



Health Innovation Subcommittee

Wednesday, February 22, 2017
3:30 PM – 6:00 PM
Mashburn Hall

Action Packet

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/22/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

Summary:

Health Innovation Subcommittee

Wednesday February 22, 2017 03:30 pm

| | | | |
|---------------|---|----------|---------|
| HB 95 | Favorable With Committee Substitute Amendment 858783 Adopted Without Objection | Yeas: 13 | Nays: 0 |
| HB 449 | Favorable With Committee Substitute Amendment 686687 Adopted Without Objection | Yeas: 12 | Nays: 2 |
| HB 543 | Favorable With Committee Substitute Amendment 315165 Adopted Without Objection | Yeas: 11 | Nays: 0 |
| HB 589 | Favorable | Yeas: 11 | Nays: 0 |
| PCB HIS 17-01 | Favorable | Yeas: 8 | Nays: 5 |

Committee meeting was reported out: Wednesday, February 22, 2017 7:32:57PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/22/2017 3:30:00PM

Location: Mashburn Hall (306 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 | | |
| Totals: | 14 | 0 | 1 |

Committee meeting was reported out: Wednesday, February 22, 2017 7:32:57PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/22/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

HB 95 : Consumer Protection from Nonmedical Changes to Prescription Drug Formularies

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 | | | | |
| Total Yeas: 13 | | Total Nays: 0 | | | |

HB 95 Amendments

Amendment 858783

Adopted Without Objection

Appearances:

Dr. Robert Levin - Proponent
Florida Society of Rheumatology
M.D.; President
1831 North Belcher Rd. Suite D2
Clearwater FL 33765
Phone: (727) 734-6631

Nuland, Christopher (Lobbyist) - Proponent
Florida Gastroenterologic Society
1000 Riverside Ave Ste 240
Jacksonville FL 32204
Phone: (904) 355-1555

Velma Stevens - Proponent
Sickle Cell Foundation, Inc.
Executive Director
1336 Vickers Rd
Tallahassee FL 32303
Phone: (850) 222-2355

Committee meeting was reported out: Wednesday, February 22, 2017 7:32:57PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/22/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

**HB 95 : Consumer Protection from Nonmedical Changes to Prescription Drug Formularies
(continued)**

Appearances: (continued)

Bo Tucker, MD - Proponent

Florida Chapter, American College of Physicians
1000 Riverside Ave #220
Jacksonville FL 32204
Phone: (904) 355-0800

Twilley, Benjamin (Lobbyist) - Opponent

Express Scripts
Senior Manager State Government Affairs
2412 Lincoln St
Columbia SC 29201
Phone: (803) 394-7001

Rachelle Csapo - Proponent

Self
Clinical Nurse Educator, RN
1948 Legacy Cove Dr.
Maitland FL 32751
Phone: (786) 342-9214

Francoeur, Jeri (General Public) - Proponent

Florida Breast Cancer Foundation
Board Member
1 Sharon Terrace
Ormond Beach FL 32174
Phone: (386) 295-1554

Bevis, Brewster (Lobbyist) - Opponent

Associated Industries of Florida
516 N. Adams St.
Tallahassee FL 32301
Phone: (850) 224-7173

Chuck Carmen - Proponent

Floridians for Reliable Health Coverage
Exec. Director, Epilepsy Assoc. of Central Florida
109 N Kirkman Rd.
Orlando FL 32811
Phone: (407) 414-9876

Curva, Fely (Lobbyist) - Waive In Support

Budd Bell Clearinghouse on Human Services
Coordinator
1212 Piedmont Dr
Tallahassee FL 32312
Phone: (850) 508-2256

Committee meeting was reported out: Wednesday, February 22, 2017 7:32:57PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/22/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

**HB 95 : Consumer Protection from Nonmedical Changes to Prescription Drug Formularies
(continued)**

Appearances: (continued)

Stoddard, Abigail (Lobbyist) - Opponent

Prime Therapeutics, LLC
Government Affairs Principal
4434 Pillsbury Ave S
Minneapolis MN 55419
Phone: (612) 616-1431

Winn, Stephen (Lobbyist) - Waive In Support

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

Labasky, Beth (Lobbyist) - Waive In Support

Alpha One Foundation
1400 Village Square Blvd
Tallahassee FL 32312
Phone: (850) 322-7335

Paul Sanford (Lobbyist) - Opponent

Florida Blue and Florida Insurance Council
106 S Monroe St.
Tallahassee FL 32301
Phone: (850) 222-7200

Valencia Robinson - Proponent

Florida Breast Cancer Foundation
Advocate
1628 Piccadilly Dr.
Daytona Beach FL 32117
Phone: (386) 405-7997

Ryan, Joy (Lobbyist) - Opponent

AHIP - America's Health Insurance Plans
325 W College Ave
Tallahassee FL 32301
Phone: (850) 339-8083

Barker, Dorene (Lobbyist) - Proponent

AARP
Associate State Director
200 W College Ave
Tallahassee FL 32301
Phone: (850) 228-6357

Committee meeting was reported out: Wednesday, February 22, 2017 7:32:57PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/22/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

**HB 95 : Consumer Protection from Nonmedical Changes to Prescription Drug Formularies
(continued)**

Appearances: (continued)

Bell, Douglas (Lobbyist) - Proponent

Epilepsy Association of Central Florida & FL Chapter Pediatricians
101 N Monroe St
Tallahassee FL 32301
Phone: (850) 510-7146

Brown, Audrey (Lobbyist) - Opponent

Florida Association of Health Plans, Inc
President & CEO
200 W College Ave
Tallahassee FL 32301
Phone: (850) 386-2904

Jordan, Matt (Lobbyist) - Proponent

American Cancer Society
GRD
1922 Dellwood Dr
Tallahassee FL 32308
Phone: (850) 519-2801

LaPolt, Alisa (Lobbyist) - Waive In Support

NAMI Florida
Executive Director
Tallahassee FL 32302-13
Phone: (850) 671-4445

Committee meeting was reported out: Wednesday, February 22, 2017 7:32:57PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/22/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

HB 449 : Health Insurance

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 | | | | |
| | Total Yeas: 12 | Total Nays: 2 | | | |

HB 449 Amendments

Amendment 686687

Adopted Without Objection

Appearances:

Bevis, Brewster (Lobbyist) - Opponent

Associated Industries of Florida

516 N. Adams St

Tallahassee FL

Phone: (850) 224-7173

Marni Jameson Carey (General Public) - Proponent

Association of Independent Doctors

Executive Director

400 N New York Ave Ste 213

Winter Park FL 32789

Phone: (407) 865-4110

Jeol Allumbaugh - Proponent

Foundation for Government Accountability

Senior Fellow

6 E Chestnut St.

Augusta ME

Phone: (207) 242-5007

Committee meeting was reported out: Wednesday, February 22, 2017 7:32:57PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/22/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

HB 449 : Health Insurance (continued)

Appearances: (continued)

Zander, Skylar (Lobbyist) - Proponent

Americans for Prosperity

Deputy State Director

200 W College Ave

Tallahassee FL 32301

Phone: (850) 728-4522

Nuzzo, Sal (General Public) - Proponent

The James Madison Institute

100 N Duval

Tallahassee FL 32301

Phone: (850) 322-9941

Sanford, Paul (Lobbyist) - Opponent

Florida Blue and Florida Insurance Council

106 S Monroe St

Tallahassee FL

Phone: (850) 222-7200

Committee meeting was reported out: Wednesday, February 22, 2017 7:32:57PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/22/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

HB 543 : Regulation of Nursing

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 | | | | |
| Total Yeas: 11 | | Total Nays: 0 | | | |

HB 543 Amendments

Amendment 315165

Adopted Without Objection

Appearances:

LaPolt, Alisa (Lobbyist) - Waive In Support
 Florida Nurses Association
 Tallahassee FL 32302-13
 Phone: (850) 443-1319

DeCastro, Martha (Lobbyist) - Proponent
 Florida Hospital Association
 VP Nursing & Clinical Care Policy
 306 E College Ave
 Tallahassee FL 32301
 Phone: (850) 222-9800

Committee meeting was reported out: Wednesday, February 22, 2017 7:32:57PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/22/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

HB 589 : Prescription Drug Price Transparency

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 | | | | |
| Total Yeas: 11 | | Total Nays: 0 | | | |

Appearances:

Bevis, Brewster (Lobbyist) - Proponent
 Associated Industries of Florida
 Po Box 784
 Tallahassee FL 32302-07
 Phone: (850) 224-7173

Barker, Dorene (Lobbyist) - Proponent
 AARP
 Associate State Director
 200 W College Ave Suite 304
 Tallahassee FL 32301
 Phone: (850) 228-6357

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COMMITTEE MEETING REPORT

Health Innovation Subcommittee

2/22/2017 3:30:00PM

Location: Mashburn Hall (306 HOB)

PCB HIS 17-01 : Medicaid Block Grants

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 | | | | |
| Total Yeas: 8 | | Total Nays: 5 | | | |

Appearances:

Congressman Matt Gaetz - Proponent
 Congressional District #1
 FL

Nuzzo, Salvatore (General Public) - Proponent
 The James Madison Institute
 100 N Duval Street
 Tallahassee Florida 32301
 Phone: 8503229941

Daniels, Michael (Lobbyist) - Information Only
 Florida Alliance for Assistive Services & Technology, Inc
 Executive Director
 3333 W Pensacola St Bldg. 100, Suite 140
 Tallahassee FL 32304
 Phone: (850) 487-3278

Woodall, Karen (Lobbyist) - Opponent
 Florida Center for Fiscal & Economic Policy
 Director
 579 E Call St
 Tallahassee FL 32301
 Phone: (850) 321-9386

Committee meeting was reported out: Wednesday, February 22, 2017 7:32:57PM



HOUSE OF REPRESENTATIVES
COMMITTEE/SUBCOMMITTEE
ATTENDANCE ROLL CALL

The Committee/Subcommittee on Health Innovation

met at 3:30 pm o'clock on 2-22-17 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 | ✓ | | |
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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
 Meeting Date: 2-22-17
 Place: 306 HOB
 Time: 3:30 pm

Bill Number: HB 95
 Date Received: _____
 Date Reported: _____
 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 | 858783 | | | | | | | |
|-----------------------|------|--------------|--------|------|------|------|------|------|------|------|
| 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 | | | | | | | | |
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| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 13 | 0 | | | | | | | | | |

Adopted
w/o
objection

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
Meeting Date: _____
Place: _____
Time: _____

Bill Number: HB 449
Date Received: _____
Date Reported: _____
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 | 686687 | | | | | | | |
|-----------------------|------|--------------|--------|------|------|------|------|------|------|------|
| 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 | | | | | | | | |
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| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 12 | 2 | | | | | | | | | |

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
 Meeting Date: 2-22-17
 Place: 306 HOB
 Time: 3:30 pm

Bill Number: HB 543
 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 | 315/65 | | | | | | | |
|--------------------|------|--------------|--------|------|------|------|------|------|------|------|
| 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 | | | | | | | | |
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| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 11 | 0 | | | | | | | | | |

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
 Meeting Date: 2-22-17
 Place: 306 HOB
 Time: 3:30 PM

Bill Number: HB 589
 Date Received: _____
 Date Reported: _____
 Subject: _____

Committee/Subcommittee Action:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Favorable <input type="checkbox"/> Favorable w/ _____ amendments <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Retained for Reconsideration <input type="checkbox"/> Reconsidered <input type="checkbox"/> Temporarily Postponed <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 | | | | | | | | |
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| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 11 | 0 | | | | | | | | | |

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

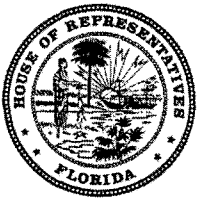
Committee/Subcommittee: Health Innovation
 Meeting Date: 2-22-17
 Place: 306 HOB
 Time: 3:30 pm

Bill Number: PCB HIS 17-01
 Date Received: _____
 Date Reported: _____
 Subject: _____

Committee/Subcommittee Action:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Favorable <input type="checkbox"/> Favorable w/ _____ amendments <input type="checkbox"/> Favorable w/Committee/Subcommittee Substitute <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Retained for Reconsideration <input type="checkbox"/> Reconsidered <input type="checkbox"/> Temporarily Postponed <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 | | | | | | | | |
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| Yeas | Nays | TOTALS | Yeas | Nays | Yeas | Nays | Yeas | Nays | Yeas | Nays |
| 8 | 5 | | | | | | | | | |



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 95</u> | |
| Amendment Number: _____ | |

Name: Dr Robert Levin

Representing: Florida Society of Rheumatology

Title: MD., President Fl Society of Rheumatology

Address: 1831 North Belcher Rd ~~Suite D~~ Suite D2

City: Clearwater State/Zip: FL 33765

Phone Number: 727-734-6631 Meeting Date: 2/23/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: non-medical switching & changes to drug formularies

Registered Lobbyist: YES NO

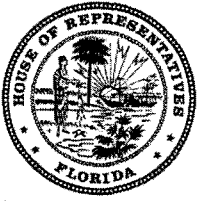
State Employee: YES NO

- 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

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| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>95</u> | |
| Amendment Number: _____ | |

Name: Chris Nuland

Representing: Florida Gastroenterologic Society

Title: _____

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32209

Phone Number: 904-233-3051 Meeting Date: 2/22/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

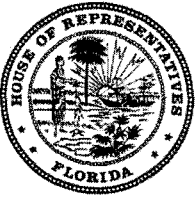
State Employee: YES NO

- 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

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| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>HB95</u> | |
| Amendment Number: _____ | |

Velma

Name: Velma Stevens

Representing: Sickle Cell Foundation, Inc.

Title: Executive Director

Address: 1336 Vickers Rd,

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-222-2355 Meeting Date: 2/22

Committee/Subcommittee: House Health Innovation Subcommittee

Presentation/Workshop Topic: Best i Switch

Registered Lobbyist: YES NO

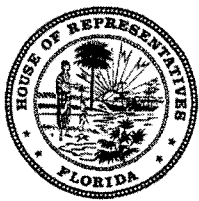
State Employee: YES NO

- 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: 95
Amendment Number: []

Name: Bo Tucker, MD

Representing: Florida Chapter, American College of Physicians

Title: []

Address: 1000 Riverside Ave # 220

City: Jacksonville State/Zip: FL 32207

Phone Number: 904-355-0800 Meeting Date: 2/22/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: []

Registered Lobbyist: YES [] NO [checked]

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.

| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>95</u> | |
| Amendment Number: _____ | |

Name: Ben Twilley

Representing: Express ~~Scripts~~ Scripts

Title: Senior Manager State Government Affairs

Address: 2412 Lincoln St

City: Columbia State/Zip: SC 29201

Phone Number: 803-394-7001 Meeting Date: 2/22

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

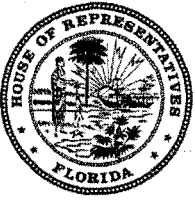
State Employee: YES NO

- 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 95</u> | |
| Amendment Number: _____ | |

stapp?

Name: Rachelle Csapo (Chapo)

Representing: Self

Title: Clinical Nurse Educator, RN

Address: 1948 Legacy Cove Dr

City: Maitland State/Zip: 32751, FL

Phone Number: 786-342-9214 Meeting Date: _____

Committee/Subcommittee: Health Innovations Subcommittee

Presentation/Workshop Topic: Bart and Switch

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.

Fran-core

| | | |
|--|------------------------------------|-------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment | HB 95 |
| Bill/PCS/PCB Number: HB 95 | | 95 |
| Amendment Number: _____ | | |

Name: JERI FRANCOEUR

Representing: FLORIDA BREAST CANCER FOUNDATION

Title: BOARD MEMBER

Address: 1 SHARON TERR

City: ORMOND BEACH State/Zip: FL 3204

Phone Number: 386-295-1554 Meeting Date: 2-22-17

Committee/Subcommittee: HOUSE HEALTH INNOVATION SUB.

Presentation/Workshop Topic: FAIR X

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

| |
|---|
| <input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: 95 : Consumer Protection from Nonmedical Changes to Prescription Drug Formularies PCB/PCS/Amendment #: N/A |
|---|

Name: **Brewster Bevis**

Representing: **Associated Industries of Florida**

Title:

Address: **516 N. Adams St.**

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

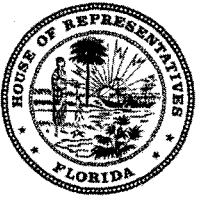
Phone Number: **850-224-7173** Meeting Date: **February 22, 2017 3:30 PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

Presentation/Workshop Topic: **Consumer Protection from Nonmedical Changes to Prescription Drug Formularies**

- 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> |
| Opponent |
| <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.

| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>HB 95</u> | |
| Amendment Number: _____ | |

Name: Chuck Carmen

Representing: Floridians For Reliable Health Coverage

Title: Exec. Director Epilepsy Assoc. of Florida ^{FI}

Address: 109 N. Kirkman Rd

City: Orlando State/Zip: FL 32811

Phone Number: 407-414-9876 Meeting Date: 2-22-17

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: HB 95

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

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| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>95</u> | |
| Amendment Number: _____ | |

Felle Curve-uh

Name: Fely Curva Ph. D.

Representing: Budd Bell Clearinghouse on Human Services

Title: Coordinator

Address: 1212 Piedmont Dr.

City: Tallahassee State/Zip: FL 32312

Phone Number: (850) 508-2256 Meeting Date: 2/22/17

Committee/Subcommittee: House Health Innovation Subc.

Presentation/Workshop Topic: Consumer Protection

Registered Lobbyist: YES NO

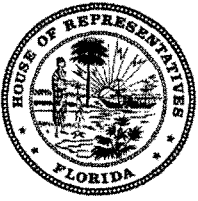
State Employee: YES NO

- 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

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|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>HB 95</u> | |
| Amendment Number: _____ | |

Name: Abigail Stoddard

Representing: Paine Therapeutics

Title: Government Affairs Principal

Address: 4434 Pillsbury Ave S

City: Minneapolis State/Zip: MN 55419

Phone Number: 612 616 1431 Meeting Date: 2/22/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

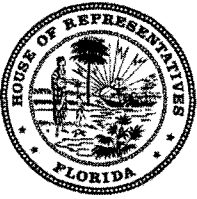
State Employee: YES NO

- 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

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| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>HB95</u> | |
| Amendment Number: _____ | |

Name: STEPHEN R. LOINU

Representing: FLORIDA DISTRICTAL MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BLURSTONE PINES DR

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 2-29-2017

Committee/Subcommittee: HEALTH INNOVATION SUBCOMMITTEE

Presentation/Workshop Topic: PERSONAL PROTECTION FROM NONMEDICAL CHANGES

Registered Lobbyist: YES NO

State Employee: YES NO

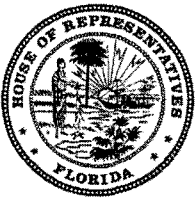
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

WAVE IN SUPPORT

(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

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| | |
|---|------------------------------------|
| <input checked="" type="checkbox"/> 95 Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: _____ | |
| Amendment Number: _____ | |

Name: Labasky
Boeth LABASKY

Representing: Alpha One Foundation

Title: Consultant

Address: 1400 Village Square Blvd

City: Tall. State/Zip: Fla 32312

Phone Number: 850 3227335 Meeting Date: _____

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

WAVE TIME 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



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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| |
|--|
| <input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 95 : Consumer Protection from Nonmedical Changes to Prescription Drug Formularies PCB/PCS/Amendment #: N/A |
|--|

Name: **Sanford, Paul**

Representing: **Florida Blue and Florida Insurance Council**

Title:

Address: **106 S Monroe St**

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

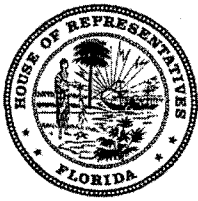
Phone Number: **(850) 222-7200** Meeting Date: **Feb 22 2017 3:30PM**

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> |
| Opponent |
| <u>Amendment</u> |
| N/A |



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>HB 95</u> | |
| Amendment Number: _____ | |

Name: Valencia Robinson

Representing: Florida Breast Cancer Foundation

Title: Advocate

Address: 1628 Piccadilly Dr.

City: Daytona Beach State/Zip: FL 32117

Phone Number: 386-405-7997 Meeting Date: _____

Committee/Subcommittee: House Health Innovation Subcommittee

Presentation/Workshop Topic: FAIR X

Registered Lobbyist: YES NO

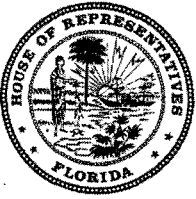
State Employee: YES NO

- 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

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| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>95</u> | |
| Amendment Number: _____ | |

Name: Joy Ryan

Representing: America's Health Insurance Plans ("AHIP")

Title: _____

Address: 325 W. College Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: 339-8083 Meeting Date: 2-22-17

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

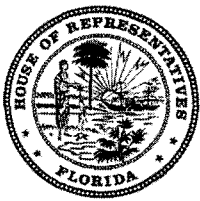
State Employee: YES NO

- 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

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|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>HB 95</u> | |
| Amendment Number: _____ | |

Name: Dorice Barker

Representing: ARP

Title: Associate State Director

Address: 700 W. College

City: Gall State/Zip: FL 32801

Phone Number: 228-6357 Meeting Date: Feb 22 2017

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Protection from Non-Medical Changes

Registered Lobbyist: YES NO

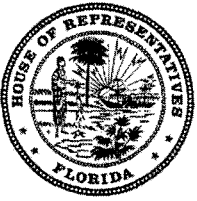
State Employee: YES NO

- 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

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| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>95</u> | |
| Amendment Number: _____ | |

Name: Doug Bell

Representing: Epilepsy Assoc. of Central FL / FL Chapter - Pediatricians

Title: _____

Address: 101 N. Monroe St.

City: TLH State/Zip: FL

Phone Number: 510 7146 Meeting Date: _____

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: HB 95
Amendment Number: []

Name: Audrey Brown

Representing: Florida Association of Health Plans

Title: President and CEO

Address: 200 W. College Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: 386-2904 Meeting Date: 2-22-17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: HB 95

Registered Lobbyist: YES [checked] NO []

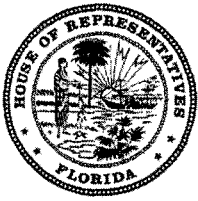
State Employee: YES [] NO [checked]

- 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 [] 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.

| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>15R 96</u> | |
| Amendment Number: _____ | |

Name: Matt Jordan

Representing: American Cancer Society

Title: GRD

Address: 1922 Dellwood Dr

City: Tallahassee State/Zip: FL

Phone Number: 850-519-2801 Meeting Date: 2-22-17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

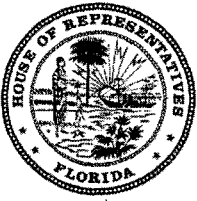
State Employee: YES NO

- 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>95</u> | |
| Amendment Number: _____ | |

A-lee-sa

Name: Alisa LaPort

Representing: NAMI Florida - National Alliance of Mental Illness

Title: Executive Director

Address: _____

City: Tallahassee State/Zip: _____

Phone Number: 850-671-4445 Meeting Date: 2/21

Committee/Subcommittee: _____

Presentation/Workshop Topic: Switching of medications

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



04255436



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: 449 : Health Insurance PCB/PCS/Amendment #: N/A |
|--|

Name: **Brewster Bevis**

Representing: **Associated Industries of Florida**

Title:

Address: **516 N. Adams St**

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

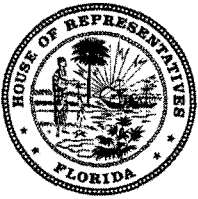
Phone Number: **(850) 224-7173** Meeting Date: **February 22, 2017 3:30 PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

Presentation/Workshop Topic: **Health Insurance**

- 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> |
| Opponent |
| <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.

| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>449</u> | |
| Amendment Number: _____ | |

Name: Marni Jameson Carey

Representing: Association of Independent Doctors

Title: Executive Director

Address: 400 N. New York ave Ste 213

City: Winter Park State/Zip: FL 32789

Phone Number: 407 865 4110 Meeting Date: Feb. 22, 2017

Committee/Subcommittee: Health Innovations Subcommittee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

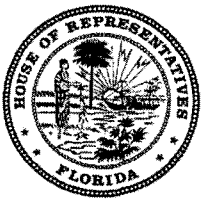
State Employee: YES NO

- 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.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 449
Amendment Number: []

Name: Allumbaugh
Joel Allumbaugh

Representing: Foundation for Government Accountability

Title: Senior Fellow

Address: 6 East Chestnut St.

City: Augusta State/Zip: ME

Phone Number: 207-242-5007 Meeting Date: 2/22/17

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic:

Registered Lobbyist: YES [] NO [checked]

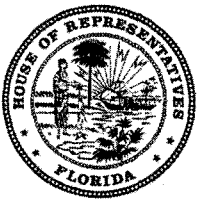
State Employee: YES [] NO [checked]

- 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.

| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>449</u> | |
| Amendment Number: _____ | |

Name: Skylar Zander

Representing: Americans for Prosperity

Title: Deputy State Director

Address: 200 W College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-728-4522 Meeting Date: 2-22-17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

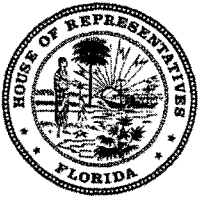
State Employee: YES NO

- 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: <u>449</u> | |
| Amendment Number: _____ | |

Name: SAL NUZZO

Representing: THE JAMES MADISON INST

Title: _____

Address: _____

City: TALL. State/Zip: FL 32301

Phone Number: 850-322-9941 Meeting Date: 2/23

Committee/Subcommittee: HERMIT INNOC

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



35085198



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Paul Sanford

| |
|--|
| <input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: 449 : Health Insurance PCB/PCS/Amendment #: N/A |
|--|

Name: Paul Sanford

Representing: Florida Blue and Florida Insurance Council

Title:

Address: 106 S Monroe St

City: Tallahassee State/Zip: FL

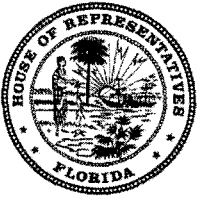
Phone Number: (850) 222-7200 Meeting Date: February 22, 2017 3:30 PM

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> |
| Opponent | |
| | <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.

| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>543</u> | |
| Amendment Number: _____ | |

Name: Alisa Lafolt

Representing: Florida Nurses Association

Title: Lobbyist

Address: _____

City: Tallahassee State/Zip: _____

Phone Number: 850-443-1319 Meeting Date: 2/21

Committee/Subcommittee: _____

Presentation/Workshop Topic: Nursing Programs

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>543</u> | |
| Amendment Number: _____ | |

Name: NATHAN DECASTRO

Representing: FL HOSP ASSOCIATION

Title: VP NURSING & CLINICAL CARE POLICY

Address: 3006 E COLLEGE AVE

City: TLH State/Zip: FL

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: HEALTH INNOVATION

Presentation/Workshop Topic: NURSING EDUCATION

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



86412439



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: 589 : Prescription Drug Price Transparency PCB/PCS/Amendment #: N/A |
|--|

Name: **Brewster Bevis**

Representing: **Associated Industries of Florida**

Title:

Address: **Po Box 784**

City: **Tallahassee** State/Zip: **FL 32302-07**

Phone Number: **(850) 224-7173** Meeting Date: **February 22, 2017 3:30 PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

Presentation/Workshop Topic: **Prescription Drug Price Transparency**

| | | | | | |
|--|--|-------------|------------------|------------------|------------|
| <input checked="" type="checkbox"/> Registered Lobbyist <input type="checkbox"/> State Employee <input checked="" 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 checked="" type="checkbox"/> Lobbyist Appearance Form Submitted | <table border="1"> <tr> <td style="text-align: center;"><u>Bill</u></td> </tr> <tr> <td>Proponent</td> </tr> <tr> <td style="text-align: center;"><u>Amendment</u></td> </tr> <tr> <td>N/A</td> </tr> </table> | <u>Bill</u> | Proponent | <u>Amendment</u> | N/A |
| <u>Bill</u> | | | | | |
| Proponent | | | | | |
| <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.

| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>584</u> | |
| Amendment Number: _____ | |

Name: Doreen Burke

Representing: AARP

Title: Assistant Job Director

Address: 200 W College

City: Jacksonville State/Zip: FL 32301

Phone Number: 228-6357 Meeting Date: 2-22-15

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Drug Transparency

Registered Lobbyist: YES NO

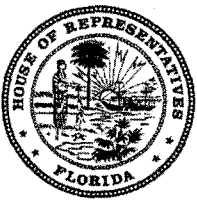
State Employee: YES NO

- 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>1701</u> | |
| Amendment Number: _____ | |

Name: Matt Gaetz

Representing: Congressional District #1

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Meeting Date: _____

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



06975793



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: 1701 PCB/PCS/Amendment #: HIS17-01 |
|---|

Name: **nuzzo, salvatore**

Representing: **The James Madison Institute**

Title:

Address: **100 N Duval Street**

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

Phone Number: **8503229941** Meeting Date: **Feb 22 2017 3:30PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

Presentation/Workshop Topic: **Medicaid Block Grant**

- 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> |
| Proponent |
| <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.

| | |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Bill | <input type="checkbox"/> Amendment |
| Bill/PCS/PCB Number: <u>HS 17-01</u> | |
| Amendment Number: _____ | |

Name: Michael Daniels

Representing: FAAST

Title: Executive Director

Address: 3333 W Pensacola street

City: Tallahassee State/Zip: 32304

Phone Number: 850-487-3278 Meeting Date: 3:30

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

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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: 17-01
Amendment Number:

Name: Karen Woodall
Representing: FCFEP
Title: Director
Address: 579 E. Call St.
City: Tallahassee State/Zip: FL 32301
Phone Number: 850-321-9386 Meeting Date: 2/27/17
Committee/Subcommittee: Health Innovation
Presentation/Workshop Topic: Block grant

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