	n Services
Presentation/Workshop Topic:	
Registered Lobbyist: YES	
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 capacit	у
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 entire 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			
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/Subo	committee:	Health & Human Services Commit	tee	
Presentation/Wo	orkshop Topic	N/A		

Registered Lobbyist Bill State Employee Waive In Support ☑ 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



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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AZORIDA MARTIN		(
	Bill Amendment	
	Bill/PCS/PCB Number:	
	Amendment Number:	
Name: JII Girc	ภ	
Representing: Florid	a Behavioral Health Association	
Title: Senior Pulic	y Advisor	
Address: <u>2868</u> M	lahan Dr	
City: Tallahassel	State/Zip:_FC 32308	
Phone Number: <u>850 q</u>	78 2196 Meeting Date: 21 Feb 2019	
Committee/Subcommittee:	HH5	
Presentation/Workshop Topic:	Cp101ds	
Regist	tered Lobbyist: YES X NO	
State	Employee: YES NO	
<ul> <li>I wish to speak</li> <li>Appearing in response to an in</li> <li>Appearing in response to subp</li> <li>Appearing at the written reque</li> <li>Judge or elected officer appear</li> <li>Lobbyist Appearance form sub</li> </ul>	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 Oppo	nent Waive in Support Waive in Opposition Info only	
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only	





ALORIDA	r				I
		Bill/PCS/PCB	II	Amendment	
	-				
		Amendment	Number:		
Name: <u>744</u>	-D Le	WREY			<u>.                                    </u>
Representing:	PERAT	ION P	<u>'AR</u>		
Title:	Gov.	RIFLA	TION	5	
Address:	···· ····				
City: <u>P3R</u>				State/Zip:	34668
Phone Number:		·		Meeting Date: <u>2</u> - ,	2/-18
Committee/Subc	ommittee: <u>/</u>	<u>HS</u>			
Presentation/Wo					
	Registe	red Lobbyist: Y	ES 🗗 N		
	State E	mployee: YI	ES 📄 N	ю 🗌	4
	response to an inq		on made by m	nember, committee, or st	aff
	response to subpo the written reques				
	ted officer appeari		city		
Lobbyist App	earance form subm	nitted online			
(If you are testifying on		1		, proponent or opponent on	the bill as a whole.)
Bill: Propo	onent 🗹 Oppon	ent Waive ir	i Support 🔽	Waive in Opposition	Info only
Amendment: Propo	onent Oppone	ent Waive in	n Support	Waive in Opposition	Info only



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$G_{\prime}$	X

ZORIDA		、
	Bill Amendment	S
	Bill/PCS/PCB Number:	
	Amendment Number:	
Name: Logan //c fa	delin	
Representing: <u>Property</u>	ddin Casualty Insurers Assoc. of Amer.	(A
Title:	, 	
Address: $\frac{2}{5}$	Monroe St	
City: Tallahassee	State/Zip: FL 32301	
Phone Number: 850-68	7/-26/5 Meeting Date: $2/2/$	
Committee/Subcommittee:	Jealth & Human Services	
Presentation/Workshop Topic:	·	
Regist	ered Lobbyist: YES 🔀 🛛 NO 🗌	
State I	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		
Judge or elected officer appear	ing in official capacity	
Lobbyist Appearance form subr	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 X Waive in Opposition Info only	
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only	



WAVE IN SUPPORT Amendment Number:
Name: BILC BUNKLEY
Representing: FLORIDA ETRICS AND RELIGIOUS LIBERTA COMMISSION
Title: PRESIDENT
Address: POBOX 341644
City: TAMPA State/Zip: E 33694
Phone Number: 813.269.2977 Meeting Date: 2-2\$.18
Committee/Subcommittee: HEARTH + HUMAN SERVICES E
Presentation/Workshop Topic: CUNTROLIED 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
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.

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PLORIDA	$\sim$
	Bill Amendment Bill/PCS/PCB Number:
$\Lambda$	Amendment Number:
Name: Candice	Ericks
Representing: PaM	Beach County
Title:	•
Address: 2055	. Adems St
city: TAlahass	ll State/Zip: T
Phone Number: <u>954-61</u>	18-1204 Meeting Date: 212/18
Committee/Subcommittee:	toolth + Human Services
Presentation/Workshop Topic:	Controlled Sulistence
Registe	ered Lobbyist: YES NO
State E	mployee: YES NO
1	
I wish to speak	
Appearing in response to an inq	uiry for information made by member, committee, or staff
Appearing in response to subpo	
Appearing at the written reques	
Judge or elected officer appeari	
Lobbyist Appearance form subn	nitted online
(If you are testifying on an amendment, plea	ase also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppon	ent Waive in Support Waive in Opposition Info only

Opponent Waive in Support Waive in Opposition

Info only

Amendment: Proponent



A CORTRA	
	Bill Amendment
Bill/PCS	S/PCB Number: <u>HB 21</u>
Amendr	lment Number:
Name: Sqhford Sil	verman, MP
Representing: FMA FS	IPP'
Title:	
Address: 100 E. Sample R	Rd Ste 2001
Address: 100 E. Sample R City: Pommo Berl	State/Zip: FL 3 3064
V Phone Number:	Meeting Date: 2-21-2018
Committee/Subcommittee:	
Presentation/Workshop Topic:	
Registered Lobbyi	vist: YES NO
State Employee:	
<ul> <li>I wish to speak</li> <li>Appearing in response to an inquiry for info</li> <li>Appearing in response to subpoena</li> <li>Appearing at the written request of the cha</li> <li>Judge or elected officer appearing in official</li> <li>Lobbyist Appearance form submitted online</li> </ul>	al capacity
(If you are testifying on an amendment, please also indic	cate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent W	Vaive in Support Waive in Opposition Info only
Amendment: Proponent Opponent W	Vaive in Support Waive in Opposition Info only



LORIDA MARTIN		· · · · · · · · · · · · · · · · · · ·	7
	Bill	Amendment	
	Bill/PCS/PCB Number:	_2	
	Amendment Number:		
Name: Toni Lara	ř.		-
Representing: Florida C	<u>írthopedic</u> S	ociety	
Title:			
Address: 519 E. Park	CAVE		
city: Tallahasse	×	State/Zip: FL 2	3230F
Phone Number: $(850)$	556-1461	Meeting Date: FC	0,21,18
Committee/Subcommittee:	touse Healt	h & Human	Services
Presentation/Workshop Topic: _	opioid pres	scribing	
	tered Lobbyist: YES		
State	Employee: YES	NO 🗹	
_/		/	
I wish to speak			
Appearing in response to an in	quiry for information made l	by member, committee, or st	aff
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 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



*LORIDA	
	Bill Amendment
	Bill/PCS/PCB Number:2/
	Amendment Number:
Name: Chris Cha.	rey
Representing: <u>ASSOCIA</u> t	ed Industries of Florida
Title: Lobby1st	-
Address: 204 Sov	Monroe Street
City: Tallahasse	e State/Zip:
Phone Number: <u>222</u> -	8900 Meeting Date: 2/21/18
Committee/Subcommittee:	Health and Human services
Presentation/Workshop Topic:	
Regist	ered Lobbyist: YES 📈 NO 🗌
State I	Employee: YES NO
I wish to speak	
	uiry for information made by member, committee, or staff
Appearing in response to subpo	pena
Appearing at the written reque	st of the chair
Judge or elected officer appear	ing 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



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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

NU SEIND C

Bill Number: CS/HB 21 : Controlled Substances

Amendment: N/A

Name:	Choy, Erin		
Representing:	Junior Leagues of Florida		· · · · · · · · · · · · · · · · · · ·
Title:	Immediate Past Chair		
Address:	404 E. Sixth Avenue		
City:	Tallahassee	State/Zip:	FL 32303
Phone Number:	5616354168	Meeting Date:	February 21, 2018 9:00 AM
Committee/Sub	committee: Health & Hu	man 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

 Bill

 Waive In Support

 Amendment

 N/A



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# **COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD**

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

Bill Amendment

Bill Number: CS/HB 21 : Controlled Substances

Name:	Bishop, Barney	,	<u>I intenditione</u>	• • • • • • • • • • • • • • • • • • • •
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 & Human	Services Commit	ttee
Presentation/Wo	orkshop Topic:	Controlled Substa	nces	

✓ Registered Lobbyist
 ☐ State Employee
 ✓ I Wish To Speak
 △ 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



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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PLORIDA M	Bill Amendment
	Bill/PCS/PCB Number:
	Amendment Number:
Name: Davion West	
Representing: Browind C	County
Title: Policy Advisc	°R
Address: 115 > And	trevis Ave
City: <u>FT Cauderdale</u>	State/Zip: FL 33301
Phone Number: $954.73^\circ$	9-9293 Meeting Date: 2/21/10
Committee/Subcommittee:	ealths Hunan Services
	Convolled Substances
Regist	tered Lobbyist: YES NO
State	Employee: YES NO
I wish to speak	nquiry for information made by member, committee, or staff
Appearing in response to subp	· · · · · · · ·
Appearing at the written reque	est of the chair
Judge or elected officer appea	ring 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 whole.)
Bill: Proponent Oppo	onent Waive in Support Waive in Opposition Info only

Waive in Support

Opponent

Waive in Opposition

Info only

Amendment: Proponent

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HOUSE	
	-LORIDA
	Contraction of the local division of the loc

PEPRESE THE RECEIPTION OF THE		Bill Amendr Bill/PCS/PCB Number: <u>HB 42</u>	ment
		Amendment Number:	
Name: STEPF	ten R. WINN		
Representing: <u>F</u>	DRIDA DETED PATHIC	MEDILAL ASSOCIATION	
Title: <u> </u>	UTIVE PARECTOR		
Address: <u>み</u> ち	44 BLAIRGTONE PINES	DRIVE	
City: TAUAI	HASSEE	State/Zip: <u>FC3</u> 23C	>
Phone Number:	878-7364	Meeting Date: 2-21-3	2018
Committee/Sub	committee: HOUSE HEALTH 2	HUMAN SERVICES DOMMI	TTEE
Presentation/W	orkshop Topic: PHYSICIAN FEE	SHARING TASK PLACE	
	Registered Lobbyist: YES		
	State Employee: YES		
Appearing in Appearing a Judge or ele	eak WAWE TIME in response to an inquiry for information in response to subpoena it the written request of the chair cted officer appearing in official capacit pearance form submitted online	made by member, committee, or staff	

(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





L'ANDA
Bill Amendment
Bill/PCS/PCB Number: 425
Amendment Number:
Name: Dwid Christien
Representing: Floride Hospitel
Title: Directos - Gov + Reletions
Address: <u>Goo lope Wey</u>
City: <u>N/1Commerce Springs</u> State/Zip: FL
Phone Number: 437/257-2493 Meeting Date: 3/21/15
Committee/Subcommittee: 12/45
Presentation/Workshop Topic: For Sharing
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 <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.

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LORIDA		$\sim$
	Bill Amendment	$\sim$
	Bill/PCS/PCB Number: $425$	
	Amendment Number:	
Name: Chris Aular	nd	
Representing: <u>Florida Ch</u> a	apter, American College of Physicians	
Title:		
Address: 1000 Riversi	de Are #240	
city: Jacksen ulle	State/Zip: FC 32204	
Phone Number: <u>904-233-</u>	3CJ1 Meeting Date: 2/21/18	
Committee/Subcommittee:	Health + Human Services	
Presentation/Workshop Topic: _		
Regist	tered Lobbyist: YES V NO	
State		
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, plo	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 or	nly
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info or	nly 🗌



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

LORIDA DECO			•
A CONTRACTOR OF	Bill 🗸	Amendment	
	Bill/PCS/PCB Number:	425	
	Amendment Number:	·	
Name: Mary Tho	Mr.S		
Representing: <u>Flovida</u> M	Medical Assu	cirction	
Title: ASSistant Go	noval Course	<u> </u>	
Address: 1430 Piedmo	-		
City: <u> </u>		State/Zip: FC 3	2308
Phone Number: <u>850224</u>	6496	Meeting Date:	21/18
Committee/Subcommittee:	444 S		
Presentation/Workshop Topic:			
	ered Lobbyist: YES 📝		
State I	Employee: YES	NO 📝	
I wish to speak			
Appearing in response to an inc	quiry for information made I	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 subr	nitted online		
If you are testifying on an amendment, ple	ase also indicate your position	1	
Bill: Proponent Oppon	nent Waive in Support	Waive in Opposition	Info only
Amendment: Proponent Oppon	ent Waive in Support	Waive in Opposition	Info only



	Bill	Amendment	
	Bill/PCS/PCB Numbe	er: X/B 675	
	Amendment Numbe	er:	
ame: Lorry Gon	20102		
epresenting: <u>Florida</u>	ecrety of Health	System Pharmacists	
Title: General C	-	V	_
Address: 223 5- (	Godeder St		_
City: Tallchusser	•	State/Zip: <u>FZ 3238/</u>	
Phone Number: <u>856</u> -	570-6307		_
Committee/Subcommittee:	Hee Hth + Huma		_
		hospital pharmanies	
	egistered Lobbyist: YES	/	
St	ate Employee: YES		
		•	
I wish to speak			
		e by member, committee, or staff	
Appearing in response to s	•		
Appearing at the written r			
Judge or elected officer ap	pearing in official capacity		
Lobbyist Appearance form	submitted online		

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.

CORIDA MARTIN	
	Bill Amendment Bill/PCS/PCB Number: <u>675</u>
	Amendment Number:
Name: David Chris	tiin
Representing: FLoside K	Vospilel
Title: Director - G	V
Address: 100 Mare	Der Lay
City: <u>PIteron-1.1</u> Sp	
Phone Number: $\frac{407}{357}$	
Committee/Subcommittee:	
Presentation/Workshop Topic:	
Regist	tered Lobbyist: YES NO
State E	Employee: YES NO
<ul><li>I wish to speak</li><li>Appearing in response to an inc</li></ul>	quiry 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 Pharmarists
Title: PHARMACIST
Address:     402 EPALMER AVE       City:     TALLAHASSEE       State/Zip:     F1       Phone Number:     381 405 1968       Meeting Date:     241 18
Committee/Subcommittee: <u>Committee</u> HHS Presentation/Workshop Topic: <u>PIHARMACY</u>
Registered Lobbyist: YES NO
<ul> <li>I wish to speak</li> <li>Appearing in response to an inquiry for information made by member, committee, or staff</li> <li>Appearing in response to subpoena</li> <li>Appearing at the written request of the chair</li> <li>Judge or elected officer appearing in official capacity</li> <li>Lobbyist Appearance form submitted online</li> </ul>
(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:     693       Amendment Number:     1000000000000000000000000000000000000
Representing: Opportunity Solutions Project
Title: AHOMLY
Address: 108 SOUTH MOMPAL STREET
City: Tallahasse State/Zip: PL 32-30/
Phone Number: (050) (031-0024 Meeting Date: 2/21/18
Committee/Subcommittee:
Presentation/Workshop Topic: PUBLE ASSISTANCE
Registered Lobbyist: YES NO
State Employee: YES NO
I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent 📝 Opponent 🗌 Waive in Support 📝 Waive in Opposition 🗌 Info only 🗌
Amendment: Proponent 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. Amendment Bill Bill/PCS/PCB Number: 7066 Amendment Number: Name: Representing: Title: Address: City: State/Zip: 1-0024 UX. Phone Number: Meeting Date: Committee/Subcommittee: Presentation/Workshop Topic: Registered Lobbyist: YES NO NO State Employee: YES 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 Proponent Opponent 🗌 Waive in Support 🔽 Waive in Opposition

Info only

Amendment:



*ZORIDA			× /
	Bill Bill/PCS/PCB Number	Amendment	
	Bill/PCS/PCB Number		
	Amendment Number	·:	
Name: Cirdy	Hudde	leston gal Services	
Representing:	FL Lee	jal Services	
Title: a flor	ney	<b>,</b>	
Address:	/		
City: T		State/Zip: <u>FC</u> 32.	303
Phone Number: <u>850 - 57</u>	18-8282	Meeting Date:	
Committee/Subcommittee:			
Presentation/Workshop Topic:			
· · · -	ered Lobbyist: YES		
	Employee: YES		
Jale			
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 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, ple	ease also ipdicate your positio	n as a proponent or opponent on the b	ill as a whole.)
Bill: Proponent Oppor	4	·	nfo only
Amendment: Proponent Oppor	nent Waive in Suppor	t Waive in Opposition Ir	ifo only



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

40100
Bill Amendment Bill/PCS/PCB Number: 937
Amendment Number:
Name: JILL Gran
Representing: Florida Behavioral Health Association
Title: Senior Policy Drector
Address:
City: Tallahassel State/Zip: FL 32308
Phone Number: <u>8508782194</u> Meeting Date: <u>21 Feb 201</u> 3
Committee/Subcommittee:
Presentation/Workshop Topic: Perinatal Mental Halth
Registered Lobbyist: YES 📈 NO 🗌
State Employee: YES NO X
<ul> <li>I wish to speak</li> <li>Appearing in response to an inquiry for information made by member, committee, or staff</li> <li>Appearing in response to subpoena</li> </ul>

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

ST.	REPRESEN
4SUOH	
and the second sec	PLOBIDA .
	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 G 3 7</u>				
Amendment Number:				
Name: STEPHEN R. WINN				
Representing: FLORIDA DSTEDPATHIC MEDICAL ASSOCIATION				
Title: EXECUTIVE DIRECTOR				
Address: 2544 BLAIRSTONE PINES DRIVE				
City: TAICAHAGEDE State/Zip: FL 32301				
Phone Number: <u>878-7364</u> Meeting Date: <u>3-21-2018</u>				
Committee/Subcommittee: HUDSE HEALTH & HUMAN STRUICES 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

Proponent

Info only

Amendment:



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LORIDA MAR				
	Bill Amendment			
	Bill/PCS/PCB Number: <u>937</u>			
$\bigcirc$ 1 $\land$	Amendment Number:			
Name: Kon Watso				
Representing: Midwife	Association of Florida			
Title: Loboyist				
Address: 3738 /	Nurdon Way			
City: Tallahassa				
Phone Number: <u>850</u> 50	67-1202 Meeting Date: 2/21/18			
Committee/Subcommittee:				
Presentation/Workshop Topic:	Perinatal Merity Heatth			
Regist	ered Lobbyist: YES NO			
State E	Employee: YES NO			
I wish to speak Appearing in response to an inc	uiry 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 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 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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### **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/CS/HB 937 : Perinatal Mental Health

Amendment: N/A

Name:	Bishop, Barney			
Representing:	Florida Smart J	<b>Justice Alliance</b>		
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		<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



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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.
PLOBID A	Bill Amendment Amendment Bill/PCS/PCB Number: <u>165</u> Amendment Number: <u>368581 DE</u>
Name:	Ellyn Bogclanoff
Representing: _	SCMHR
Title:	
Address:	LE And Blud
City:	FELAUD State/Zip: 33301
Phone Numb	er: Meeting Date:
Committee/S	Subcommittee: $H + S$
	/Workshop Topic:
	Registered Lobbyist: YES NO
	State Employee: YES NO
I wish to	speak
	g in response to an inquiry for information made by member, committee, or staff
	g in response to subpoena
	g at the written request of the chair
	elected officer appearing in official capacity Appearance form submitted online
	"
(If you are testifyin	g on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: P	Proponent Opponent Waive in Support Waive in Opposition Info only
Amendment: P	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.

CORIDINAL	
	Bill Amendment
	Bill/PCS/PCB Number: 18 965
	Amendment Number:
Name: Larry Gonz	alez
	T Secrety + Ektrolog I Association of Florida
Title: Attorowy/Lob.	
Address: 223 S. Gae	Isden St
City: Tallahersep	State/Zip: F2-3230/
Phone Number: $850-57$	$\frac{0-6307}{15}$ Meeting Date: $\frac{3/07/15}{15}$
Committee/Subcommittee:	ealth + Homes Services
Presentation/Workshop Topic: 🟒	Electrologist regulation
	ered Lobbyist: YES NO
State E	Employee: YES NO
_	
L I wish to speak	
Appearing in response to an inc	quiry for information made by member, committee, or staff
Appearing in response to subpo	bena
Appearing at the written reque	st 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.

LORIDA			
	Bill	Amendment	Y
	Bill/PCS/PCB Number	: JAS 465	
	Amendment Number	:	
Name: Larry GONZO	elez		-
Representing: <u>Fleatiology</u>	TSociety & E	letral Bist Associ	tin & Florida
Title: Attorney / Lok	<i>i</i>		
Address: 223 S.G	adden St.		
City: Tolahase		State/Zip:	3230/
Phone Number: <u>850 - 2-2-2</u>	-0465	Meeting Date: 🦂	34/10
Committee/Subcommittee:/	Katt + Huma	Service Com.	mittee
Presentation/Workshop Topic: <u>A</u>	Electrologist	regulation	
Regist	ered Lobbyist: YES	NO	
State	Employee: YES	NO 🔽	
I wish to speak			
Appearing in response to an in	guiry for information made	by member, committee, or sta	aff
Appearing in response to subp			

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 🗌 C	Dpponent	Waive in Support	Waive in Opposition	Info only
Amendment:	Proponent 🗌 C	Opponent 📃	Waive in Support	Waive in Opposition	Info only



A CORTRA		
	Bill       Amendment         Bill/PCS/PCB Number: $965$	
	Amendment Number:	
Name: Chris Auland		
Representing: <u>Harida Socie</u>	Ly of Plastic Surgeons / Florida Society of Dermatology	
Title:		
Address: 1000 Rive	uride Ave #240	
city: Jacksonville	State/Zip: 1 32207	
Phone Number: $969 \cdot 23$	33-3051 Meeting Date: 2/21/18	
Committee/Subcommittee:	Health + Human Services	
Presentation/Workshop Topic		
Reg	gistered Lobbyist: YES - NO	
Sta	te Employee: YES NO	
I wish to speak		
Appearing in response to ar	n inquiry for information made by member, committee, or staff	
Appearing in response to su	ibpoena	
Appearing at the written red	quest of the chair	
Judge or elected officer app	earing in official capacity	
Lobbyist Appearance form s	ubmitted 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 Op	ponent Waive in Support 📝 Waive in Opposition 🗌 Info only 🗌	
Amendment: Proponent Op	ponent Waive in Support Waive in Opposition Info only	





Bill Amendment Bill/PCS/PCB Number: 1047
Amendment Number: Sastiuss Anelline
Name: Wences Troncogo
Representing: FLorida Association of Health Plans
Title: Vice President + General connect
Address: 200 W. College Ave Ste. 104
City: Tallahassee State/Zip: FL/32309
Phone Number: 850-212-3173 Meeting Date: 2/21/19
Committee/Subcommittee:
Presentation/Workshop Topic:
Registered Lobbyist: YES NO
State Employee: YES NO
<ul> <li>I wish to speak</li> <li>Appearing in response to an inquiry for information made by member, committee, or staff</li> <li>Appearing in response to subpoena</li> <li>Appearing at the written request of the chair</li> <li>Judge or elected officer appearing in official capacity</li> <li>Lobbyist Appearance form submitted online</li> </ul>
(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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A SULLEY ST	OBID	Please fill ou Assistant at t		m and submit <u>both</u>	copies to	o the Committee A	dministrative	JS
				Bill PCS/PCB Number: ndment Number:			Santic	(50
Name:	Ste	ven:	Sim. th					_
Represe	enting: _	Auri	daBlu	£				
Title:	:1	rector	State	Legu	1ati	re Pelat	lonr	_
Addr	ress:							_
City:					Sta	te/Zip:		_
Phon	ne Numbe	er:			Me	eting Date:		_
Com	mittee/S	ubcommittee:						_
Prese	entation/	Workshop Top	oic:		•••			_
		R	egistered Lob	obyist: YES	№ [			
		S	tate Employe	e: YES	NO [	]		
	I wish to s	neak						
X		•	an inquiry for	information made	by memb	er, committee, or s	staff	
	Appearing	g in response to	subpoena					
	Appearing	g at the written	request of the	chair				
	Judge or e	elected officer a	ppearing in off	icial capacity				
	Lobbyist A	ppearance forr	n submitted or	nline				
(If you are	e testifying	g on an amendme	nt, please also i	ndicate your position	as a prop	onent or opponent c	on the bill as a who	le.)
Bill:	Pr	oponent 🚺 🤇	Opponent 🗌	Waive in Support	U Wa	aive in Opposition	Info only	]
Amendm	<b>nent:</b> Pr	oponent	Dpponent	Waive in Support	∏ wa	ive in Opposition	info only	7



					Bill An CS/PCB Number: <u>// B</u> ndment Number: <u>5</u> 9	
Name	C07	EINNE	MIXON			
				KEALM	CUUNSELORS	ASSOCIATION
			CONSVLT			·
Adc	lress: <u>/</u>	195	MONROE	5 T	# 202	
		LANAJJEE			State/Zip:	2301
			5 - 5 995		Meeting Date: $\frac{2}{2}$	21/18
Con	nmittee/Sul	ocommittee:	HOUTE H	EALTM	\$ HUMAN JEI	2VILEI
Pre	sentation/V	Vorkshop Topic: _	DEPT.	0 F	UEALM	
			tered Lobbyist: YE		NO 🗌	
		State	Employee: YE	s 🗌	NO 🔽	
	Appearing i Appearing a Judge or ele	n response to an ir n response to subp at the written requ	ooena est of the chair ring in official capad		member, committee, or st	aff
(If you a	are testifying o	on an amendment, pl	ease also indicate you	ır position as	a proponent or opponent on	the bill as a whole.)
	Bill:	Proponent	Opponen	t 🗌	Info only	
	Amendmer	nt: Proponent	Opponen	t 🗌	Info only	

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LORIDA	<b></b>		<b>7</b> ⁄
	Bill	Amendment	
	Bill/PCS/PCB Number:	1047	
	Amendment Number:	598223	
Name: Carole Rull	ock		<b></b>
Representing: <u>Medical</u> Y	Jutrition "Then	allahan	
Title: President	U'		
Address: 267 John	Krox Red		
City: Tallahassic		State/Zip: <u>F/</u> .	32303
Phone Number: <u> </u>	2-0383	Meeting Date:	
Committee/Subcommittee:	1115		
Presentation/Workshop Topic: _			
Regist	ered Lobbyist: YES 🗌	NO	
State	Employee: YES		
I wish to speak			
Appearing in response to an in	quiry for information made l	by member, committee, or s	taff
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, pl	ease also indicate your position	as a proponent or opponent o	n 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	Ø		$\mathbf{i}$
		Bill Amendment	
		Bill/PCS/PCB Number: <u>(0</u> 47	
		Amendment Number: <u>598 223</u>	
Name:	Jagunn	Migrither	
	•	orm Care	
Title:	MSDDI	<i>iu</i> dn	
Address:	5812	Flintluck long	
City:	Tales	Maisur M State/Zip: 32311	
Phone Nur	1ber:	<u>850 510- 940)</u> Meeting Date:	
		2:	
		opic:	
		Registered Lobbyist: YES NO	
		State Employee: YES NO	
I wish t	o speak		
Appear	ing in response to	o an inquiry for information made by member, committee, or staff	
Appear	ing in response to	o subpoena	
Appear	ing at the written	n request of the chair	
Judge o	or elected officer a	appearing in official capacity	
Lobbyis	t Appearance for	rm submitted online	
(If you are testify	ing on an amendm	nent, please also indicate your position as a proponent or opponent on the bill as a v	whole.)
Bill:	Proponent	Opponent Waive in Support Waive in Opposition Info only	у 🗌
Amendment:	Proponent	Opponent Waive in Support Waive in Opposition Info only	γП



LORIDA				/
	Bill	Amendmer	nt 🔀	$\bigvee$
	Bill/PCS/PCB Numbe	r: 1047		
	Amendment Numbe	r: 5982	23	
Name: SLATER	2 BAHLI	55		
Representing: THE AMER			MEDIC	AL SPECIALTIE
Title:			•	
Address: 204 5.	MONROE	ST		
City: TANAHASSEE		State/Zip:	FL	
Phone Number: 222	8900			1/2014
	ts commit		• • • • • • • • • • • • • • • • • • •	
Presentation/Workshop Topic:			FRITIFIC	ATION
	ered Lobbyist: YES			<b>v</b>
	Employee: YES			
I wish to speak				
Appearing in response to an inc		e by member, comm	nittee, or staff	
Appearing in response to subpo				
Appearing at the written reque				
Lobbyist Appearance form subr				
(If you are testifying on an amendment, ple	ase also indicate your positic	n as a proponent or o	opponent on the bill	l as a whole.)
Bill: Proponent Oppor	nent 🔲 Waive in Suppor	t 🔄 Waive in Op	oposition Inf	o only
Amendment: Proponent Oppor	nent Waive in Suppor	t Waive in Op	oposition Info	o only



Assistant at the meeting.
Bill Amendment Bill/PCS/PCB Number: <u>HB 1097</u>
Amendment Number: <u>578223</u>
Name: CORINNE MIXON
Representing: FLORIDA ACADEMY OF PHYSICIAN ASSISTANTS
Title: GOVERNMENT CUNJULTANT
Address: 119 S MONROE ST. #202
City: TALLAMASSEE State/Zip: FL 32301
Phone Number:
Committee/Subcommittee: HONSE KEALTH & NUMAN JERVICES
Presentation/Workshop Topic: DEPT OF MEALTM
Registered Lobbyist: YES 1 NO
State Employee: YES NO
<ul> <li>I wish to speak</li> <li>Appearing in response to an inquiry for information made by member, committee, or staff</li> <li>Appearing in response to subpoena</li> <li>Appearing at the written request of the chair</li> <li>Judge or elected officer appearing in official capacity</li> <li>Lobbyist Appearance form submitted online</li> </ul>
(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 <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.	9
Bill Amendment Bill/PCS/PCB Number: 1047 Amendment Number: 578223	
Name: Doug Bell	
Name: 100g 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:	
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	





PLORIDA CONTRACT	
	Bill Amendment 🔀
	Bill/PCS/PCB Number:
	Amendment Number: <u>598223</u>
Name:	ne Hart
Representing:Flond	a Dental Association
Title:Chief	Legislative Officer
Address: $118 \overline{E}$	. Jefferson Street
city: Tallah	essee State/Zip: Fr 32301
Phone Number:	22.4.1087 Meeting Date: 2/21/18
Committee/Subcommittee:	224.1085 Meeting Date: 2/21/18 Heath & HUMan Services
Presentation/Workshop Topic: _	Depti of Health
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	quiry 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 al	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 Oppor	nent Waive in Support Waive in Opposition Info only



Assistant at the meeting.
Bill Amendment Amendment Amendment Amendment Number: <u>1047</u> Amendment Number: <u>598233</u> (skitte all)
Name: <u>Amee Diaz Lyon</u>
Representing: Florida Physical Therapy Association
Title:
Address: 119 South Monroe Street, Suite 200
city: <u>Tallahassee</u> <u>State/Zip: FL 32301</u>
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

# PR

# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill Amendment Bill/PCS/PCB Number: HB 1047 STRIKE ALL Amendment Number:			
Name: STEPHEN R. LOINN			
Representing: FLDEIDA DSTEGPATHIC MEDICIAL AGOCIATION			
Title: EXECUTIVE DIRECTOR			
Address: 2544 BLANESTONE PINES DRIVE			
City: TAUAHASSEE State/Zip:FL 32301			
Phone Number: <u>878-7364</u> Meeting Date: <u>3-31-30/B</u>			
Committee/Subcommittee: HOVEL HEALTH & HOMAN SERVICES			
Presentation/Workshop Topic: DE PARTMENT OF HEATTH			
Registered Lobbyist: YES NO			
State Employee: YES NO			
· · · · · · · · · · · · · · · · · · ·			
<ul> <li>I wish to speak WATE IN SUPPORT OF STRIKE ALL AMENDMENT</li> <li>Appearing in response to an inquiry for information made by member, committee, or staff</li> <li>Appearing in response to subpoena</li> <li>Appearing at the written request of the chair</li> <li>Judge or elected officer appearing in official capacity</li> <li>Lobbyist Appearance form submitted online</li> </ul>			
(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			
H-116 (Revised 1-4-2016)			

H-116 (Revised 1-4-2016)



LORIDA CORIDA			
	Bill Amendment		
	Bill/PCS/PCB Number: 1047		
	Amendment Number: 598223		
Name: Dr. Lauri u	Iright		
Representing: <u>Florida A</u>	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: $904 - 420 - 1436$ Meeting Date: $2/21/18$			
Committee/Subcommittee: HI+S			
Presentation/Workshop Topic:			
Regist	ered Lobbyist: YES NO		
State I	Employee: YES NO		
I wish to speak			
	quiry for information made by member, committee, or staff		
Appearing in response to subpo	Dena		
Appearing at the written request of the chair			
Judge or elected officer appearing 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		



LORIDA MAR			ı ( /
	Bill	Amendment	
	Bill/PCS/PCB Number:	1047	
	Amendment Number:	598223	
Name: Lucille .	BESELER		·
Representing: <u>ACADEN</u>	up of Nutre	tox & Diete	tres
Title: Annede	ate Past	Resident	
	W. Hills	boro Blud	#105
City: Coconut	reek.	State/Zip:	<u>33498</u>
Phone Number: $954 - 366$	0-7883	Meeting Date: $2/2$	21/18
Committee/Subcommittee:	HHS		-
Presentation/Workshop Topic:			.i
Registe	ered Lobbyist: YES	NO 🔀	
State E	Employee: YES	№ 🕅	
I wish to speak Appearing in response to an inc	uiry for information made b	v member, committee, or sta	iff .
Appearing in response to subpo		,,	
Appearing at the written reque			
Judge or elected officer appearing in official capacity			
Lobbyist Appearance form subr	nitted online		
(If you are testifying on an amendment, ple	ase also indicate your position a	is a proponent or opponent on	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



A CORIDA			$1 \qquad \qquad$
	Bill	Amendment 🔀	· ~ Y
	لـــــا :Bill/PCS/PCB Number	1047	25
	Amendment Number:	598223	
Name: Dr. Cather,	ne Christie		
Representing: <u>Horida</u> F	teademy of N	which a Diet	TELICS
Title: Associate D	ean, Brooks (	Tollege of the	alth
Address: 10168 3151	up Lake Rd	<u>)</u>	
city: Jacksonville	·	State/Zip:	32256
Phone Number: $904-716$	-2202	Meeting Date:	21/18
Committee/Subcommittee:	145		
Presentation/Workshop Topic:		100 <b>4</b>	
Regist	ered Lobbyist: YES	NO 🔀	
State E	Employee: YES 🔀		
I wish to speak	nuiry for information made h	umember committee or st	aff
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 subr	nitted online		
(If you are testifying on an amendment, ple	ase also indicate your position	as a proponent or opponent on	the hill as a whole )
· · · · · ·	nent 📈 Waive in Support [		Info only
	ent 🗹 Waive in Support		Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD			
Assistant at the meeting.			
N. NLORIDA			
Bill Amendment 🔀			
Bill/PCS/PCB Number: 1047			
Amendment Number: 548223			
Name: Michelle Stewart			
Representing: FLORICIA 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: 02/24/2018			
Committee/Subcommittee: HHS			
Presentation/Workshop Topic:			
Registered Lobbyist: YES NO 🔀			
State Employee: YES NO 💢			
X 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 X 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: $/047$ Amendment Number: $598233$
Name: CHRISTINE STAPEII
Representing: FORAA ACADEMY OF NUTNITION AND DIETETICS
Title: <u>EXECUTIVE</u> DIRECTAR
Address: 2834 REMINGTON GREEN CIRCLE
City: <u>TAILAHASSEE</u> State/Zip: <u>F/ JJ308</u>
Phone Number:
Committee/Subcommittee: <u>HHS</u>
Presentation/Workshop Topic:
Registered Lobbyist: YES NO 🔀
State Employee: YES NO
<ul> <li>I wish to speak</li> <li>Appearing in response to an inquiry for information made by member, committee, or staff</li> <li>Appearing in response to subpoena</li> <li>Appearing at the written request of the chair</li> <li>Judge or elected officer appearing in official capacity</li> <li>Lobbyist Appearance form submitted online</li> </ul>
(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



Name:

Please fill out the entire form and submit both copies to the Committee Administrative Assistant at the meeting. Amendment Bill X Bill/PCS/PCB Number: 1047 Amendment Number: \_\_\_\_ Joe Anne Hart Representing: <u>Florida Dontal Association</u> Title: <u>Chief Legislative officer</u> Address: <u>118 R. Jetterson St.</u>

City: Tallaha	assec	State/Zip: FL 32301
Phone Number:		Meeting Date: 2/21/18
Committee/Subcommittee:	-	
Presentation/Workshop Topic:	$\tilde{O}$ $\tilde{D}$	of Health
	istered Lobbyist: YES 🔀	
State	e 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

ST OF	A PHILAD	COMMITTE	E/SUBCOM	MITTEE APPEARANCE RECORD	
H		ease fill out the <u>entire</u> for sistant at the meeting.	m and subm	nit <u>both</u> copies to the Committee Administrative	SG
				Bill Amendment Bill/PCS/PCB Number: 1047 Amendment Number:	
Name	: Jan	DET MAD	ed.		_
Repre	senting: <u>A</u>	Merican 1	MULS	aye Association	
	e:				_
Ado	tress:	<u>166 Bay</u>	416	cother Lisde.	<u> </u>
City	: <u>GUN</u>	- Breeze		State/Zip:	
Pho	one Number:	850-501-	2502	Meeting Date:	
Cor	nmittee/Subcor	nmittee:		·	
Pre	sentation/Work	shop Topic:			
		Registered Lob	obyist: YES	NO D	
		State Employe	e: YES		
	l wish to speak	Warve it	J Sup	7709	
				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 Appea	rance form submitted or	nline		
(If you a	are testifying on ar	amendment, please also i	ndicate your	position as a proponent or opponent on the bill as a who	ole.)
	Bill:	Proponent 🚺	Opponent	Info only	
	Amendment:	Proponent	Opponent	Info only	

Contraction in the second seco			<b>MMITTEE APPEARANCE RECORD</b> omit <u>both</u> copies to the Committee Adminis	2-21-2018 17-H 9:00 Am strative
		)	Bill Amend Bill/PCS/PCB Number: <u>HB 104</u> Amendment Number:	
Name	<u>STEPH</u>	HEN R. LDINN		
Repre	esenting: <u>[</u> ]	LDRIDA OSTEDPATHIC	- MEDICAL ASSOCIATION	<u> </u>
Titl	e: EXEC	CUTIVE DIRECTOR		
Ad	dress: 25	44 BLAIRSTONE PINE	ES DRIVE	
	Y: JAUAH		State/Zip: FL 323	01
Pho	one Number:	878-7364	Meeting Date:/	
Сог	nmittee/Sub	committee: HOUSE HEALT	THE HUMAN SERVICES C	
		Vorkshop Topic: DEPARTMEN		
		Registered Lobbyist: YE		
		State Employee: YE		
<b>X</b>	l wish to spe	AIVE TIME	IN SUPPORT	
			on made by member, committee, or staff	
		n response to subpoena t the written request of the chair		
		cted officer appearing in official capac	ity	
	Lobbyist App	pearance form submitted online		
(If you a	are testifying or	n an amendment, please also indicate you	ir position as a proponent or opponent on the b	vill as a whole.)
	Bill:	Proponent Opponent	t Info only	
	Amendment	t: Proponent Opponent	t Info only	





CORIDA MARTIN			
	Bill	Amendment	
	Bill/PCS/PCB Number:		
$\bigcirc$ , ,	Amendment Number:		
Name: Kon Watson			
	niropratic Ph	ysicium Asucia	πυλ
Title: Lobbyist			
Address: 3738 M	who lide u		
Address: $\bigcirc$ 10 0 $\bigcirc$ $\bigcirc$	Mach way		
City: Tallahase	/	State/Zip:	32309
Phone Number: <u> </u>	67-1202	Meeting Date:	21/18
Committee/Subcommittee:			
Presentation/Workshop Topic:	Dott bill		
Registe	ered Lobbyist: YES	NO	
State E	Employee: YES	NO	
I wish to speak			
Appearing in response to an inq	juiry for information made b	y member, committee, or sta	aff
Appearing in response to subpo	ena		
Appearing at the written reques			
Judge or elected officer appeari			
Lobbyist Appearance form subn	nitted online		
(If you are testifying on an amendment, plea	ase also indicate your position a	as a proponent or opponent on	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





A CORIDA	
	Bill Amendment
BIII/PCS	5/РСВ Number: 047
Amend	ment Number:
Name: Many Thomas	
Representing:FIOTING MECHICO	Association
Title: Assistant General	coursel
Address: 1430 Pledmont C	3 r(
City:	State/Zip: FL 32300
Phone Number: 755 724 (.4916	Meeting Date: 3121118
Committee/Subcommittee:	
Presentation/Workshop Topic:	
. Registered Lobby	rist: YES 🔽 NO 🗌
State Employee:	
I wish to speak	
Appearing in response to an inquiry for info	ormation made by member, committee, or staff
Appearing in response to subpoena	
Appearing at the written request of the cha	air
Judge or elected officer appearing in officia	I capacity
Lobbyist Appearance form submitted online	e
(If you are testifying on an amendment, please also indic	cate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent W	/aive in Support 📈 Waive in Opposition 🗌 Info only 🗌
Amendment: Proponent Opponent W	/aive 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

Amendment

Proponent

N/A

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 & Hu	man Services Commit	tee	
Presentation/Wo	orkshop Topic: N/A	an 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

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

Bill 🗆 Amendmen	t
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Bill Number: CS/HB 1047 : Department of Health

Amendment: N/A

Name:	Ewer, Brett		
Representin	g: CrossFit, Inc.		
Title:	Government Re	elations Speciali	ist and Lobby ist
Address:	611 Keefer Pl NW		
City:	Washington	State/Zip:	DC
Phone Num	ber: (508) 560-2738	Meeting Date:	February 21, 2018 9:00 AM
Committee/	Subcommittee: Health	& Human Services Commi	ttee
Presentation	n/Workshop Topic: N/A		

Registered Lobbyist

State Employee

☑ I Wish To Speak

Appearing in response to subpoena

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

Appearing at the written request of the chair

□ Judge or elected officer appearing in official capacity

E	Bill
Proponent	
Amer	ndment
N/A	<u></u>



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: Amendment Number:3	>
Name: Aluther Fisher MS, RDN, CEDRS	
Representing: Florida Academy of Nutrition & Dietetic	5
Title: Owner, Nutrition Education & Consulting Services	
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 Amendment 598223	2
Registered Lobbyist: YES NO	
State Employee: YES NO	
I wish to speak	
Appearing in response to an inquiry for information made by member, committee, or staff	
Appearing in response to subpoena Appearing at the written request of the chair	
Judge or elected officer appearing in official capacity	
Lobbyist Appearance form submitted online	

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

Bill:	Proponent	Opponent	Info only
Amendment:	Proponent	Opponent	Info only



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# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill Number: CS/HB 1047 : Department of Health

Amendment: N/A

Blume, Amanda Name: **Representing:** Myself, my family, my volunteer philanthropy orphanage & foster home **Nutritional Therapy Practitioner** Title: 4308 Juanita Way S Address: FL 33705 St. Petersburg State/Zip: City: Phone Number: 727-401-4070 Meeting Date: February 21, 2018 9:00 AM Health & Human Services Committee Committee/Subcommittee: Presentation/Workshop Topic: Allow other holistic practitioners to practice

Registered Lobbyist	Bill
State Employee	Proponent
✓ I Wish To Speak	Amendment
Appearing in response to subpoena	N/A
A second se	

 $\Box$  Appearing in response to an inquiry for information made by member, committee or staff  $\Box$  Appearing at the written request of the chair

 $\Box$  Appearing at the written request of the chain

Judge or elected officer appearing in official capacity



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### **COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD**

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

Bill Amendment

Bill Number: CS/HB 1047 : Department of Health

Amendment: N/A

Name:	Dorman, Megh	an		
Representing:				
Title:	Nutritional The	erapy Practitioner		
Address:	490 28TH AVE	N	······	
City:	St Petersburg	St	ate/Zip:	FL 33704
Phone Number:	7274249482	М	eeting Date:	February 21, 2018 9:00 AM
Committee/Subo	committee:	Health & Human S	ervices Commit	itee
Presentation/Wo	orkshop Topic:	Nutrition recomme	ndations/advice	for the welfare of the public

Registered Lobbyist	Bill
State Employee	Proponent
☑ I Wish To Speak	Amendment
Appearing in response to subpoena	N/A
	1

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









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

**Orlofske**, Chelsie Name: **Representing:** Holisatic-Holistic Nutrition Professionals Title: 1810 NW 23rd Blvd Apt 136 Address: Gainesville Florida 32605 City: State/Zip: Phone Number: 740-526-6044 February 21, 2018 9:00 AM Meeting Date: **Health & Human Services Committee** Committee/Subcommittee: 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



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#### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill Number: CS/HB 1047 : Department of Health

Florida 32223

February 21, 2018 9:00 AM

Amendment: N/A

Name: Zukowsky, Lisa

Representing: Nutritional Therapy Certification, Holistic Health Practitioners

Title: Nutritional Therapy Practitioner

Address: 11951 Laura Rose Ct.

City: Jacksonville

Phone Number: 619-549-6517

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Nutritional Therapy

Registered Lobbyist	Bill
State Employee	Proponent
I Wish To Speak	Amendment
Appearing in response to subpoena	N/A
Annoning in anoning to an impair for information	

State/Zip:

Meeting Date:

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



LORIDA		· · · · ·	1
	Bill	Amendment	
	Bill/PCS/PCB Numbe	r: <u>1047</u>	
	Amendment Number	r:	
Name: Jontae Jackse	n, MS, RD C	$\varphi$	<b>.</b>
Representing: <u>Florida</u>			f Dietetics
Title: <u>Licensed</u> an	/		
Address: (265 510-	Ŭ		
City: Talkhassee		State/Zip:	32305
Phone Number: $50-72$	7-3131	Meeting Date:	421/1P
Committee/Subcommittee:			
Presentation/Workshop Topic:			
Regist	ered Lobbyist: YES	NOT	
State I	Employee: YES	NO (7	
I wish to speak			
Appearing in response to an inc		by member, committee, or st	aff
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	ase also indicate your positio	n as a proponent or opponent or	the bill as a whole.)
Bill: Proponent Oppor	nent 🗌 Waive in Suppor	t 🔄 Waive in Opposition 🖌	Info only
Amendment: Proponent Oppon	ent Waive in Suppor	t Waive in Opposition	Info only



LORIDA MARK		$\langle$
	Bill Amendment	$\bigcirc$
	Bill/PCS/PCB Number: <u>// 2 9</u>	
	Amendment Number:	
Name: JEFF Kor	thank	
Representing: Boys & Gi	thank NIS Clubs	
/		
Address:		
City:		
Phone Number:	Meeting Date:	
Committee/Subcommittee: _/	HEALTH + Human Sources Committee	
Presentation/Workshop Topic:		<u> </u>
Reg	istered Lobbyist: YES NO	
Stat	e 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 sul	opoena	
Appearing at the written req	uest of the chair	
Judge or elected officer appe	earing in official capacity	
Lobbyist Appearance form su	ubmitted online	
(If you are testifying on an amendment,	please also indicate your position as a proponent or opponent on the bi	ill as a whole.)
Bill: Proponent Opp	ponent Waive in Support Waive in Opposition In	fo only
Amendment: Proponent Opp	oonent Waive in Support Waive in Opposition In	fo only 🗌

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AZORIDA			ı 1/
	Bill	Amendment	$\bigvee$
	Bill/PCS/PCB Number: <u>/</u>	4B 1129	
	Amendment Number:	· · ·	
Name: JACK	CORY		1
Representing: Boys 4	' July	Clark	
Title:	$\mathbf{\mathcal{G}}$		
Address: 730 En	ast Pard	And	
City: Telleta	110	State/Zip:	3231
Phone Number: $850-6$	893-00995	Meeting Date:	
		Meeting Date	
Committee/Subcommittee:			
Presentation/Workshop Topic:	· · · · · · · · · · · · · · · · · · ·		
Regist	ered Lobbyist: YES 📊	NO 🗌	
State I	Employee: YES	NO	
$\mathcal{V}$ I wish to speak			
Appearing in response to an inc		member, committee, or sta	aff
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 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		] Waive in Opposition	Info only
Amendment: Proponent Oppon	ent Waive in Support	Waive in Opposition	Info only

Bill Amendment Bill/PCS/PCB Number: 1/2 7
Amendment Number:
Name: Jawer MAbry
Representing:
Title: Mother i Grandmotter
Address: 2866 Bay Heather Circle
City: Coulf Bully State/Zip: 32563
Phone Number: <u>{50-50</u> ] <u>50</u> Meeting Date:
Committee/Subcommittee:
Presentation/Workshop Topic:
Registered Lobbyist: YES NO
State Employee: YES NO
I wish to speak Warde 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:
Amendment Number:
Name: Devid Aristica
Representing: Flaside Naspotel
Title: D. S. Ltos - 6011 Peletions
Address: Soo Nope Way
City: NItamon R Spring S State/Zip: FL
Phone Number: 437/357-2453 Meeting Date: 2/21/18
Committee/Subcommittee: <u>17175</u>
Presentation/Workshop Topic: Nacharian Gitts
Registered Lobbyist: YES NO
State Employee: YES NO
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 N Waive in Opposition Info only
Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only

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*LORIDA .			N
	Bill	Amendment	$\bigvee$
Bill/PC	S/PCB Number: _	1165	
Ameno	dment Number: _	648661	
Name: Ellen N. Anderson	· · · · · · · · · · · · · · · · · · ·		
Representing: COMMUNITY MEALTY	Systems		
Title: Director of Governmen	.,	) [	
Address: 106 E. College Ave.	Suite 650	)	
city: Tallahassee		State/Zip: FL 32	301
Phone Number: <u>850.228.7959</u>		Meeting Date: $\frac{\partial}{\partial J}$	1/2018
Committee/Subcommittee: <u>HHS</u>			
Presentation/Workshop Topic: <u></u>	na Service	5	
Registered Lobb	yist: YES	NO	
* State Employee:	YES		
<ul> <li>I wish to speak</li> <li>Appearing in response to an inquiry for inf</li> <li>Appearing in response to subpoena</li> <li>Appearing at the written request of the ch</li> <li>Judge or elected officer appearing in offici</li> <li>Lobbyist Appearance form submitted online</li> </ul>	air al capacity	member, committee, or staff	
(If you are testifying on an amendment, please also ind	icate your position a	s a proponent or opponent on the	bill as a whole.)
Bill: Proponent Opponent	Vaive in Support	Waive in Opposition	Info only
Amendment: Proponent 🗹 Opponent 🗌 🛝	Vaive in Support	Waive in Opposition	Info only



LORIDA CONTRACTOR			7
	Bill Dec (Dec Number	Amendment	$\bigvee$
	Bill/PCS/PCB Number:	1103	
	Amendment Number:		
Name: Mark Dele	qa/		
Representing: Safety	Vet Hospit	Alliance	
Title: Ceneral Ce	ounsel		
Address: 3/5 5. 0	Calhoon =	#600	
City: <u> </u>		State/Zip: FL	32301
Phone Number: 850 77	4-1000	Meeting Date:	121
Committee/Subcommittee:	Health + Hu	man Service	2
Presentation/Workshop Topic:	Trauma		
Register	ed Lobbyist: YES		
State En	nployee: YES	NO	
_/			
I wish to speak			
Appearing in response to an inqu		y member, committee, or s	taff
Appearing in response to subpoe			
Appearing at the written request			
Judge or elected officer appearing			
Lobbyist Appearance form submi	tted online		
(If you are testifying on an amendment, pleas	e also indicate your position a	as a proponent or opponent o	n the bill as a whole.)
Bill: Proponent Opponen	nt 🔲 Waive in Support [	Waive in Opposition	Info only
Amendment: Proponent 🖌 Opponer	nt 🔄 Waive in Support [	Waive in Opposition	Info only



CORIDA DEST			• /
	віll 🔽	Amendment	
i			Ŭ
	Bill/PCS/PCB Number: _	1162	
	Amendment Number: _		
Name: Dr Kaith	Mayer		
Representing: Children's	Critical Care Sp	ecidists	
Title: Medical Di	ical.		
Address: 3100 SW (	ernd Ave		
City: Miami		State/Zip:	33155
Phone Number: <u>305</u> 72	05365	Meeting Date:	
Committee/Subcommittee:			
Presentation/Workshop Topic:			
Regist	ered Lobbyist: YES	NO 🔀	
State I	Employee: YES		
I wish to speak			
Appearing in response to an ind	quiry for information made by	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	ing in official capacity		
Lobbyist Appearance form subr	nitted online		
(If you are testifying on an amendment, ple	ase also indicate your position a	s a proponent or opponent on	the bill as a whole.)
Bill: Proponent Oppor	ent 🕢 Waive in Support [	Waive in Opposition	Info only
Amendment: Proponent Oppor	ent Waive in Support	Waive in Opposition	Info only



CORIDE	Bill 🔀 Bill/PCS/PCB Number: _ Amendment Number: _		
Name: Cristing Ma	artifica		
Representing: MUSER	÷.		
Address: 10900 5W	129 57		
city: Mami		State/Zip: <u>FL</u> 3	3174
Phone Number: <u>305 90</u>	n 4412	Meeting Date:	
		NO X	
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	quiry for information made by bena st of the chair ing in official capacity	member, committee, or sta	aff
(If you are testifying on an amendment, ple	ase also indicate your position a	s a proponent or opponent on	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



PLORIDA MAR		/		٦ ,
		Bill	Amendment	l \
	Bill/PC	5/PCB Number: _	1165	
	Amend	ment Number: _	WAR BLOGA	
Name: Tom	Panza			
Representing:	ckson Memor	ial Hospita	1 - Ryder Traum	na Center
Title:			•	
Address: <u>201</u>	East Park Au	enue, Suite	· 200	۵.
		·	State/Zip:Fし	3230]
Phone Number:	350) 681. 0980		Meeting Date: 2-2	11-18
Committee/Subcom	mittee: <u>Hea</u>	1th \$ Hym	an Services	<u></u>
Presentation/Works	hop Topic:	uma Care		
	Registered Lobby	vist: YES		
	State Employee:	YES	NO 🗌	
_/				
I wish to speak				
		ormation made by	member, committee, or st	aff
	onse to subpoena			
	written request of the cha			
	officer appearing in officia			
Lobbyist Appeara	nce form submitted onlin	e		
(If you are testifying on an a	mendment, please also indi	cate your position as	a proponent or opponent on	the bill as a whole.)
Bill: Proponer	nt 💋 Opponent 🔲 🛛 🛛	/aive in Support	Waive in Opposition	Info only
Amendment: Proponer	t Opponent W	/aive in Support	Waive in Opposition	Info only



LORIDA MARCA	
	Bill Amendment
	Bill/PCS/PCB Number: CS/HB 165
	Amendment Number:
Name: Steve Eco	enia
Representing: HCA	
Title: Oftorney	
Address: P.O. Box 54	
city: Tallahassee	State/Zip: FI 32302
Phone Number: <u>850~50</u>	
	-leafth and Human Services
Presentation/Workshop Topic: _	
Regist	tered Lobbyist: YES 🗹 NO 🗌
State	Employee: YES NO
<ul> <li>I wish to speak</li> <li>Appearing in response to an in</li> <li>Appearing in response to subp</li> <li>Appearing at the written reque</li> <li>Judge or elected officer appear</li> <li>Lobbyist Appearance form sub</li> </ul>	est of the chair ring in official capacity
(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 🗹 Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent 📈 Oppor	nent Waive in Support Waive in Opposition Info only



LORIDA MAR	· · · · · · · · · · · · · · · · · · ·		
	Bill 🗸	Amendment	V
	Bill/PCS/PCB Number: 🥧	5/ NB 1165	
	Amendment Number:		
Name: Mark M	cKenney		
Representing: <u>hc A</u>	/		
Title: Medical Di	ectir of Trau	ma	
Address: 6575 A11150	on Rd		
City: Miami Beac	Ъ	State/Zip: FL 33.	14]
Phone Number: 786 417	4080	Meeting Date: $\frac{2/21}{1}$	8
Committee/Subcommittee:/	lealth & Human	Services	
Presentation/Workshop Topic:			
Regist	ered Lobbyist: YES	۰ v	
State I	Employee: YES 🗹 N	o 🗌	
I wish to speak	quiry for information made by m	ember 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 subr	nitted online		
(If you are testifying on an amendment, ple	ease also indicate your position as a	proponent or opponent on the bi	ill as a whole.)
Bill: Proponent Oppon	nent Waive in Support	Waive in Opposition In	fo only 📃
Amendment: Proponent Oppon	ent Waive in Support	Waive in Opposition In	fo only



PLORID.	
Bill	Bill Amendment
Am	endment Number: 64800
Name: APRIL ANDRE	EWS SINGH
	Childreis Hospita/
Title: SR. NP/G	ENERAL Counsel
Address: 3100 5	W 62th Ave
City: Micemi	State/Zip: FL 33155
Phone Number:	
Committee/Subcommittee: l	House HHS
Presentation/Workshop Topic:	TRAUMA
Registered Lo	bbyist: YES NO
State Employ	ee: YES NO
$\gamma$ I wish to speak	<b>~</b> -
	information made by member, committee, or staff
Appearing in response to subpoena	
Appearing at the written request of the	e chair
Judge or elected officer appearing in of	ficial capacity
Lobbyist Appearance form submitted c	nline
(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



52011707

Missin

Bill

Amendment

Waive In Support



# **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/CS/HB 1435 : Child Welfare

Amendment: N/A

Name:	Bishop, Barney			
Representing:	Florida Smart J	Justice Alliance		
Title:	CEO			•
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/Subo	committee:	Health & Huma	n Services Commit	tee
Presentation/Wo	orkshop Topic:	Social Services		

- Registered Lobbyist
- □ State Employee
- ☑ I Wish To Speak
- 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



*LORIDA	
	Bill Amendment Bill/PCS/PCB Number: <u>1435CZ</u>
	Amendment Number:
Name: VICTORIA Representing: FL Coa Title: <u>Chief Pol</u> Address: <u>411 E.C</u> City: <u>TLH</u> Phone Number: <u>SSD: 561</u> Committee/Subcommittee:	icy & Research Officer Ollege State/Zip: FL 3230/
Presentation/Workshop Topic:	Child Welfine
Regist	tered Lobbyist: YES NO
I wish to speak	est of the chair ring in official capacity
	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only



LORIDA	Bill Amendment Bill/PCS/PCB Number: HB 1435
Address:	State/Zip:
Phone Number: <u>561 8019415</u> Committee/Subcommittee: <u>Health &amp; Human Services</u> Presentation/Workshop Topic:	
Regist	ered Lobbyist: YES NO
<ul> <li>I wish to speak on general Child Welfare System</li> <li>Appearing in response to an inquiry for information made by member, committee, or staff</li> <li>Appearing in response to subpoena</li> <li>Appearing at the written request of the chair</li> <li>Judge or elected officer appearing in official capacity</li> <li>Lobbyist Appearance form submitted online</li> </ul>	
If you are testifying on an amendment, ple Bill: Proponent Oppor Amendment: Proponent Oppor	