



Health & Human Services Committee

Wednesday, February 7, 2018
10:30 AM – 12:00 PM
Morris Hall (17 HOB)

Action Packet

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

Summary:

Health & Human Services Committee

Wednesday February 07, 2018 10:30 am

HB 573	Favorable	Yeas: 19	Nays: 0
CS/HB 735	Favorable With Committee Substitute Amendment 874899 Adopted Without Objection	Yeas: 20	Nays: 0
CS/HB 947	Favorable With Committee Substitute Amendment 283825 Adopted Without Objection	Yeas: 20	Nays: 0
HB 1187	Favorable With Committee Substitute Amendment 536267 Adopted Without Objection Amendment 432333 Adopted Without Objection	Yeas: 20	Nays: 0
CS/HB 1239	Favorable	Yeas: 19	Nays: 0
CS/HB 1337	Favorable With Committee Substitute Amendment 549703 Adopted Without Objection	Yeas: 20	Nays: 0

Committee meeting was reported out: Wednesday, February 07, 2018 12:54PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

Attendance:

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

Committee meeting was reported out: Wednesday, February 07, 2018 12:54PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

HB 573 : Involuntary Examinations Under the Baker Act

Favorable

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

Appearances:

Carvajal, Allison (Lobbyist) - Waive In Support
 Florida Nurse Practitioner Network
 Consultant
 120 S Monroe St
 Tallahassee FL 32301
 Phone: (850) 727-7087

Lyon, Chris (Lobbyist) - Waive In Support
 FI Association of Nurse Anesthetists
 Legislative Counsel
 315 S. Calhoun St., Suite 830
 Tallahassee FI 32301
 Phone: (850) 222-5702

Love, Jessica (Lobbyist) - Waive In Support
 Florida Nurses Association
 301 S Bronough St
 Tallahassee FL 32301
 Phone: (850) 577-9090

Committee meeting was reported out: **Wednesday, February 07, 2018 12:54PM**

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

HB 573 : Involuntary Examinations Under the Baker Act (continued)

Appearances: (continued)

Floyd, Chris (Lobbyist) - Waive In Support
Florida Association of Nurse Practitioners
Consultant
101 E College Ave, Ste 302
Tallahassee FL 32301
Phone: (813) 624-5117

Messer, Shane (Lobbyist) - Waive In Support
Florida Council for Behavioral Healthcare
Legislative Affairs Director
316 E Park Ave
Tallahassee FL 32301
Phone: (850) 224-6048

Steward, Dawn (General Public) - Waive In Support
Florida PTA
2130 Blossom Lane
Winter Park FL 32789
Phone: (407) 645-0273

Committee meeting was reported out: Wednesday, February 07, 2018 12:54PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

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

Bill Number: HB 593

Meeting Date: 2/7/18

Date Received: _____

Place: Medical Hold

Date Reported: _____

Time: 10:30 AM

Subject: Presbyterian Examinations Under the Baker Act

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Berman								
✓		Brodeur								
✓		Brown								
✓		Burton								
✓		Davis								
✓		DuBose								
✓		Grant, J.								
✓		Grant, M.								
✓		Hardemon								
✓		Harrell								
✓		Magar								
✓		Massullo								
✓		Pigman								
✓		Santiago								
✓		Silvers								
✓		Stevenson								
✓		White								
✓		Williams								
✓		Yarborough								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

CS/HB 735 : Mammography

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 20		Total Nays: 0			

CS/HB 735 Amendments

Amendment 874899

Adopted Without Objection

Committee meeting was reported out: Wednesday, February 07, 2018 12:54PM

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

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

Bill Number: CS/HB 735

Meeting Date: 2/7/18

Date Received: _____

Place: Moore Hall

Date Reported: _____

Time: 10:30 AM

Subject: Mammography

Committee/Subcommittee Action:

- | | |
|---|---|
| <input type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input checked="" type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS	Amend 894899							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant, M.								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stevenson								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
20	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

CS/HB 947 : Behavioral Health of Minors

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 20		Total Nays: 0			

CS/HB 947 Amendments

Amendment 283825

Adopted Without Objection

Appearances:

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

Amendment 283825
 Wiggins, Kristina (Lobbyist) - Waive In Support
 Florida Public Defender Association
 Executive Director
 103 N Gadsden St
 Tallahassee FL 32301
 Phone: (850) 488-6850

Committee meeting was reported out: Wednesday, February 07, 2018 12:54PM

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

CS/HB 947 : Behavioral Health of Minors (continued)

Appearances: (continued)

Bishop, Barney (Lobbyist) - Waive In Support

Florida Smart Justice Alliance

CEO

204 S Monroe St, Ste 201

Tallahassee FL 32301

Phone: (850) 907-3436

Amendment 283825

Messer, Shane (Lobbyist) - Waive In Support

Florida Council for Behavioral Healthcare

Legislative Affairs Director

316 E Park Ave

Tallahassee FL 32301

Phone: (850) 224-6048

Steward, Dawn (General Public) - Waive In Support

Florida PTA

2130 Blossom Lane

Winter Park FL 32789

Phone: (407) 645-0273

Committee meeting was reported out: Wednesday, February 07, 2018 12:54PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health & Human Services

Bill Number: CS/HB 949

Meeting Date: 2/7/18
Place: Moore Hall
Time: 10:30 am

Date Received: _____
Date Reported: _____
Subject: Behavioral Health
if more

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	283825							
			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Berman								
✓		Brodeur								
✓		Brown								
✓		Burton								
✓		Davis								
✓		DuBose								
✓		Grant, J.								
✓		Grant, M.								
✓		Hardemon								
✓		Harrell								
✓		Magar								
✓		Massullo								
✓		Pigman								
✓		Santiago								
✓		Silvers								
✓		Stevenson								
✓		White								
✓		Williams								
✓		Yarborough								
✓		Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
20	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

HB 1187 : Guardianship

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 20		Total Nays: 0			

HB 1187 Amendments

Amendment 536267

Adopted Without Objection

Amendment 432333

Adopted Without Objection

Appearances:

Amendment 536267
 Jogerst, Brian (Lobbyist) - Waive In Support
 Academy of Florida Elder Law Attorneys & Elder Law Section/Florida Bar
 PO Box 11094
 Tallahassee FL 32302
 Phone: (850) 222-0191

Committee meeting was reported out: Wednesday, February 07, 2018 12:54PM

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

HB 1187 : Guardianship (continued)

Appearances: (continued)

Amendment 536267

Edenfield, Martha (Lobbyist) - Waive In Support

The Real Property, Probate and Trust Law Section of the Florida Bar
215 S Monroe St, #815
Tallahassee FL 32301
Phone: (850) 999-4100

Amendment 536267

Miller, Shannon (General Public) - Waive In Support

Academy of Florida Elder Law Attorneys & Elder Law Section/Florida Bar
6224 NW 43rd Street, Ste B
Gainesville FL 32653
Phone: (352) 379-1900

Miller, Shannon (General Public) - Waive In Support

Academy of Elder Law Attorneys & Elder Law Section/Florida Bar
6224 NW 43rd St, Ste B
Gainesville Florida 32653
Phone: (352) 379-1900

Baggett, Fred (Lobbyist) - Waive In Support

Florida Clerk of Court
101 E College Ave
Tallahassee FL 32301
Phone: (850) 591-0915

Committee meeting was reported out: Wednesday, February 07, 2018 12:54PM

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

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

Bill Number: HB 1189

Meeting Date: 2/9/18

Date Received: _____

Place: Morris Hall

Date Reported: _____

Time: 10:30 AM

Subject: Guardianship

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS	<u>Amend 536267</u>		<u>Amend 432333</u>					
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, M.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stevenson								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
20	0									



Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

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

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

3 Representative Brodeur offered the following:

4

5 **Amendment**

6 Remove lines 47-51 and insert:

7 with the Office of Public and Professional Guardians to evaluate
 8 the public guardianship system, to assess the need for
 9 additional public guardianship, or to develop required reports,
 10 shall be provided to the Office of Public and Professional
 11 Guardians or its designee upon that office's request. Any

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

CS/HB 1239 : South Lake County Hospital District, Lake County

Favorable

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

Committee meeting was reported out: Wednesday, February 07, 2018 12:54PM

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

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

Bill Number: CS/HB 1239

Meeting Date: 2/7/18

Date Received: _____

Place: Madison Hall

Date Reported: _____

Time: 10:30 AM

Subject: South Lake County Hospital District, Lake County

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____
- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, M.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stevenson								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
19	0									

COMMITTEE MEETING REPORT
Health & Human Services Committee

2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

CS/HB 1337 : Nursing

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Lori Berman	X				
Jason Brodeur	X				
Kamia Brown	X				
Colleen Burton	X				
Tracie Davis	X				
Bobby DuBose	X				
James Grant	X				
Michael Grant	X				
Roy Hardemon	X				
Gayle Harrell	X				
MaryLynn Magar	X				
Ralph Massullo, MD	X				
Cary Pigman	X				
David Santiago	X				
David Silvers	X				
Cyndi Stevenson	X				
Frank White	X				
Patricia Williams	X				
Clay Yarborough	X				
W. Travis Cummings (Chair)	X				
Total Yeas: 20		Total Nays: 0			

CS/HB 1337 Amendments

Amendment 549703

Adopted Without Objection

Appearances:

Lyon, Chris (Lobbyist) - Waive In Support
 FL Association of Nurse Anesthetists
 Legislative Counsel
 315 S. Calhoun St., Suite 830
 Tallahassee FL 32301
 Phone: (850) 222-5702

Love, Jessica (Lobbyist) - Waive In Support
 Florida Nurses Association
 301 S Bronough St, Ste 600
 Tallahassee FL 32301
 Phone: (850) 577-9090

Committee meeting was reported out: **Wednesday, February 07, 2018 12:54PM**

COMMITTEE MEETING REPORT
Health & Human Services Committee
2/7/2018 10:30AM

Location: Morris Hall (17 HOB)

CS/HB 1337 : Nursing (continued)

Appearances: (continued)

Floyd, Chris (Lobbyist) - Waive In Support
Florida Association of Nurse Practitioners
Consultant
101 E College Ave, Ste 302
Tallahassee FL 32301
Phone: (813) 624-5117

Reilly, Andrea (Lobbyist) - Waive In Support
National Council of State Boards of Nursing
Consultant
311 E Park Ave
Tallahassee FL 32301
Phone: (850) 224-5081

Rasmussen, Richard (Lobbyist) - Waive In Support
Florida Hospital Association
Vice President
306 E College Ave
Tallahassee FL 32301
Phone: (850) 222-9800

Carvajal, Allison (Lobbyist) - Waive In Support
Florida Nurse Practitioner Network
Consultant
120 N Monroe St
Tallahassee FL 32301
Phone: (850) 727-7087

Diaz, Jose (Lobbyist) - Waive In Support
Florida College of Nurse Midwives
108 E Jefferson St
Tallahassee FL 32301
Phone: (850) 681-0254

Committee meeting was reported out: Wednesday, February 07, 2018 12:54PM

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

Committee/Subcommittee: Health & Human Services
 Meeting Date: 2/5/18
 Place: Misses Hall
 Time: 10:30 AM

Bill Number: CS/HB 1337
 Date Received: _____
 Date Reported: _____
 Subject: Amend

Committee/Subcommittee Action:

- | | |
|---|---|
| <input type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input checked="" type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS	549703							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Berman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brodeur								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Brown								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Burton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Davis								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DuBose								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, J.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant, M.								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrell								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Santiago								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Stevenson								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Williams								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cummings, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
20	0									



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	513		
Amendment Number:	_____		

Name: Allison CARVAJAL

Representing: Florida Nurse Practitioner Network

Title: Consultant

Address: 120 N MONROE ST.

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 727-7087 Meeting Date: 2-7-18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: BAKER ACT

Registered Lobbyist: YES NO

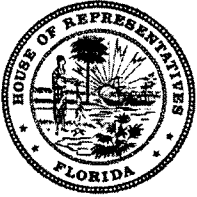
State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	<u>573</u>		
Amendment Number:	_____		

Name: Chris Floyd

Representing: FL Assoc. of Nurse Practitioners

Title: Consultant

Address: 101 E. College Ave., Ste 302

City: Tallahassee State/Zip: FL 32301

Phone Number: 913-624-5117 Meeting Date: 2/7/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Involuntary Exam Under the Baker Act

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



55399691

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 573 : Involuntary Examinations Under the Baker Act Amendment: N/A

Name: **Love, Jessica**

Representing: **Florida Nurses Association**

Title:

Address: **301 S Bronough St, 301 S Bronough St Ste 600**

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

Phone Number: **(850) 577-9090** Meeting Date: **February 07, 2018 10:30 AM**

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		573	
Amendment Number:		_____	

Name: Chris Lyon

Representing: Florida Association of Nurse Anesthetists

Title: Legislative Counsel

Address: 315 S. Calhoun St., Ste. 830

City: Tallahassee State/Zip: FL 32301

Phone Number: 850/222-5702 Meeting Date: 2/7/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



91521186

WLS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 573 : Involuntary Examinations Under the Baker Act Amendment: N/A
--

Name: **Messer, Shane**

Representing: **Florida Council for Behavioral Healthcare**

Title: **Legislative Affairs Director**

Address: **316 E Park Ave**

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

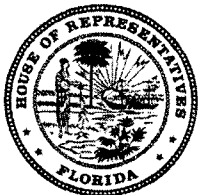
Phone Number: **(850) 224-6048** Meeting Date: **February 07, 2018 10:30 AM**

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	573		
Amendment Number:	_____		

Name: DAWN STEWARD

Representing: FLORIDA PTA

Title: _____

Address: 2130 Blossom Lane

City: WINTER PARK State/Zip: 32789

Phone Number: 407-645-0223 Meeting Date: 2-9-18

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



80323886

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 947 : Behavioral Health of Minors Amendment: N/A

Name: **Bishop, Barney**

Representing: **Florida Smart Justice Alliance**

Title: **CEO**

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

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

Phone Number: **(850) 907-3436** Meeting Date: **February 07, 2018 10:30 AM**

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

Presentation/Workshop Topic: **Social Services**

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	947		
Amendment Number:	_____		

Name: Jill Gran

Representing: Florida Behavioral Health Association

Title: SP/Chief Director

Address: 2868 Mahan Dr

City: Tallahassee State/Zip: FL 32308

Phone Number: 878 2191 Meeting Date: 7 Feb 2018

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: Childrens Mental Health

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



36127749

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input checked="" type="checkbox"/> Amendment
Bill Number: CS/HB 947 : Behavioral Health of Minors
Amendment: N/A 283825

Name: **Messer, Shane**

Representing: **Florida Council for Behavioral Healthcare**

Title: **Legislative Affairs Director**

Address: **316 E Park Ave**

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

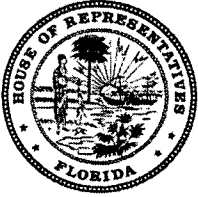
Phone Number: **(850) 224-6048** Meeting Date: **February 07, 2018 10:30 AM**

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

Presentation/Workshop Topic: **N/A**
waive in support of amendment

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

<u>Bill</u>
<input checked="" type="checkbox"/> Waive In Support
<input checked="" type="checkbox"/> Amendment
<i>283825</i>



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number: <u>CS/HR 947</u>			
Amendment Number: <u>283825</u>			

Name: Kristina Wiggins

Representing: FLORIDA Public Defender Association

Title: Executive Director

Address: 103 N Gadsden Street

City: Tallahassee State/Zip: 32301 / FL

Phone Number: (850) 488-6850 Meeting Date: 2/7/18

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WCS

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	947		
Amendment Number:	_____		

Name: DAWN Steward

Representing: FLORIDA PTA

Title: _____

Address: 2130 Blossom Lane

City: Winter Park State/Zip: 32789

Phone Number: 407-645-0273 Meeting Date: 2-27-18

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

5/13

Bill Amendment

Bill/PCS/PCB Number: 1187

Amendment Number: _____

Name: Fred Baggett

Representing: Florida Clerks of Court

Title: _____

Address: 101 E. College Ave.

City: Tall. State/Zip: Fl. 32301

Phone Number: 591 0915 Meeting Date: 2/7/18

Committee/Subcommittee: Health & Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1187</u>	
Amendment Number: <u>53627 (spano)</u>	

Name: Martha Edenfield

Representing: The Real Property, Probate and Trust Law Section of the Florida Bar

Title: _____

Address: 215 S. Monroe Street # 815

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-999-4100 Meeting Date: 2/7/18

Committee/Subcommittee: Health & Human Services Committee

Presentation/Workshop Topic: Guardianship

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFS

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

<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1187</u>	
Amendment Number: <u>536 267</u>	

Name: Brian JOGERST

Representing: Academy of Florida ELDER LAW Attorneys AND Elder Law Section / Fla Bar

Title: _____

Address: PO Box 11094

City: Tallahassee, State/Zip: FL 32302

Phone Number: 850-222-0191 Meeting Date: 2-7-18

Committee/Subcommittee: House HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



73167298

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input checked="" type="checkbox"/> Amendment Bill Number: 1187 : Guardianship Amendment: 536267

Name: **Shannon Miller**

Representing: **Academy of Florida Elder Law Attorneys & Elder Law Section/Florida Bar**

Title:

Address: **6224 NW 43rd Street, Suite B**

City: **Gainesville**

State/Zip: **FL 32653**

Phone Number: **3523791900**

Meeting Date: **February 07, 2018 10:30 AM**

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

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

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

<u>Bill</u>
Info Only
<u>Amendment</u>
Waive In Support



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		1337	
Amendment Number:		_____	

Name: Allison Carvajal

Representing: Florida Nurse Practitioner Network

Title: Consultant

Address: 120 N. Monroe St.

City: Tallahassee State/Zip: FL. 32301

Phone Number: 727-7087 Meeting Date: 2-7-18

Committee/Subcommittee: Health and Human Services Committee

Presentation/Workshop Topic: Nursing

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1337</u>			
Amendment Number: _____			

Name: Jose Diaz

Representing: Florida College of Nurse midwives

Title: _____

Address: 108 E. Jefferson st.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-686-0257 Meeting Date: 2/7/14

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: Nursing

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	<u>1337</u>		
Amendment Number:	_____		

Name: Chris Floyd

Representing: FL Assoc of Nurse Practitioners

Title: Consultant

Address: 101 E. College Ave., Ste. 302

City: Tallahassee State/Zip: FL 32301

Phone Number: 913-624-5117 Meeting Date: 2/7/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: Nursing

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



35883169

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: CS/HB 1337 : Nursing Amendment: N/A
--

Name: **Love, Jessica**

Representing: **Florida Nurses Association**

Title:

Address: **301 S Bronough St, 301 S Bronough St Ste 600**

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

Phone Number: **(850) 577-9090** Meeting Date: **February 07, 2018 10:30 AM**

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		1337	
Amendment Number:		_____	

Name: Chris Lyon

Representing: Florida Association of Nurse Anesthetists

Title: Legislative Counsel

Address: 315 S. Calhoun St., Ste. 830

City: Tallahassee State/Zip: FL 32301

Phone Number: 850/222-5702 Meeting Date: 2/7/18

Committee/Subcommittee: HHS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	1337		
Amendment Number:	_____		

Name: Rich Rasmussen

Representing: FLA. Hospital Assoc.

Title: Vice President

Address: 306 E. College Ave

City: Tallahassee State/Zip: FL

Phone Number: 850-222-9800 Meeting Date: _____

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I wish to speak — Waive in Support

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

W/S

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1337</u>			
Amendment Number: _____			

Name: Andrea Reilly

Representing: National Council of State Boards of Nursing

Title: Consultant

Address: 311 E. Park Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-5081 Meeting Date: 2-7-18

Committee/Subcommittee: Health + Human Services

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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