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# Health Innovation Subcommittee

Wednesday, February 15, 2017  
3:30 PM – 6:00 PM  
Reed Hall

## Action Packet

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

### Summary:

#### Health Innovation Subcommittee

*Wednesday February 15, 2017 03:30 pm*

HB 7	Favorable With Committee Substitute Amendment 739469 Adopted Without Objection	Yeas: 10	Nays: 5
HB 59	Favorable	Yeas: 15	Nays: 0
HB 145	Favorable	Yeas: 15	Nays: 0
HB 161	Favorable With Committee Substitute Amendment 330581 Adopted Without Objection	Yeas: 15	Nays: 0
HB 375	Favorable	Yeas: 11	Nays: 4

Committee meeting was reported out: Wednesday, February 15, 2017 7:31:28PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
MaryLynn Magar (Chair)	X		
Daisy Baez	X		
John Cortes	X		
Manny Diaz, Jr.	X		
Brad Drake	X		
Nicholas Duran	X		
Roy Hardemon	X		
Shawn Harrison	X		
Patrick Henry	X		
Sam Killebrew	X		
Paul Renner	X		
Bob Rommel	X		
Jackie Toledo	X		
Jay Trumbull	X		
Frank White	X		
<b>Totals:</b>	<b>15</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Wednesday, February 15, 2017 7:31:28PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

### HB 7 : Availability of Health Care Services for All Florida Patients

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Daisy Baez		X			
John Cortes		X			
Manny Diaz, Jr.	X				
Brad Drake	X				
Nicholas Duran		X			
Roy Hardemon		X			
Shawn Harrison	X				
Patrick Henry		X			
Sam Killebrew	X				
Paul Renner	X				
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
MaryLynn Magar (Chair)	X				
<b>Total Yeas: 10</b>		<b>Total Nays: 5</b>			

### HB 7 Amendments

#### Amendment 739469

Adopted Without Objection

### Appearances:

Fox, Michelle (General Public) - Opponent  
Florida Hospice and Palliative Care association  
VP of Sales - Hospice Cloud

Hughes, Jessica (General Public) - Opponent  
425 Terrace Street  
Tallahassee FL 32308  
Phone: 8507667813

Certificate of Need  
Emmett Reed (General Public) - Opponent  
Florida Health Care Association  
Executive Director  
307 W Park Ave  
Tallahassee FL 32301

Certificate of Need  
Perry, Brian (General Public) - Opponent  
HCR Manorcare

Committee meeting was reported out: Wednesday, February 15, 2017 7:31:28PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

**HB 7 : Availability of Health Care Services for All Florida Patients (continued)**

**Appearances: (continued)**

Certificate of Need

Luke Neumann (General Public) - Opponent  
Palm Garden Healthcare

Certificate of Need

Ari Hollander (General Public) - Opponent  
Stirling LTC  
CFO  
2699 Stirling Rd Suite B100  
Ft. Lauderdale FL 33312

McClelland, Rana (General Public) - Opponent

Compassionate Care Hospice/ FHPCA Board  
2525 Drane Field Rd., Suite 4  
Lakeland FL 33811  
Phone: 863-709-0099

Braungardt, Tina (General Public) - Opponent

FHPCA Board  
Internal Management Consultant  
1309 Sardinia Ct  
Davenport FL 33896  
Phone: (636) 614-6063

CON

Ponder Stansel, Susan (General Public) - Opponent

Community Hospice  
President  
4266 Sunbeam Rd  
Jacksonville FL 32257  
Phone: 904-268-2280

Paladino, Jenna (Lobbyist) - Opponent

Chapters Health System  
3103 Lakestone Dr  
Tampa FL 33618  
Phone: 813-777-1465

Certificate of Need

Jeff Marshall (General Public) - Opponent

OMEGA Health Care Investors, Inc.  
Sr. VP of Operations  
200 International Circle Ste. 3500  
Hunt Valley MD 210360

Tim Nungesser (Lobbyist) - Proponent

NFIB  
Legislative Director  
110 E. Jefferson St  
Tallahassee FL 32301  
Phone: (850) 445-5367

Committee meeting was reported out: Wednesday, February 15, 2017 7:31:28PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

**HB 7 : Availability of Health Care Services for All Florida Patients (continued)**

**Appearances: (continued)**

Ledford, Paul (Lobbyist) - Waive In Opposition  
Florida Hospice & Palliative Care Association, Inc  
President / CEO  
2000 Apalachee Pkwy Ste 200  
Tallahassee FL 32301  
Phone: (850) 321-4617

Hosek, Andrew (Lobbyist) - Proponent  
Americans for Prosperity  
Policy Analyst  
200 W College Ave Suite 113  
Tallahassee F 32301  
Phone: (850) 378-6291

Ashburn, David (Lobbyist) - Opponent  
Florida Hospital Association  
General Counsel  
101 E College Ave  
Tallahassee FL 32301  
Phone: (850) 222-6891

Charles Lee (General Public) - Opponent  
Florida Hospice & Palliative Care Association  
Chair, Board of Directors  
2000 Appalachee Parkway Suite 200  
Tallahassee FL 32301  
Phone: (352) 348-3823

Todd Mehaffey (General Public) - Opponent  
Consulate Health Care  
Chief Operating Officer  
800 Concourse Parkway South  
Maitland FL 32751  
Phone: (954) 410-5132

Shoupe, Clinton (Lobbyist) - Opponent  
BayCare  
State Government Relations Manager  
2985 Drew St  
Clearwater FL 33759  
Phone: (727) 519-1885

Kevin Ahmadi (General Public) - Opponent  
Volunteer of America  
Executive Director  
1333 Santa Barbara Blvd.  
Cape Coral FL 33991  
Phone: (239) 772-1333

Committee meeting was reported out: Wednesday, February 15, 2017 7:31:28PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

**HB 7 : Availability of Health Care Services for All Florida Patients (continued)**

**Appearances: (continued)**

Jaysen Roa (General Public) - Opponent

Avon Hospice  
President & CEO  
1095 Whippoorwill Lane  
Naples FL 34105  
Phone: (239) 261-4404

Samira Beckwith (General Public) - Opponent

Hope Hospice  
CEO  
9470 Health Park Cir  
Ft. Myers FL 33908  
Phone: (239) 489-9140

Stephen Leedy (General Public) - Opponent

Compassionate CARE Hospice/ Florida Hospice & Palliative Care  
Regional Medical Director  
146 8th Ave NE  
St. Petersburg FL 33701  
Phone: (727) 412-3245

Logan Pike (General Public) - Proponent

The James Madison Institute  
Director of Public Affairs  
100 N Duval St  
Tallahassee FL  
Phone: (850) 386-3131

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

**HB 59 : Adult Cardiovascular Services**

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Daisy Baez	X				
John Cortes	X				
Manny Diaz, Jr.	X				
Brad Drake	X				
Nicholas Duran	X				
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Sam Killebrew	X				
Paul Renner	X				
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
MaryLynn Magar (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

### Appearances:

Nuland, Christopher (Lobbyist) - Proponent  
Florida Society of Theracic and Cardiovascular Surgeons, Inc  
1000 Riverside Ave Ste 240  
Jacksonville FL 32204  
Phone: (904) 233-3051

George, Marnie (Lobbyist) - Waive In Support  
Florida Chapter American College of Cardiology  
101 N Monroe St Suite 1090  
Tallahassee FL 32301  
Phone: (850) 510-8866

Committee meeting was reported out: Wednesday, February 15, 2017 7:31:28PM



# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

**HB 145 : Recovery Care Services**

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Daisy Baez	X				
John Cortes	X				
Manny Diaz, Jr.	X				
Brad Drake	X				
Nicholas Duran	X				
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Sam Killebrew	X				
Paul Renner	X				
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
MaryLynn Magar (Chair)	X				
	<b>Total Yeas: 15</b>	<b>Total Nays: 0</b>			

### Appearances:

Large, Toni (Lobbyist) - Proponent  
Florida Orthopaedic Society  
519 E Park Ave  
Tallahassee FL 32301  
Phone: (850) 556-1461

Hosek, Andrew (Lobbyist) - Proponent  
Americans for Prosperity  
Policy Analyst  
200 W College Ave Suite 113  
Tallahassee F 32301  
Phone: (850) 378-6291

Shouppe, Clinton (Lobbyist) - Opponent  
BayCare  
State Government Relations Manager  
2985 Drew St  
Clearwater FL 33759  
Phone: (727) 519-1885

Nuland, Christopher (Lobbyist) - Proponent  
Florida Chapter, American College of Surgeons  
1000 Riverside Ave Ste 240  
Jacksonville FL 32204  
Phone: (904) 233-3051

Committee meeting was reported out: Wednesday, February 15, 2017 7:31:28PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

**HB 145 : Recovery Care Services (continued)**

**Appearances: (continued)**

Madewell, Michael (General Public) - Proponent  
Panama City Surgery Center  
Administrator  
1800 Jenks Ave  
Panama City FL 32405  
Phone: (850) 769-3191

Phillis Oeters (Lobbyist) - Opponent  
Baptist Health South Florida  
Vice President  
Phone: (305) 205-2457

Shapiro, Dr. David (General Public) - Information Only  
FL Society of Ambulatory Surgical Ctrs  
1400 Village Sq. Blvd  
Tallahassee FL 32312  
Phone: (850) 508-6787

Committee meeting was reported out: Wednesday, February 15, 2017 7:31:28PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

### HB 161 : Direct Primary Care Agreements

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Daisy Baez	X				
John Cortes	X				
Manny Diaz, Jr.	X				
Brad Drake	X				
Nicholas Duran	X				
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Sam Killebrew	X				
Paul Renner	X				
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
MaryLynn Magar (Chair)	X				
	<b>Total Yeas: 15</b>	<b>Total Nays: 0</b>			

### HB 161 Amendments

#### Amendment 330581

Adopted Without Objection

### Appearances:

Hosek, Andrew (Lobbyist) - Proponent

Americans for Prosperity  
200 W College Ave Suite 113  
Tallahassee F 32301  
Phone: (850) 378-6291

Winn, Stephen (Lobbyist) - Waive In Support

Florida Osteopathic Medical Association  
Executive Director  
2544 Blairstone Pines Drive  
Tallahassee FL 32301  
Phone: (850) 878-7364

Lambert, Paul (Lobbyist) - Waive In Support

Florida Chiropractic Association, Inc  
263 Rosehill Dr N  
Tallahassee FL 32312  
Phone: (850) 597-2696

Committee meeting was reported out: Wednesday, February 15, 2017 7:31:28PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

**HB 161 : Direct Primary Care Agreements (continued)**

**Appearances: (continued)**

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

Logan Pike (General Public) - Proponent  
The James Madison Institute  
Director of Public Affairs  
100 N Duval St.  
Tallahassee FL  
Phone: (850) 386-3131

Millson, Jay (Lobbyist) - Proponent  
FL Academy of Family Physicians  
Executive Director  
6720 Atlantic Blvd  
Jacksonville FL 32211  
Phone: (904) 400-6189

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

Nungesser, Tim (Lobbyist) - Information Only  
National Federation of Independent Business  
Legislative Director  
110 E Jefferson St  
Tallahassee FL 32301  
Phone: 850-445-5367

Committee meeting was reported out: Wednesday, February 15, 2017 7:31:28PM

# COMMITTEE MEETING REPORT

## Health Innovation Subcommittee

2/15/2017 3:30:00PM

**Location:** Reed Hall (102 HOB)

**HB 375 : Patient Safety Culture Surveys**

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Daisy Baez		X			
John Cortes		X			
Manny Diaz, Jr.	X				
Brad Drake	X				
Nicholas Duran		X			
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Sam Killebrew	X				
Paul Renner	X				
Bob Rommel		X			
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
MaryLynn Magar (Chair)	X				
<b>Total Yeas: 11</b>		<b>Total Nays: 4</b>			

Committee meeting was reported out: Wednesday, February 15, 2017 7:31:28PM



**HOUSE OF REPRESENTATIVES**  
**COMMITTEE/SUBCOMMITTEE**  
**ATTENDANCE ROLL CALL**

The Committee/Subcommittee on Health Innovation  
met at 3:30 pm o'clock on 2-15-17 with the following attendance:

<u>Member</u>	<u>Present</u>	<u>Absent*</u>	<u>Excused</u>
Magar, Chair	✓		
Baez	✓		
Cortes	✓		
Diaz	✓		
Drake	✓		
Duran	✓		
Hardemon	✓		
Harrison	✓		
Henry	✓		
Killebrew	✓		
Renner	✓		
Rommel	✓		
Toledo	✓		
Trumbull	✓		
White	✓		

Magar  
Chair

\*A member must be excused by Chair or Speaker. A member answering roll call is presumed "present" thereafter.

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

Committee/Subcommittee: Health Innovation Bill Number: HB 7  
 Meeting Date: 2-15-17 Date Received: \_\_\_\_\_  
 Place: 102 HoB Date Reported: \_\_\_\_\_  
 Time: 3:30 pm Subject: \_\_\_\_\_

**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	739469							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	✓	Baez								
	✓	Cortes								
✓		Diaz								
✓		Drake								
	✓	Duran								
	✓	Hardemon								
✓		Harrison								
	✓	Henry								
✓		Killebrew								
✓		Renner								
✓		Rommel								
✓		Toledo								
✓		Trumbull								
✓		White								
✓		Magar, Chair								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
10	5									

Adopted  
w/o  
objection

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

Committee/Subcommittee: Health Innovation Bill Number: HB 59  
 Meeting Date: 2-15-17 Date Received: \_\_\_\_\_  
 Place: 102 HOB Date Reported: \_\_\_\_\_  
 Time: 3:30pm Subject: \_\_\_\_\_

**Committee/Subcommittee Action:**

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Baez								
✓		Cortes								
✓		Diaz								
✓		Drake								
✓		Duran								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Killebrew								
✓		Renner								
✓		Rommel								
✓		Toledo								
✓		Trumbull								
✓		White								
✓		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15										



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

Committee/Subcommittee: Health Innovation  
 Meeting Date: 2-15-17  
 Place: 102 HOB  
 Time: 3:30 pm

Bill Number: HB 145  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: \_\_\_\_\_

**Committee/Subcommittee Action:**

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Baez								
✓		Cortes								
✓		Diaz								
✓		Drake								
✓		Duran								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Killebrew								
✓		Renner								
✓		Rommel								
✓		Toledo								
✓		Trumbull								
✓		White								
✓		Magar, Chair								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
15										

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

Committee/Subcommittee: Health Innovation Bill Number: HB 161  
 Meeting Date: 2-15-17 Date Received: \_\_\_\_\_  
 Place: 102 HB Date Reported: \_\_\_\_\_  
 Time: 3:30 pm Subject: \_\_\_\_\_

**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	330581							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Baez								
✓		Cortes								
✓		Diaz								
✓		Drake								
✓		Duran								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Killebrew								
✓		Renner								
✓		Rommel								
✓		Toledo								
✓		Trumbull								
✓		White								
✓		Magar, Chair								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
15										

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

Committee/Subcommittee: Health Innovation  
 Meeting Date: 2-15-17  
 Place: 102 HOB  
 Time: 3:30 pm

Bill Number: HB 375  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: \_\_\_\_\_

**Committee/Subcommittee Action:**

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	✓	Baez								
	✓	Cortes								
✓		Diaz								
✓		Drake								
	✓	Duran								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Killebrew								
✓		Renner								
	✓	Rommel								
✓		Toledo								
✓		Trumbull								
✓		White								
✓		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	4									



25525872



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 7 : Availability of Health Care Services for All Florida Patients</b> PCB/PCS/Amendment #: <b>N/A</b>
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Name: **Fox, Michelle**

Representing: **Florida Hospice and Palliative Care association**

Title: **VP of Sales - Hospice Cloud**

Address:

City: State/Zip:

Phone Number: Meeting Date: **Feb 15 2017 3:30PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

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

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

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



63937145



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>7 : Availability of Health Care Services for All Florida Patients</b> PCB/PCS/Amendment #: <b>N/A</b>
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Name: **Jessica Hughes**

Representing:

Title:

Address: **425 Terrace Street**

City: **Tallahassee**

State/Zip:

**FL 32308**

Phone Number: **8507667813**

Meeting Date:

**February 15, 2017 3:30 PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

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

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

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



28751823



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 7 : Availability of Health Care Services for All Florida Patients</b> PCB/PCS/Amendment #: <b>N/A</b>
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Name: **Reed, Emmett**

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Representing: **Florida Health Care Association**

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Title: **Executive Director**

---

Address: **307 West Park Avenue**

---

City: **Tallahassee** State/Zip: **FL 32301**

---

Phone Number: Meeting Date: **Feb 15 2017 3:30PM**

---

Committee/Subcommittee: **Health Innovation Subcommittee**

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Presentation/Workshop Topic: **Certificate of Need**

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

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



28751823



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 7 : Availability of Health Care Services for All Florida Patients</b> PCB/PCS/Amendment #: <b>N/A</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name: **Perry, Brian**

Representing: **HCR Manorcare**

Title:

Address:

City: State/Zip:

Phone Number: Meeting Date: **Feb 15 2017 3:30PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

Presentation/Workshop Topic: **Certificate of Need**

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

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



28751823



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 7 : Availability of Health Care Services for All Florida Patients</b> PCB/PCS/Amendment #: <b>N/A</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name: **Neumann, Luke**

Representing: **Palm Garden Healthcare**

Title:

Address:

City: State/Zip:

Phone Number: Meeting Date: **Feb 15 2017 3:30PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

Presentation/Workshop Topic: **Certificate of Need**

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

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





28751823



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 7 : Availability of Health Care Services for All Florida Patients</b> PCB/PCS/Amendment #: <b>N/A</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name: **Hollander, Ari**

---

Representing: **Stirling LTC**

---

Title: **CFO**

---

Address: **2699 Stirling Road, Suite B100**

---

City: **Ft. Lauderdale**                      State/Zip: **FL 33312**

---

Phone Number:                                      Meeting Date: **Feb 15 2017 3:30PM**

---

Committee/Subcommittee: **Health Innovation Subcommittee**

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Presentation/Workshop Topic: **Certificate of Need**

---

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

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



25134595



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 7 : Availability of Health Care Services for All Florida Patients</b> PCB/PCS/Amendment #: <b>N/A</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

*Ray-na?*

Name: **McClelland, Rana**

Representing: **Compassionate Care Hospice/ FHPCA Board**

Title: **Regional Program Director FL**

Address: **2525 Drane Field Rd., Suite 4**

City: **Lakeland** State/Zip: **FL 33811**

Phone Number: **863-709-0099** Meeting Date: **Feb 15 2017 3:30PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

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

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

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



20627960



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

*Bron-gard*

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 7 : Availability of Health Care Services for All Florida Patients</b> PCB/PCS/Amendment #: <b>N/A</b>
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Name: **Braungardt, Tina**

---

Representing: **FHPCA Board**

---

Title: **Internal Management Consultant**

---

Address: **1309 Sardinia Ct**

---

City: **Davenport** State/Zip: **FL 33896**

---

Phone Number: **6366146063** Meeting Date: **Feb 15 2017 3:30PM**

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Committee/Subcommittee: **Health Innovation Subcommittee**

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

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

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



15567079



### 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: 7 : Availability of Health Care Services for All Florida Patients PCB/PCS/Amendment #: N/A
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Name: **Susan Ponder Stansel**

---

Representing: **Community Hospice**

---

Title: *President*

---

Address: **4266 Sunbeam Rd**

---

City: **Jacksonville** State/Zip: **FL 32257**

---

Phone Number: **904-268-2280** Meeting Date: **February 15, 2017 3:30 PM**

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Committee/Subcommittee: **Health Innovation Subcommittee**

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Presentation/Workshop Topic: **CON**

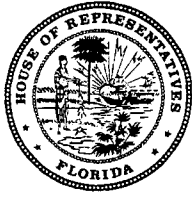
---

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

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



36980525



### 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: 7 : Availability of Health Care Services for All Florida Patients PCB/PCS/Amendment #: N/A
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Name: Jenna Paladino

---

Representing: Chapters Health System

---

Title:

---

Address: 3103 Lakestone Dr

---

City: Tampa State/Zip: FL 33618

---

Phone Number: 813-777-1465 Meeting Date: February 15, 2017 3:30 PM

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Committee/Subcommittee: Health Innovation Subcommittee

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Presentation/Workshop Topic: N/A

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



28751823



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 7 : Availability of Health Care Services for All Florida Patients</b> PCB/PCS/Amendment #: <b>N/A</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name: **Marshall, Jeff**

---

Representing: **OMEGA Health Care Investors, Inc.**

---

Title: **Sr. VP of Operations**

---

Address: **200 International Circle, Ste 3500**

---

City: **Hunt Valley** State/Zip: **MD 21030**

---

Phone Number: Meeting Date: **Feb 15 2017 3:30PM**

---

Committee/Subcommittee: **Health Innovation Subcommittee**

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Presentation/Workshop Topic: **Certificate of Need**

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

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



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

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

Name: Tim Nungesser

Representing: NFIB

Title: Legislative Director

Address: 110 E. Jefferson St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-445-5361 Meeting Date: 2/15/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: CON Repeal

Registered Lobbyist: YES  NO

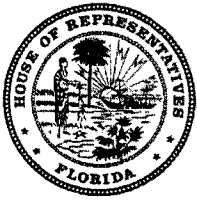
State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: 7
Amendment Number: [ ]

Name: Paul Ledford

Representing: Florida Hospice and Palliative Care Association

Title: President/CEO

Address: 2000 Apalachee Parkway, Ste. 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850.321.4617 Meeting Date: 2-15-2017

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: [ ]

Registered Lobbyist: YES [checked] NO [ ]

State Employee: YES [ ] NO [checked]

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

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

Bill: Proponent [ ] Opponent [checked] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Info only [ ]





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill  Amendment   
Bill/PCS/PCB Number: 7  
Amendment Number: \_\_\_\_\_

Name: Andrew Hasek

Representing: Americans for Prosperity

Title: Policy Analyst

Address: 200 W College

City: Tallahassee State/Zip: FL

Phone Number: \_\_\_\_\_ Meeting Date: 2-15-17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Cert. of Need

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>7</u>	
Amendment Number: _____	

Name: David Ashburn

Representing: ~~688~~ Florida Hospital Association

Title: General Counsel

Address: 101 E. College Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-222-6891 Meeting Date: 2/15/17

Committee/Subcommittee: Health Innovation

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 7</u>	
Amendment Number: _____	

Name: CHARLES LEE

Representing: FLORIDA HOSPICE & PALLIATIVE CARE ASSOCIATION

Title: CHAIR, BOARD OF DIRECTORS

Address: 2000 APPALACHEE PARKWAY - SUITE 200

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 352-348-3823 Meeting Date: 2/15/17

Committee/Subcommittee: HEALTH INNOVATION SUBCOMMITTEE

Presentation/Workshop Topic: CERTIFICATE OF NEED

Registered Lobbyist: YES  NO

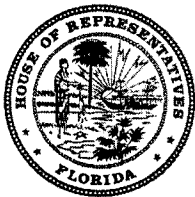
State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB7</u>	
Amendment Number: _____	

Mehaffey?

Name: Todd Mehaffey

Representing: Consulate Health Care

Title: Chief Operating Officer

Address: 800 Concourse Parkway South

City: Maitland State/Zip: FL 32751

Phone Number: 954410 5132 Meeting Date: 2/15/17

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  Info only

**Amendment:** Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____ 7 _____	
Amendment Number: _____	

Shoe-ppe

Name: Clint Shoupe

Representing: Day Care Health System

Title: State Government Relations Mgr

Address: 2985 Drew Street

City: Clearwater State/Zip: FL 33759

Phone Number: 727-519-1885 Meeting Date: 2/15/17

Committee/Subcommittee: Health Innovation Subcommittee

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

Registered Lobbyist: YES  NO

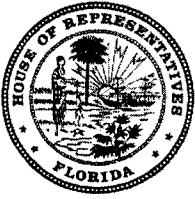
State Employee: YES  NO

- 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  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

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

Name: KEVIN AHMADI

Representing: VOLUNTEER OF AMERICA

Title: Executive Director

Address: 1333 Santa Barbara Blvd,

City: CAPE CORAL State/Zip: FL 33991

Phone Number: 239-~~772~~-1333 Meeting Date: 2/15/17

Committee/Subcommittee: CON

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

Registered Lobbyist: YES  NO

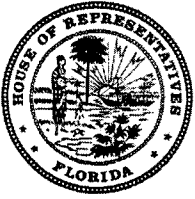
State Employee: YES  NO

- 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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 7</u>	
Amendment Number: _____	

Jaysen?

Name: Jaysen Roa

Representing: Avow Hospice

Title: President and CEO

Address: 1095 Whippoorwill Lane

City: Naples State/Zip: FL, 34105

Phone Number: (239) 261-4404 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: Health Innovation S

Presentation/Workshop Topic: HB 7

Registered Lobbyist: YES  NO

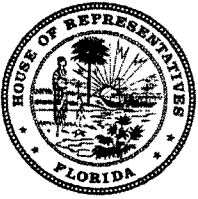
State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>007</u>	
Amendment Number: _____	

Samira

Name: Samira Aschuth

Representing: Kaplan Hospital

Title: CEO

Address: 9970 Health Park Dr

City: FD. Myers State/Zip: FL 33908

Phone Number: 239-429-9140 Meeting Date: 2-15-17

Committee/Subcommittee: Health Innovation Subc.

Presentation/Workshop Topic: CON

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only





### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

*Stephen Leedy*

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 7 : Availability of Health Care Services for All Florida Patients</b> PCB/PCS/Amendment #: <b>N/A</b>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name: **Leedy, MD MA FAAHPM HMDC, Stephen**

---

Representing: **Compassionate Care Hospice/Florida Hospice & Palliative Care**

---

Title: **Regional Medical Director**

---

Address: **146 8th Avenue Northeast**

---

City: **Saint Petersburg** State/Zip: **FL 33701**

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Phone Number: **727-412-3245** Meeting Date: **Feb 15 2017 3:30PM**

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Committee/Subcommittee: **Health Innovation Subcommittee**

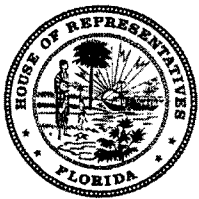
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Presentation/Workshop Topic: **N/A**

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [X] Amendment [ ]
Bill/PCS/PCB Number: 7
Amendment Number: [ ]

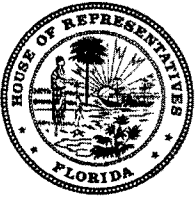
Name: Logan Pike
Representing: The James Madison Institute
Title: Director of Public Affairs
Address: 100 N. Duval Street
City: TLH State/Zip: FL
Phone Number: (850) 386-3131 Meeting Date: 2/15/17
Committee/Subcommittee: Health Innovation Subcom.
Presentation/Workshop Topic: [ ]

Registered Lobbyist: YES [ ] NO [X]
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 [X] Opponent [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>59</u>	
Amendment Number: _____	

New-Land

Name: Chris Deland

Representing: Florida Society of Thoracic + Cardiovascular Surgeons

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

Address: 1000 Riverside Ave #240

City: Jacksonville, FL 32204 State/Zip: \_\_\_\_\_

Phone Number: 904-233-3051 Meeting Date: 2/15/17

Committee/Subcommittee: Health Innovation

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

Registered Lobbyist: YES  NO

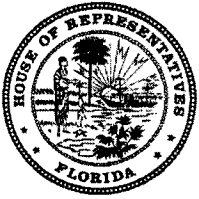
State Employee: YES  NO

- 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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>59</u>	
Amendment Number: _____	

Name: Marnie George

Representing: FL Chapter American College of Cardiology

Title: Sr. Advisor - Buchanan, Dingersoll & Rooney

Address: 101 N. Monroe St

City: Tallahassee FL State/Zip: 32303

Phone Number: 850-510-8866 Meeting Date: 2/15/17

Committee/Subcommittee: Health Innovation Subcommittee

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  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>145</u> RCC/Am Stat	
Amendment Number: _____	

Name: Toni Large

Representing: Florida Orthopedic Society

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

Address: 519 E. Park Ave

City: Tallahassee State/Zip: FL 32308

Phone Number: (850) 556-1461 Meeting Date: 2/15/17

Committee/Subcommittee: Health Innovation

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: 145
Amendment Number: [ ]

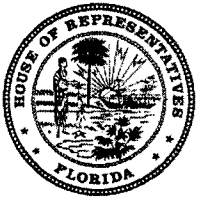
Name: Andrew Horsk
Representing: Americans for Prosp.
Title: Policy Analyst
Address:
City: Tallahassee State/Zip: FL
Phone Number: Meeting Date:
Committee/Subcommittee: Health Inn.
Presentation/Workshop Topic: Recovery Care Services

Registered Lobbyist: YES [checked] 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 [checked]

(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 [checked] Opponent [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [X] Amendment [ ]
Bill/PCS/PCB Number: 145
Amendment Number: [ ]

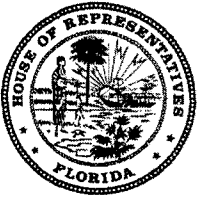
Name: Clint Shoupe
Representing: BayCare Health System
Title: State Government Relations Mgr
Address: 2985 Drew St
City: Clearwater State/Zip: FL 33759
Phone Number: 727-519-1885 Meeting Date: 2/15/17
Committee/Subcommittee: Health Innovation Subcommittee
Presentation/Workshop Topic: [ ]

Registered Lobbyist: YES [X] NO [ ]
State Employee: YES [ ] NO [X]

- I wish to speak [X]
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] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>145</u>	
Amendment Number: _____	

Name: Chris Adland

Representing: Florida Chapter, American College of Surgeons / Florida Society of Plastic Surgeons

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

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051 Meeting Date: 2/15/17

Committee/Subcommittee: Health Innovation

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





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>145</u>	
Amendment Number: _____	

Name: Michael Madewell

Representing: Panama City Surgery Center

Title: Administrator

Address: 1800 Senks Ave

City: Panama City State/Zip: FL 32405

Phone Number: 850 709 3191 Meeting Date: 2-15-2017

Committee/Subcommittee: Health Innovations

Presentation/Workshop Topic: Ambulatory Surgical Centers

Registered Lobbyist: YES  NO

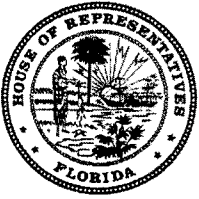
State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill       Amendment

Bill/PCS/PCB Number: AB 145

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

Oaters

Name: Phillip Oaters

Representing: Baptist Health South Florida

Title: V. President

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

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

Phone Number: 785-205-2457 Meeting Date: 2/15

Committee/Subcommittee: Health Insurance

Presentation/Workshop Topic: Recovery Care Centers

Registered Lobbyist: YES  NO

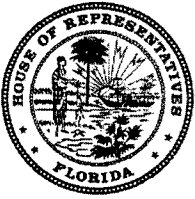
State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>145</u>	
Amendment Number: _____	

Name: DAVID SHAPIRO MD

Representing: FL SOCIETY OF AMBULATORY SURGERY GRs.

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

Address: 1400 VILLAGE SQ BLVD.

City: TAMPAHSEE State/Zip: FL 32312

Phone Number: 850 508 6787 Meeting Date: 02/15/17

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

Presentation/Workshop Topic: ASLS

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>161</u>	
Amendment Number: _____	

Name: Hosek  
Andrew Hosek

Representing: Americans for Prosperity

Title: Policy Analyst

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

City: Tallahassee State/Zip: FL

Phone Number: \_\_\_\_\_ Meeting Date: 2-15-17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Direct Primary Care

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

*Type or Print Clearly*

Bill Number: HB 161 Meeting Date: 2-15-2017

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: DIRECT PRIMARY CARE AGREEMENTS

Committee/Subcommittee: HEALTH CARE INNOVATION SUBCOMMITTEE

Name: STEPHEN R. WINN

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DRIVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Registered Lobbyist: YES  NO

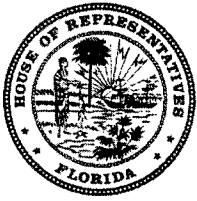
State Employee: YES  NO

WAIVE TIME IN SUPPORT

I Wish To Speak: YES  NO

I Have Been Requested to Speak: YES  NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>161</u>	
Amendment Number: _____	

Name: PAUL LAMBERT

Representing: FLORIDA CHIROPRACTIC ASSO.

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

Address: 263 ROSEHILL DRIVE NORTH

City: TALLAHASSEE State/Zip: FL 32312

Phone Number: 850 597-2696 Meeting Date: 2/15/17

Committee/Subcommittee: HEALTH INNOVATION SUB.

Presentation/Workshop Topic: PRIMARY CARE DIRECT ACCESS

Registered Lobbyist: YES  NO

State Employee: YES  NO

I wish to speak WAIVE IN SUPPORT

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

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance form submitted online

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: 161
Amendment Number: [ ]

Name: Mary Thomas
Representing: Florida Medical Association
Title: Assistant Gen Counsel
Address: 1430 Piedmont Dr E
City: Tallahassee State/Zip: FL 32308
Phone Number: 850-224-6496 Meeting Date: 2/15/17
Committee/Subcommittee: Health Innovation
Presentation/Workshop Topic: [ ]

Registered Lobbyist: YES [checked] NO [ ]
State Employee: YES [ ] NO [checked]

- 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 [checked]

(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 [checked] Opponent [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: 1001
Amendment Number: [ ]

Name: Logan Pike
Representing: The James Madison Institute
Title: Director of Public Affairs
Address: 100 N. Duval Street
City: T2H State/Zip: FL
Phone Number: (850)386-3131 Meeting Date: 2/15/17
Committee/Subcommittee: Health Innovation Subcommittee
Presentation/Workshop Topic: [ ]

Registered Lobbyist: YES [ ] NO [checked]
State Employee: YES [ ] NO [checked]

- 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 [checked] Opponent [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Info only [ ]





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: 161
Amendment Number: [ ]

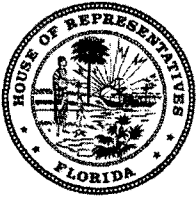
Name: Jay Millson
Representing: FL Academy Family Physicians
Title: Exec. Director
Address: 6720 Atlantic Blvd
City: Jacksonville State/Zip: FL 32211
Phone Number: 904-400-6189 Meeting Date:
Committee/Subcommittee: Health Innovation SC
Presentation/Workshop Topic: Direct Primary Care Agreements.

Registered Lobbyist: YES [checked] NO [ ]
State Employee: YES [ ] NO [checked]

- I wish to speak [checked]
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 [checked] Opponent [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: 161
Amendment Number: [ ]

Name: Chris Noland

Representing: Florida Chapter, American College of Physicians

Title: [ ]

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051 Meeting Date: 2/15/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: [ ]

Registered Lobbyist: YES [checked] NO [ ]

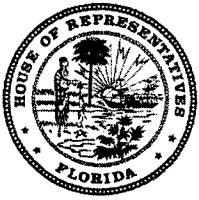
State Employee: YES [ ] NO [ ]

- I wish to speak [checked]
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 [checked]

(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 [checked] Opponent [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment
Bill/PCS/PCB Number: 161
Amendment Number:

Name: Tim Nungesser
Representing: NFIB
Title: Legislative Director
Address: 110 E. Jefferson St
City: Tallahassee State/Zip: FL 32301
Phone Number: 850-445-5367 Meeting Date: 2/15/17
Committee/Subcommittee: Health Innovation
Presentation/Workshop Topic: DPC

Registered Lobbyist: YES [X] 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 [ ] Info only [ ]
Amendment: Proponent [ ] Opponent [ ] Info only [ ]