

# **Health & Human Services Committee**

Tuesday, February 27, 2018 1:30 PM – 2:30 PM Morris Hall (17 HOB)

**Action Packet** 

# **Health & Human Services Committee**

2/27/2018 1:30PM

Location: Morris Hall (17 HOB)

**Summary:** 

**Health & Human Services Committee** 

Tuesday February 27, 2018 01:30 pm

CS/HB 579 Favorable With Committee Substitute

Yeas: 17 Nays: 1

Amendment 659057 Adopted Without Objection

PCB HHS 18-03 Favorable

Yeas: 19 Nays: 0

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

2/27/2018 1:30PM

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	X		
Tracie Davis	X		
Bobby DuBose	X		
James Grant	X		
Michael Grant	X		
Roy Hardemon	X		
Gayle Harrell	X		
MaryLynn Magar	X		
Ralph Massullo, MD	X		
Cary Pigman	X		
David Santiago	X		
David Silvers	X		
Cyndi Stevenson			Х
Frank White	X		
Patricia Williams	X		
Clay Yarborough	X		
Totals:	19	0	1

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

2/27/2018 1:30PM

Location: Morris Hall (17 HOB)

CS/HB 579: Infectious Disease Elimination Pilot Programs

X Favorable With Committee Substitute

2000	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown			X	·	
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant		X			
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	· X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson			X		
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
	Total Yeas: 17	Total Nays: 1			

#### **CS/HB 579 Amendments**

#### Amendment 659057

X Adopted Without Objection

### **Appearances:**

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

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

Phone: (850) 244-6496

# **Health & Human Services Committee**

2/27/2018 1:30PM

Location: Morris Hall (17 HOB)

CS/HB 579: Infectious Disease Elimination Pilot Programs (continued)

Appearances: (continued)

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

Rajner, Michael (General Public) - Waive In Support Individual PO Box 2133 Fort Lauderdale FL 33303 Phone: (954) 566-0144

Lyon, Aimee Diaz (Lobbyist) - Waive In Support The Aids Institute 119 South Monroe Street, Ste 200 Tallahassee Florida 32301 Phone: (850) 205-9000

DeLaRosa, Rebecca (Lobbyist) - Waive In Support Palm Beach County Legislative Delegation Aide 301 N Olive Ave, Ste 1101 West Palm Beach FL 33401 Phone: (561) 355-3452

Henderson, Jasmyne (Lobbyist) - Waive In Support Broward County Attorney 1028 E Park Ave Tallahassee FL 32301 Phone: (850) 216-1002

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

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comm	M	Place: 175 Time: 1 3 bcommittee Action:		<del>1 /-1</del>	Bill Number Bill N	eived:	rfects	Reconsid	•	<u> </u>
		le w/Committee/Subo		ubstitute	e 🗍	Tem		Postpon	ed	
On	Vote Bill	MEMBERS	8trike 6590							
Yea	Nay	Domeson	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Berman Brodeur	11:0	1/		1				
- 12		Brown	1. Chr.	4-1					<u> </u>	
		Burton	16/ 3/	7.4						
سرا		Davis	17.03	7						
1		DuBose	1	1						
		Grant, J.								
		Grant, M.								<del>                                     </del>
1	<u>-</u>	Hardemon								
1		Harrell		+						
i		Magar								
1		Massullo		<del> </del>						<u> </u>
·/		Pigman								
المسمئة		Santiago								
أسمرا		Silvers								
		Stevenson								
سسسف		White								
		Williams								
j.	ز	Yarborough								
,		Cummings, Chair								
									<u>-</u>	
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

# **Health & Human Services Committee**

2/27/2018 1:30PM

Location: Morris Hall (17 HOB)

PCB HHS 18-03: Ratification of an Agency for Health Care Administration Rule

X Favorable

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

#### **Appearances:**

Reed, Emmett (Lobbyist) - Waive In Support Florida Health Care Association Executive Director 307 W Park Ave Tallahassee FL 32301 Phone: (850) 224-3907

Bauer, Ciff (Lobbyist) - Waive In Support Miami Jewish Health Vice President 5200 NE 2nd Ave Miami FL 33137

Phone: (954) 465-7431

Langston, Susan (Lobbyist) - Waive In Support LeadingAge Florida VP of Advocacy 1812 Riggins Rd Tallahassee FL 32309 Phone: (850) 671-3700

# **Health & Human Services Committee**

2/27/2018 1:30PM

Location: Morris Hall (17 HOB)

PCB HHS 18-03: Ratification of an Agency for Health Care Administration Rule (continued)

**Appearances: (continued)** 

Senior, Justin (Lobbyist) (State Employee) - Proponent Agency for Health Care Administration Secretary 2727 Mahan Dr Tallahassee FL 32308

Phone: (850) 412-3612

Ratification of an Agency for Health Care Administration Rule Barker, Dorene (Lobbyist) - Waive In Support AARP Associate State Director 200 W. College Ave

Tallahassee FL 32301 Phone: (850) 228-6387

# House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Comm	M ittee/Sul Favorab Favorab Other A	le w/ aı le w/Committee/Su	rices  17 18  130 pm  1:  mendments	Subject: Not the Tong of the Subject				gen(t)		
Final On		MEMBERS							<u> </u>	
Yea	Nay	MEMIDERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
1 ca	Tiay	Berman	1 645	rays	1 cas	rays	1 043	inays	1 cas	rays
1/		Brodeur							<del></del>	
1/		Brown						_		
1		Burton				<u> </u>				
		Davis								
1		DuBose								
أسسما		Grant, J.								
L		Grant, M.								
اسما		Hardemon								
أسسا	and the same	Harrell								
		Magar								
1		Massullo								
نسنا		Pigman								
		Santiago								
1		Silvers								
/ ~ TT NO. (************************************		Stevenson								
1		White						:		
<u>l</u>	r 	Williams								
1		Yarborough								
V		Cummings, Chair								

Nays

Nays

TOTALS

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas

Yeas



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

Assistant at the in	eeting.	
	Bill X Amendment Bill/PCS/PCB Number: 579  Amendment Number:	
Name: Stephen Wini	n	
Representing: Florida	Osteopathic Medical Association	
Title: Exec. Director	·	
Address: 2544 Blair	rstone Pines Dr	
city: Tallahassee	State/Zip: FL 323	301
Phone Number: 878 - 30	056 Meeting Date: 2/27	118
Committee/Subcommittee:	HHS	
Presentation/Workshop Topic:	10EA/Nudle Exchange	
Regist	tered Lobbyist: YES X NO	
State I	Employee: YES NO X	
I wish to speak  Appearing in response to an inc  Appearing in response to subpo  Appearing at the written reque  Judge or elected officer appear  Lobbyist Appearance form subr	est of the chair ring in official capacity	
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 X Waive in Opposition Info	only
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info	only





	,		
	Bill	Amendment	·
	Bill/PCS/PCB Number: _	579	
	Amendment Number: _		
Name: Mary Thor	nas		···
Representing: Florida		ation	
Title: <u>Assistant</u>	Grenoral Cour	sel	
Address: 1430 P11	edmont Or E		
City: TIH		State/Zip: FU	32308
Phone Number: <u>\$50</u> 22	4 6496		
Committee/Subcommittee:	1 -		
Presentation/Workshop Topic:			
Regist	ered Lobbyist: YES	NO 🗍	
	Employee: YES	NO 🔃	
	<u> </u>	تعت	
I wish to speak			
Appearing in response to an in		member, committee, or st	aff
Appearing in response to subp			
Appearing at the written reque			
Judge or elected officer appear	-		
Lobbyist Appearance form sub	mitted online		
If you are testifying on an amendment, ple	ease also indicate your position a	s 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



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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
		Elimination Pi	CS/HB 579 : Infectious Disease lot Programs
		Amendment:	N/A
Name:	Bishop, Barney		
Representing:	Florida Smart Justice Allia	nce	
Title:			
Address:	204 S Monroe St, Ste 201		
City:	Tallahassee	State/Zip:	FL
Phone Number:	one Number: (850) 907-3436 Meeting Date: February 27, 2018 1:30		
Committee/Sub	committee: Health & I	Human Services Committ	ree
Presentation/Wo	orkshop Topic: Controlled	Substances	
☑ Registered Le	obbyist		Bill
State Employee Waive In Support			
✓ I Wish To Speak Amendment			
Appearing in response to subpoena  N/A			
		•	member, committee or staff
_ ^ *	the written request of the		
	ted officer appearing in o		
Lobbyist App	pearance Form Submitted		



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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.

		V	Bill Amendment
		Bill Number Elimination P	: CS/HB 579 : Infectious Disease ilot Programs
		Amendment	: N/A
Name:	Rajner, Michael		
Representing:	Individual		
Title:			
Address:	PO Box 2133		
City:	Fort Lauderdale	State/Zip:	FL 33303
Phone Number:	9545660144	Meeting Date:	February 27, 2018 1:30 PM
Committee/Sub	committee: Health & H	Iuman Services Commit	tee
Presentation/Wo	orkshop Topic: N/A		
Registered L	obbyist		Bill
☐ State Employee			Proponent
☑ I Wish To Sp			Amendment
_ `` `	response to subpoena		N/A
			member, committee or staff
	the written request of the		
	eted officer appearing in of	tricial capacity	
Lobbyist App ل	pearance Form Submitted		



Assistant at the meeting.
Bill Amendment Bill/PCS/PCB Number:  Amendment Number:
Name: Himee Diaz Lyon
Representing: The AIDS Institute
Title:
Address: 119 South Monroe Street, Suite 200
city: <u>tallahassee</u> State/Zip: <u>FC 32301</u>
Phone Number: 850 - 205 - 9000 Meeting Date: 2/27
Committee/Subcommittee: Health - Homan Services
Presentation/Workshop Topic: Infectious Disease Elimination Pilot
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 in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent Waive in Support Waive in Opposition Info only
Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only



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

Assistant at the meeting.
Bill Amendment Bill/PCS/PCB Number: 5-19
Amendment Number:
Name: Ribuca Dilalisa
Representing: <u>Palm Beach Wunty</u>
Title: Legislative Dugation Aide
Address: 30 N. DIVC AVENUE, Suitello)
city: NUA Palm Beach State/Zip: Florida, 33410)
Phone Number: (501) 355-3452 Meeting Date: 02 27 19
Committee/Subcommittee: Heath and Human Survius 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



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: 5-19  Amendment Number:
Name: Jasmynctlenderson
Representing: Broward County
Title: Atomu
Address: 1029 Fur Park Ayunul
City: Tallahassu, State/Zip: Florida, 32301
Phone Number: (850) 216-1002 Meeting Date: 02/27/197
Committee/Subcommittee: Hathan Human Sunius Committee.
Presentation/Workshop Topic:
Registered Lobbyist: YES NO 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	
	Bill X Amendment
	Bill/PCS/PCB Number: 579
	Amendment Number:
Name: Gree Pound	
	ilies ne Gmailicour
Title: Pairent.	
Address: 9/66 SUM	se De,
City: <u>Largo</u>	State/Zip: <i>Fl。 3</i> 3773
Phone Number:	Meeting Date: 2/21/18
Committee/Subcommittee:	
Presentation/Workshop Topic: _	
Regist	tered Lobbyist: YES NO 🔀
State	Employee: YES NO 🔀
X I wish to speak	
	nquiry for information made by member, committee, or staff
Appearing in response to subp	poena
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
Amendment: Proponent Oppo	onent Waive in Support Waive in Opposition Info only



CORIDA		\
	Bill Amendment \	1
	Bill/PCS/PCB Number: HHS 18-03	J
	Amendment Number:	
Name: Emett	2ee J	
Representing:	Ja Health Care Association	
Title: Exacu	tuè Direction	
Address: 307 W	Park Are	
City: Tolk	State/Zip: FL 32301	
Phone Number: 550 2	224-3907 Meeting Date: '2 27/18	
Committee/Subcommittee:	1+1+5	
Presentation/Workshop Topic:		•
Regist	tered Lobbyist: YES NO	
State	Employee: YES NO	
I wish to speak  Appearing in response to an incessor of the subposition of the second	est of the chair ring in official capacity	
	ease also indicate your position as a proponent or opponent on the bill as a whole.)	ł
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only	
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only	



P. OBIDA		$\mathcal{N}_{\ell}$
	Bill Amendment Bill/PCS/PCB Number: HHS 1803	5
	Amendment Number:	
Name: CLF BAU	rez	
Representing:MAM_	1 Javish Hath	_
Title:		
Address: 5200 NE	= 7 nd Acp	_
City: Many	State/Zip: 33(3)	
Phone Number: 954-	- 465-7431 Meeting Date: 2/27	_
Committee/Subcommittee:	· HHS	_
Presentation/Workshop Topic:		_
Regist	ered Lobbyist: YES NO	
. State E	Employee: YES NO	
Appearing in response to subpose Appearing at the written reque  Judge or elected officer appear	est of the chair ring in official capacity	
Lobbyist Appearance form subr	•	۰,۱
<u></u>	ease also indicate your position as a proponent or opponent on the bill as a whole nent Waive in Support Waive in Opposition Info only	]
Amendment: Proponent Oppon	nent Waive in Support Waive in Opposition Info only	]



	Please fill out the <u>entire</u> form and submit <u>both</u> copies to the Committee Administrative Assistant at the meeting.		
PORIDA	Bill Amendment Bill/PCS/PCB Number: 3	3	
Name: Susan Lan	gston		
Representing: Leading Ago	Florida		
Title: VP of Advo	cacy		
Address: 1812 Riggin	s Pd	_	

Title:	of Holyocac	<del>\</del>	
Address:	712 Riggins	Pd	
City:	allahusse		State/Zip: FC 3J309
Phone Numb	per: 850/601 -	3700	Meeting Date: 2/27/18
Committee/	Subcommittee: ++	IS	· · · · · · · · · · · · · · · · · · ·
Presentation	/Workshop Topic:	tification of	AHCA RNCC
	Registered	Lobbyist: YES 🔲 🔠	NO [
	State Emplo	oyee: YES  I	NO NO
Appearir Appearir Judge or	•	the chair official capacity	nember, committee, or staff
(If you are testifyir	ng on an amendment, please al	so 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



ORIU			
	Bill $oldsymbol{\chi}$ Am	endment	
	Bill/PCS/PCB Number: HHS	3	v
	Amendment Number:		
Name: JUSHN Senit	)(		
Representing: Agency fo			
Title: <u>Secretory</u>			
Address: 8727 Maha	_		
City: Tallahassee	Sta	te/Zip: <u>PL13a3C</u>	×
Phone Number: 450-412-	Me	eeting Date: 813711	8
Committee/Subcommittee:	tealth & Human Sea	vies	
Presentation/Workshop Topic: _			
Regist	ered Lobbyist: YES 🔀 💮 NO 🛭		
State	Employee: YES X NO		
<b>□</b>			
I wish to speak  Appearing in response to an inc	quiry for information made by memb	er committee or staff	
Appearing in response to subpo		er, committee, or stan	
Appearing at the written reque			
Judge or elected officer appear	ing in official capacity		
Lobbyist Appearance form sub-	nitted online		
If you are testifying on an amendment, ple	ease also indicate your position as a prop	onent or opponent on the b	oill as a whole.)
Bill: Proponent \( \sum \) Oppor	nent Waive in Support Wa	aive in Opposition Ir	nfo only
Amendment: Proponent Oppor	nent Waive in Support Wa	aive in Opposition Ir	nfo only



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TORIDA		1 1
	Bill Amendment	
	Bill/PCS/PCB Number: H1+5-18-03	
	Amendment Number:	
Name: Dorene Barl	ker	_
Representing: <u>AARP F</u>	Inida	_
Title: ASSOCIAL Styl	i Director	_
Address: <u>200 W. Ca</u>	llige De, Suite 304	_
city: Jallahosse	State/Zip: F7 3230 /	_
Phone Number: <u>850 - 33</u>	8 - 6387 Meeting Date: 2/27/18	_
Committee/Subcommittee:	tealth & Human Sevis Committee	-
	Latification of ACHA Rule	_
Regist	tered Lobbyist: YES NO	
State	Employee: YES NO NO	
I wish to speak		
	nquiry for information made by member, committee, or staff	
Appearing in response to subp		
Appearing at the written reque		
Judge or elected officer appear		
Lobbyist Appearance form sub		
If you are testifying on an amendment, plo	lease also indicate your position as a proponent or opponent on the bill as a whole	e.)
Bill: Proponent Oppo	onent Waive in Support Waive in Opposition Info only	
Amendment: Proponent Oppor	onent Waive in Support Waive in Opposition Info only	]
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