

Health Innovation Subcommittee

Monday, March 27, 2017 12:30 PM - 3:00 PM Mashburn Hall

Action Packet

Health Innovation Subcommittee 3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

Summary:

Health Innovation Subcommittee

Monday March 27, 2017 12:30 pm

HB 569 Favorable With Committee Substitute Amendment 861613 Adopted Without Objection	Yeas: 13	Nays: 2
HB 579 Favorable With Committee Substitute Amendment 302421 Adopted Without Objection	Yeas: 15	Nays: 0
HB 877 Favorable With Committee Substitute Amendment 657369 Adopted Without Objection	Yeas: 15	Nays: 0
HB 1077 Favorable	Yeas: 10	Nays: 5
HB 1191 Favorable With Committee Substitute Amendment 689821 Adopted Without Objection	Yeas: 14	Nays: 0

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

Attendance:

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

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 569: Medical Records

X 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: 2	2		

HB 569 Amendments

Amendment 861613

X Adopted Without Objection

Appearances:

Henderson, Cynthia (Lobbyist) - Waive In Opposition CIOX Health 108 E Jefferson St Tallahassee FL 32301 Phone: (850) 559-0855

Barker, Dorene (Lobbyist) - Waive In Support AARP Associate State Director 200 W College Ave Suite 304 Tallahassee FL 32301 Phone: (850) 228-6387

Jeeves, Scott (General Public) - Proponent Attorney

Tampa FL

Phone: (813) 249-2929

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 569: Medical Records (continued)

Appearances: (continued)

Cotterall, William (General Public) - Proponent Florida Justice Association Attorney Tallahassee FL 32301

Thompson, Glenneta (General Public) - Opponent 11750 NE 109th Place Archer FL 32618 Phone: (325) 339-6719

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 579: Payment of Health Care Claims

X 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: 15	Total Nays: 0			

HB 579 Amendments

Amendment 302421

X Adopted Without Objection

Appearances:

Troncoso, Wences (Lobbyist) - Opponent Florida Association of Health Plans, Inc Vice President & General Counsel 200 W College Ave Tallahassee FL 32301

Phone: (850) 386-2904

George, Marnie (Lobbyist) - Waive In Support Florida Chapter American College of Cardiology Sr. Advisor 101 N Monroe St

Tallahassee FL 32303 Phone: (850) 510-8866

Bell, Doug (Lobbyist) - Waive In Support Florida Chapter American Academy of Pediatrics 101 N Monroe St Tallahassee Fl

Phone: (850) 681-4270

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 579: Payment of Health Care Claims (continued)

Appearances: (continued)

Winn, Stephen (Lobbyist) - Waive In Support Florida Osteopathic Medical Association Executive Director 2544 Blairstone Pines Dr Tallahassee FL 32301 Phone: (850) 878-7364

Bruning, Dr Paul (General Public) - Proponent FL Orthopedic Society Chief Operating Officer 3334 Capital Medical Blvd Tallahassee Fl 32308 Phone: (850) 877-8174

Dudley, Alison (Lobbyist) - Waive In Support Florida Radiological Society, Inc President, AB Dudley Association Po Box 428 Tallahassee FL 32302 Phone: (850) 559-1139

Ryan, Joy (Lobbyist) - Opponent AHIP - America's Health Insurance Plans 325 W College Ave Tallahassee FL 32301 Phone: (850) 425-4000

Sanford, Paul (Lobbyist) - Opponent Florida Blue, FIC 106 S Monroe St Tallahassee FL 32301 Phone: (850) 222-7200

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

Barker, Dorene (Lobbyist) - Waive In Support AARP Associate State Director 200 W College Ave Suite 304 Tallahassee FL 32301 Phone: (850) 228-6387

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 579: Payment of Health Care Claims (continued)

Appearances: (continued)

Lyon, Chris (Lobbyist) - Waive In Support Fl Association of Nurse Anesthetists Attorney 315 S. Calhoun St., Suite 830 Tallahassee Fl 32309 Phone: (850) 222-5702

Lambert, Paul (Lobbyist) - Waive In Support Florida Chiropractic Association 263 Rosehill Dr N Tallahassee FL 32312 Phone: (850) 597-2696

Hansen, Christopher (Lobbyist) - Waive In Support Florida Podiatric Medical Association Ballard Partners 403 E Park Ave Tallahassee FL 32312 Phone: (850) 577-0444

Hart, Joe Ann (Lobbyist) - Waive In Support Florida Dental Association Director of Governmental Affairs 118 E Jefferson St Tallahassee FL 32301 Phone: (850) 224-1089

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB) **HB 877:** Health Insurer Authorization

X

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			<u></u> -	
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
MaryLynn Magar (Chair)	X				
	Total Yeas: 15	Total Nays: 0)		

HB 877 Amendments

Amendment 657369

X Adopted Without Objection

Appearances:

Troncoso, Wences (Lobbyist) - Opponent Florida Association of Health Plans, Inc Vice President & General Counsel 200 W College Ave Tallahassee FL 32301 Phone: (850) 386-2904

Jordan, Matt (Lobbyist) - Waive In Support American Cancer Society GRD 1922 Dellwood Dr Tallahassee FL 32303 Phone: (850) 519-2801

George, Marnie (Lobbyist) - Waive In Support Florida Chapter American College of Cardiology Sr Advisor 101 N Monroe St Tallahassee FL 32303

Phone: (850) 510-8866

Print Date: 3/27/2017 5:10 pm Leagis ® Page 8 of 14

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 877: Health Insurer Authorization (continued)

Appearances: (continued)

Bell, Doug (Lobbyist) - Waive In Support Florida Chapter American Academy of Pediatrics 101 N Monroe St Tallahassee Fl

Phone: (850) 894-6990

Lyon, Aimee (Lobbyist) - Waive In Support The AIDS Institute; Bio Florida 119 South Monroe Street Tallahassee FL 32301 Phone: (850) 205-9000

Labasky, Beth (Lobbyist) - Waive In Support Alpha One Foundation Consultant 1400 Village Square Blvd Tallahassee FL 32309 Phone: (850) 322-7335

Winn, Stephen (Lobbyist) - Waive In Support Florida Osteopathic Medical Association Executive Director 2544 Blairstone Pines Dr Tallahassee FL 32301 Phone: (850) 878-7364

Dudley, Alison (Lobbyist) - Waive In Support Florida Radiological Society, Inc President, AB Dudley Associates Po Box 428 Tallahassee FL 32302 Phone: (850) 559-1139

Francoeur, Jeri (General Public) - Waive In Support Florida Breast Cancer Foundation Board Member 1 Sharon Terrace Ormond Beach FL 32174 Phone: (386) 295-1554

Symons, Peggy (General Public) - Proponent NAMI of Greater Orlando Advocate 1410 Chris Ave Deland FL 32724

Sanford, Paul (Lobbyist) - Opponent Florida Blue, FIC 106 S Monroe St Tallahassee FL 32301 Phone: (850) 222-7200

Committee meeting was reported out: Monday, March 27, 2017 5:10PM

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 877: Health Insurer Authorization (continued)

Appearances: (continued)

Ryan, Joy (Lobbyist) - Opponent America's Health Insurance Plans 325 W College Ave Tallahassee FL 32301 Phone: (850) 425-4000

Bianchi, Mandy (General Public) - Waive In Support Epilepsy Association of the Big Bend Executive Director 1302 E Sixth Ave Tallahassee FL 32303 Phone: (850) 222-1777

Robinson, Valencia (General Public) - Waive In Support Florida Breast Cancer Foundation Survivor 1628 Piccadilly Dr Dayton Bch FL 32117 Phone: (386) 405-7997

Levin, MD, Robert W (General Public) - Proponent Florida Society of Rheumatology President 1831 N Belcher Rd Clearwater FL 33765 Phone: (727) 734-6631

Irwin, Pam - Waive In Support Capital Medical Society Executive Director 8530 Charrington Forest Blvd Tallahassee FL 32312 Phone: (850) 559-8611

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

Barker, Dorene (Lobbyist) - Waive In Support AARP Associate State Director 200 W College Ave Tallahassee FL 32301 Phone: (850) 228-6387

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB) **HB 1077 : Trauma Services**

X 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: 10	Total Nays: 5			<u>.</u>

Appearances:

Runk, Paul (Lobbyist) (State Employee) - Proponent Department of Health Legislative Affairs Director 2585 Merchants Row Blvd Tallahassee FL 32399-0001 Phone: (850) 245-4006

Delegal, Mark (Lobbyist) - Opponent Safety Net Hospital Alliance of Florida General Counsel 315 S Calhoun St Tallahassee FL 32301 Phone: (850) 425-5685

Menton, Steve (Lobbyist) - Proponent HCA Attorney 920 Live Oak Plantation Tallahassee FL 32308 Phone: (850) 651-6788

Zepp, Victoria (Lobbyist) - Opponent Tenet Healthcare Corporation 121 N. Monroe Street Tallahassee FL 32301 Phone: (850) 241-6309

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB) **HB 1077 : Trauma Services (continued)**

Appearances: (continued)

Epstein, Dr. Steven (General Public) - Opponent Bayfront Health ST Pete Trauma Surgeon 106 E College Ave Tallahassee FL 32301 Phone: (850) 228-7959

Stickle, Crystal (Lobbyist) - Opponent Florida Hospital Association VP Governmental Affairs 306 E College Ave Tallahassee FL 32301 Phone: (850) 222-9800

Henning, Lisa (Lobbyist) - Waive In Opposition Florida State Fraternal Order of Police Legislative Director 242 Office Plaza Drive Tallahassee FL 32301 Phone: (850) 766-8808

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB) **HB 1191: Medication Synchronization**

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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: 14	Total Nays: 0			

HB 1191 Amendments

Amendment 689821

X Adopted Without Objection

Appearances:

McGhee, Darrick D. (Lobbyist) - Waive In Support Florida Retail Federation VP of Govt'l Relations 537 East Park Avenue Tallahassee Fl 32301 Phone: (850) 321-6489

Curva, Felicidad (Lobbyist) - Waive In Support Bud Bell Clearinghouse on Human Services Coordinator Curva & Associates LLC 1212 Piedmont Dr Tallahassee FL 32312 Phone: (850) 508-2256

Barker, Dorene (Lobbyist) - Waive In Support AARP Associate State Director 200 W College Ave Tallahassee FL 32301 Phone: (850) 228-6387

Committee meeting was reported out: Monday, March 27, 2017 5:10PM

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 1191 : Medication Synchronization (continued)

Appearances: (continued)

West, Sally (Lobbyist) - Waive In Support Walgreens Company Director of Government Relations 2966 Bay Shore Dr Tallahassee FL 32309 Phone: (224) 723-2650

Winn, Stephen (Lobbyist) - Waive In Support Florida Osteopathic Medical Association Executive Director 2544 Blairstone Pines Dr Tallahassee FL 32301 Phone: (850) 878-7364

Lyon, Aimee (Lobbyist) - Waive In Support
American Lung Association of Florida; Florida Academy of Family Physicians
119 South Monroe Street
Tallahassee FL 32301
Phone: (850) 205-9000



HOUSE OF REPRESENTATIVES <u>COMMITTEE/SUBCOMMITTEE</u> <u>ATTENDANCE ROLL CALL</u>

The Committee/Subcommittee on Health Innovation

met at 12:30 pm o'clock on	3-27-17	with the following attendance:			
<u>Member</u>	Present	Absent*	Excused		
Magar, Chair	V				
Baez					
Cortes	✓				
Diaz	\checkmark				
Drake	\checkmark				
Duran	√				
Hardemon	✓				
Harrison	\checkmark				
Henry	\checkmark				
Killebrew	\checkmark				
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.

		COMMI	TTEE/S	UBCOMM	ITTEE F	BILL AC	CTION V	VORKSI	HEET		
Committee/Subcommittee: Health Innovation Meeting Date: 3-27-17 Place: 306 HoB Time: 12:30 pm Committee/Subcommittee Action: Favorable Favorable w/ amendments Favorable w/Committee/Subcommittee Subs Other Action:						ate Repe Su	orted: bject: Reta Reco Tem	ined for onsidered porarily	Reconsid	 leration	
	Other A	ction:				∐	Unfa	vorable			
Final On		MEMBI	ERS	8616	13						
Yea	Nay			Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
\checkmark		Baez									
√		Cortes			\						
\/		Diaz		. ~	ec						
Ž		Drake		NOV							
\checkmark		Duran		10	0 /						
<u> </u>		Hardemon			VOL.						
\checkmark		Harrison		isie							
√		Henry		2007							
✓		Killebrew									
\checkmark		Renner									
√		Rommel									
\mathcal{J}		Toledo									
	>	Trumbull									
\checkmark		White									
		Magar, Chair	r								

Yeas

Nays 2 TOTALS

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas

Nays

Committee/Subcommittee:	Health Innovation	Bill Number:	143 579
Meeting Date:	3-27-17	Date Received:	
Place:	306 Has	Date Reported:	
Time:	12:30 pm	Subject:	
Committee/Subcommittee A Favorable Favorable w/ Favorable w/Commit Other Action:	Action: amendments ttee/Subcommittee Sub	ostitute	etained for Reconsideration econsidered emporarily Postponed nfavorable
Final Vote			

	Vote Bill	MEMBERS	3024	121						
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Baez								
		Cortes								
		Diaz		ba						
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✓		Harrison		VO.	/					
√		Henry	.:0	\mathcal{P}						
✓		Killebrew	ाठें९							
✓		Renner	/							
J		Rommel								
√		Toledo								
\checkmark		Trumbull								
~		White								
<u> </u>		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	Ø									

Committee/Subcommittee: Health Innovation Meeting Date: 3-27-17 Place: 306 H0B Time: 12:30 pm Committee/Subcommittee Action: Favorable Favorable w/ amendments Favorable w/Committee/Subcommittee Sul Other Action:		D	ate Reco	orted: bject: Reta Reco Tem	ined for	Reconsid	 leration			
Final		MEMBERS	6573	1,0	1			:		
On Yea	Nay	MEMBERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
\/	2,00	Baez		1.232		2 100 / 2				
Ĭ,		Cortes		7						
<u> </u>		Diaz	200	ee						
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✓		Hardemon		XOV.						
\checkmark		Harrison	100							
✓		Henry	0,7							
✓		Killebrew								
\checkmark		Renner								
✓		Rommel								
√ ,		Toledo								
✓		Trumbull								
√		White								
<u> </u>		Magar, Chair								
	1									1

Yeas

15

Nays

TOTALS

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas

Nays

Comm		ocommittee: Heal eeting Date: 3-7 Place: 30 Time: 12	27-17	_	ate Reco ate Repo		13 IC	77		•
	Favorabl Favorabl	le w/ an le w/Committee/Su	nendments	ubstitute		Reco Tem	nsidered	Reconsid l Postpon		
	Vote Bill	MEMBERS						-		_
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	N
	J	Baez								
		Cortes								
<u> </u>		Diaz								
./		Drake								

On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	J	Baez		•						
	<u> </u>	Cortes								
		Diaz								
<u> </u>		Drake								
✓		Duran								
<u> </u>		Hardemon								
	V	Harrison								
	<i></i>	Henry								
V		Killebrew								
✓		Renner								
✓		Rommel								
	✓	Toledo								
√		Trumbull								
V		White								
		Magar, Chair								
										
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										-
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		1		*		-				

Committee/Subcommittee: Health Innovation Meeting Date: 3-27-17 Place: 306 H08 Time: 12:30 pm					Bill Nur Pate Rece ate Repe Su	eived: _	18 110	71			
Committee/Subcommittee Action: Favorable Favorable w/ amendments Favorable w/Committee/Subcommittee Substitute Other Action: Retained for Reconsideration Reconsidered Temporarily Postponed Unfavorable											
	Vote Bill Nay	MEMB	ERS	6898 Yeas	21 Nays	Yeas	Nays	Yeas	Nays	Yeas	

Final	Vote		1 000							
On	Bill	MEMBERS	6898	521						
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Baez								
		Cortes								
		Diaz								
		Drake	Marke							
✓		Duran	DOOK							
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\/		Harrison		101						
		Henry	wee							
√		Killebrew	002							
√		Renner								
√		Rommel								
		Toledo								
		Trumbull								
		White								
✓		Magar, Chair	-							
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Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
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	,			
		Bill/PCS/PCB Amendment	Number:5	nendment
Chatter t	lende	M		
Name: The American Representing:				
Title:				
Address: 108 5 Le	Acres	n St		
city: Tallaha	SSRE	State	e/Zip:	3230
Phone Number: <u>85055</u>	59085	<u>5</u> 5 Mee	ting Date:	
Committee/Subcommittee:	dear	e ste	Duro	<u>(</u>).
Presentation/Workshop Topic:				
Registere	ed Lobbyist: YES	NO []	
State Emp	ployee: YES	□ NO □]	
I wish to speak Appearing in response to an inquir Appearing in response to subpoen		made by member	r, committee, or sta	aff
Appearing at the written request of	of the chair			10
Judge or elected officer appearing		У		V/
Lobbyist Appearance form submitt	ted online			
(If you are testifying on an amendment, please	also indicate your p	position as a propor	nent or opponent on	the bill as a whole.)
Bill: Proponent	Opponent	Info	only	
Amendment: Proponent	Opponent	Info o	only 🔲	



Danama Rankia	Bill Amendment Bill/PCS/PCB Number: HB 569 Amendment Number:
Representing: AARP	
Title: HSSOCIATE State Di Address: 200 W. Collège 1	7
City: Jall	State/Zip: <u>F2 32301</u>
Phone Number: \$\\\ \SO \\ \QQ \& \- 638\\\ Committee/Subcommittee: ##################################	nnovation Subcommittee Records
I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacit Lobbyist Appearance form submitted online	. 5
(If you are testifying on an amendment, please also indicate your Bill: Proponent Opponent	
Amendment: Proponent Opponent	Info only



Jeeves	Bill Amendment Bill/PCS/PCB Number:
Name: Doott JEEVO	>
Representing: 564+	
Title: Attorney	
Address:	
City: 1411174	State/Zip:
Phone Number: 877 249 292	Meeting Date:
Committee/Subcommittee:	Incomprow
Presentation/Workshop Topic:	
Registered Lobbyist: YES State Employee: YES	NO X
I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacit 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 1 Opponent	Info only
Amendment: Proponent Opponent	Info only



		Cotter	all		PCS/PCB Number:	9
		<u> </u>				
Name	: <u> </u>	am Gotte	?rall			
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Δda	dress:				•	
		assel			State/Zip: <u></u> <i>F</i> と	301
Pho	one Number:				Meeting Date: $3/1$	7/19
Cor	nmittee/Subcom	nmittee: //ex	113 Inn	oue 1	ion Sieb.	
Pre	sentation/Work	shop Topic:	·		· 	
		Registered	Lobbyist: YES		NO 🗶	
		State Emplo	oyee: YES		NO 🔣	
∇	I wish to speak					
	,	ponse to an inquiry	for information	made b	y member, committee, or staff	
$\overline{\Box}$		ponse to subpoena			,	
	Appearing at the	written request of	the chair			
	Judge or elected officer appearing in official capacity					
	Lobbyist Appear	ance form submitted	d online			
(If you a	are testifying on an	amendment, please al	lso indicate your	position	as a proponent or opponent on the l	bill as a whole.)
, ,	Bill:	Proponent X	Opponent		Info only	
	Amendment:	Proponent	Opponent		Info only	



14346693



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the $\frac{\text{entire}}{\text{administrative}}$ form and submit two copies to the committee/subcommittee

		<u> </u>	JBill				
		Bill Number:	569 : Medical Records				
		PCB/PCS/At	nendment #: N/A				
Name:	Glenneta Thompson						
Representing:	Florida Health Informat	tion Management Association	on				
Title:							
Address:	11750 NE 109th Place						
City:	Archer	State/Zip:	FL 32618				
Phone Number:	352-339-6719	Meeting Date:	March 27, 2017 12:30 PM				
Committee/Sub	committee: Health l	Innovation Subcommittee					
Presentation/Wo	orkshop Topic: Medical	Records Copy Cost					
Registered L	•		Bill				
☐ State Employ			Opponent				
☐ I Wish To Speak Amendment							
Appearing in response to subpoena N/A							
Appearing in	response to an inquiry	for information made by	member, committee or staff				
Appearing at	the written request of t	he chair					
☐ Judge or elec	ted officer appearing in	official capacity					
Lobbyist Appearance Form Submitted							

not present



	Bill Amendment Bill/PCS/PCB Number: 5 7 9 Amendment Number:
Name: Wewces Trovess	>
Representing: Florida Associ	ection of Health Plans
Title: Vice Parident -	•
Address:	•
City:	
Phone Number: 050-386-2909	
Committee/Subcommittee:	
Presentation/Workshop Topic:	
Registered Lobbyist: YES	
State Employee: YES	
I wish to speak	
Appearing in response to an inquiry for information	made by member, committee, or staff
Appearing in response to subpoena	
Appearing at the written request of the chair	
Judge or elected officer appearing in official capacity	
Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate your p	position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment Bill/PCS/PCB Number: 579 Amendment Number:
Name: Mourrie George	
Representing: FL. Chapter, Amer	ican College of Cardiology
Title: Sr. Howison, Buchana	
Address: DI N. Wonroe St.	·
City: Telbhassee	State/Zip: <u>FL 32303</u>
Phone Number: <u>\$50 - 510 ~ 8866</u>	Meeting Date: 3/27/17
Committee/Subcommittee: Health Ty	inovation Subcommittee
Presentation/Workshop Topic: Retyo Ac	five Denial
Registered Lobbyist: YES	NO NO
State Employee: YES	NO V
I wish to speak wowe in SUPA	od /
Appearing in response to an inquiry for information	made by member, committee, or staff
Appearing in response to subpoena	
Appearing at the written request of the chair	
Judge or elected officer appearing in official capacit	y
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



	Bill Amendment Bill/PCS/PCB Number:
Name: Dog Boll Representing: El Chapter Auelicai	dealer at Pediatics
Title:	Treadrung of Volume 1183
Address: 101 N. Monfoe	
City:	State/Zip:
Committee/Subcommittee: Health I	nuountion
Presentation/Workshop Topic:	
Registered Lobbyist: YE	s NO
State Employee: YE	S NO
I wish to speak Appearing in response to an inquiry for informatio	n made by member, committee, or staff
Appearing in response to subpoena	/
Appearing at the written request of the chair	15
Judge or elected officer appearing in official capaci	ity
Lobbyist Appearance form submitted online	
If you are testifying on an amendment, please also indicate you	r position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



	Bill Amendment Bill/PCS/PCB Number: 579 Amendment Number:
Name: Stephen Winn Representing: Florida Osteopathic Title: Executive Director Address: 2544 Rlairstone Pi	
City: Tallahassee Phone Number: 878-7364 Committee/Subcommittee: Health Ir Presentation/Workshop Topic:	State/Zip: <u>FL 32301</u> Meeting Date: <u>3/27/17</u>
Registered Lobbyist: YES State Employee: YES	<u> </u>
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 Bill: Proponent Opponent	position as a proponent or opponent on the bill as a whole.) Info only
Amendment: Proponent Opponent	Info only



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment Bill/PCS/PCB Number: Amendment Number:
Name: Dr. Paul Br	cunina
Representing: FL Orthopedic	Esciety
Title: Chipf Opens	in Officer
Address: 3334 Copital	Mel Blud
City: TZH	State/Zip:
Phone Number: 850 - 877 - 81	74 Meeting Date: 3/27
Committee/Subcommittee:	Innovation
Presentation/Workshop Topic: Reserve	- osive denial
Registered Lobbyist: YES	□ NO/D
State Employee: YES	□ NO NO
wish to speak	
Appearing in response to an inquiry for information	made by member, committee, or staff
Appearing in response to subpoena	
Appearing at the written request of the chair	
Judge or elected officer appearing in official capacit	у
Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate your	position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment Bill/PCS/PCB Number: 579 Amendment Number:	
Name: Alison Dudy Representing: Florida Rodiological Society		
Title: President AB Dedly Address: P-B. Box 428	· A365	
City: $\frac{ Ta }{ So } \frac{ F }{ So }$ Phone Number: $\frac{ So }{ So } \frac{ So }{ So } \frac{ So }{ So } \frac{ So }{ So }$		
Presentation/Workshop Topic: Payment of Health Cove Claims Registered Lobbyist: YES A NO		
State Employee: YES		
Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capaci Lobbyist Appearance form submitted online	, 45	
If you are testifying on an amendment, please also indicate your Bill: Proponent Opponent	position as a proponent or opponent on the bill as a whole.)	
Amendment: Proponent Opponent	info only	



Bill/PCS/PCB Number: 4857	.9
Amendment Number:	
Name: Joy Rian	
Representing: AMON Ca'S Health Insurance	Plants
Title:	
Address: 325 W. College Ave.	
City: Tallahassus State/Zip: FL 323	<u>c</u> /
Phone Number: 425 - 4000 Meeting Date: 3 - 27 -	7
Committee/Subcommittee: Health Innovation	
Presentation/Workshop Topic: Payment of Health Care C	laims
Registered Lobbyist: YES NO	
State Employee: YES NO	
I wish to speak Appearing in response to an inquiry for information made by member, committee, or staff	
Appearing in response to subpoena Appearing in response to subpoena	
Appearing at the written request of the chair	
Judge or elected officer appearing in official capacity	
Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a wh	nole.)
Bill: Proponent Opponent Info only	
Amendment: Proponent Opponent Info only	



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

Bill Amendment Bill/PCS/PCB Number: Amendment Number:	
Name: Paul Sanford	
Representing: Florda Blue, FK	
Title:	
Address: 1065, Monroe 50	
City: <u>Tallahassee</u> State/Zip: <u>FL3236</u>	_
Phone Number: 850-222-7280 Meeting Date: 3-27-17	
Committee/Subcommittee:	
Presentation/Workshop Topic:	
Registered Lobbyist: YES NO	
State Employee: YES NO 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	



	Bill Amendment Bill/PCS/PCB Number: 579 Amendment Number:	
Name: Chris Nuland		
Representing: Planta Chapter, America	· College of Physicians	
Title:		
Address: 1000 Riverside De # 24	/C	
City: Tacksonville	State/Zip: A 32204	
Phone Number: 904-233-3051	Meeting Date: 3/27/17	
Committee/Subcommittee: Health Innovation		
Presentation/Workshop Topic:		
Registered Lobbyist: YES	NO NO	
State Employee: YES	□ NO □	
I wish to speak Appearing in response to an inquiry for information made by member, committee, or staff Appearing in response to subpoena		
Appearing at the written request of the chair	15	
Judge or elected officer appearing in official capacit	y Call	
Lobbyist Appearance form submitted online		
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)		
Bill: Proponent Opponent	Info only	
Amendment: Proponent Opponent	Info only	



Please fill out the $\underline{\text{entire}}$ form and submit $\underline{\text{both}}$ copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment Bill/PCS/PCB Number: Amendment Number:
Name: Dorene Carker Representing: APRP Title: ADOOUNTU STATE DUE Address: DD W. Callege Ave	ctv/ Ste 304
City: Juli Phone Number: \$\int \frac{350}{228-6387} Committee/Subcommittee: \frac{46387}{228-6387}	State/Zip: F1 3230/ Meeting Date: Mach 2) 20/7 Move Subcammatter Health Cere Claims NO NO NO NO NO NO NO NO
I wish to speak Appearing in response to an inquiry for information 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	y S
Bill: Proponent Opponent Amendment: Proponent Opponent	Info only Info only



Name: <u>Chris L</u> Representing: <u>Flo</u> r	yon Ly ida Associati		Bill/PCS/PCE Amendment	t Number:	Amendment AS 579	-
Title: Attorney Address: 315		St., Ste. 9	330			
City: Tollahoss. Phone Number: Committee/Subcom	12-5702	Innovatio-	Mee	eting Date:	32301	
Presentation/Works	Registered L	obbyist: YES 🗸 yee: YES 🗌]		-
Appearing in resp Appearing at the Judge or elected	ponse to an inquiry for ponse to subpoena written request of the officer appearing in co ance form submitted	ne chair official capacity	de by membe	r, committee,	or staff	sent
(If you are testifying on an a	Proponent	o indicate your pos	7	onent or oppone	ent on the bill as a wh	iole.)
Amendment:	Proponent	Opponent	Info	only		



			_			
	\cap	, ,)			Amendment mber: 579 mber:	
Name:	YAU	LAMbe	TT			•
Repres	senting: F/	A. Chi	ROPAR	ACTIC H	550	
Title	<u>.</u>		V			
Add	lress:	63 toge	shill	Drive	V	
City	:	AllALAS	see	State/Zip	o: FL30312	
Pho	ne Number:	350 597	-2696	Meeting	Date: 3/27/17	
Con	nmittee/Subcom	mittee:			· '	
Pres	sentation/Works	hop Topic:				
		Registered Lo	obbyist: YES	NO D		
ve.		State Employ	/ee: YES	□ NQ □		
M	WANG I wish to speak	= iNSU	pront-	~		
	Appearing in resp	onse to an inquiry fo	r information	made by member, co	mmittee, or staff	
	Appearing in resp	onse to subpoena				
	Appearing at the	written request of th	e chair			
	Judge or elected	officer appearing in c	official capacity			
	Lobbyist Appeara	nce form submitted	online			
(If you a	ere testifying on an a	mendment, please also	o indicate your p	osition as a proponent	or opponent on the bill as a whole.)	
	Bill:	Proponent	Opponent	Info only		
	Amendment:	Proponent	Opponent	Info only		



	Bill Amendment Bill/PCS/PCB Number: 575
	Amendment Number:
Name: Christlansun	
Representing: Floricia Podia	tric Medical ASSOC
Title: Ballard Partn	er5
Address: 403 E. Parll A	JUC
City: allahasscc	State/Zip: <u>ドレ 323(2</u>
Phone Number: 577-0444	Meeting Date: 3/27/17
Committee/Subcommittee: Health I	nnovation
Presentation/Workshop Topic:	ort Hager Bill - 579
Registered Lobbyist: YES	NO NO
State Employee: YES	S NO D
I wish to speak	
Appearing in response to an inquiry for information	n made by member, committee, or staff
Appearing in response to subpoena	
Appearing at the written request of the chair Judge or elected officer appearing in official capacit	tv 15
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



\mathcal{T}_{-} Λ	Bill Amendment Bill/PCS/PCB Number: 45 579 Amendment Number:
Name: Joe Anne Hart	
Representing: Flonda Denta	Association
Title: Director of Govern	rental Attaix
Address: 118 East Jellerson	
City: Tallaberssee	State/Zip: F2 3230/
Phone Number: (850) 234.1089	Meeting Date: <u>Mar. 27, 20</u> 17
Committee/Subcommittee: Health	movation
Presentation/Workshop Topic: Pagner	et of Health Care Claims
Registered Lobbyist: YES	NO D
State Employee: YES	NO X
I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacit Lobbyist Appearance form submitted online	35.
(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



	Bill Amendment Bill/PCS/PCB Number: 877			
	Amendment Number:			
Name: We Nees Trawcos				
Representing: Florida Association of Health Plans				
Title: Vice Prisident +				
Address:				
City:	State/Zip:			
Phone Number: 850 - 386 - 2904				
Committee/Subcommittee:				
Presentation/Workshop Topic:				
Registered Lobbyist: YES	NO 🗆			
State Employee: YES				
I wish to speak Appearing in response to an inquiry for information	n made by member, committee, or staff			
Appearing in response to subpoena Appearing at the written request of the chair				
Judge or elected officer appearing in official capacit	ту			
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			



	Bill Amendment Bill/PCS/PCB Number: 877 Amendment Number:
Name: Matt Jordan	
Representing: <u>American Cance</u>	r Society
Title: ORD	
Address: 1922 Dellimod D)
city: Tallahassee	State/Zip: <i>F/ 32303</i>
Phone Number: 850-514-2801	Meeting Date: 3-27
Committee/Subcommittee: Health	Innovation
Presentation/Workshop Topic:	
Registered Lobbyist: YE	s No 🖂
State Employee: YES	
I wish to speak Appearing in response to an inquiry for informatio Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacit Lobbyist Appearance form submitted online	16
(If you are testifying on an amendment, please als@indicate you	r position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	
Amendment: Proponent Opponent	Info only



•	
	Bill Amendment
	Bill/PCS/PCB Number:
	Amendment Number: 877
Name: Mourie George	
Representing: FL. Chapler Ameri	can College of Cardiology
Title: SV, Howison, Buchenen	Ingersoll & Rooney
Address: 101 N. Monroe St.	·
City: Tellahassee	State/Zip: FL 32308
Phone Number: <u>450 - 510 - 8866</u>	Meeting Date: 3 27 17
Committee/Subcommittee: 4005e 4eal	th Innovation
Presentation/Workshop Topic: Fai Fu	ist Prior Auth.
Registered Lobbyist: YES	NO [
State Employee: YES	NO T
I wish to speak Will Wawe in	support!
Appearing in response to an inquiry for information	• •
Appearing in response to subpoena	
Appearing at the written request of the chair	
Judge or elected officer appearing in official capacity	У
Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate your p	position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



Bill Amendment Bill/PCS/PCB Number: \$77 Amendment Number:	
epresenting: FL Chapter American academy of Pediatrics Title:	
Address: 10 (N. Monroe	
City: TLH State/Zip:	
Phone Number: 850 894 6990 Meeting Date: 3/27/17	
Committee/Subcommittee: Health Innovation	
Presentation/Workshop Topic:	
Registered Lobbyist: YES NO NO	
State Employee: YES NO	
I wish to speak Appearing in response to an inquiry for information made by member, committee, or staff Appearing in response to subpoena Appearing at the written request of the chair	
Judge or elected officer appearing in official capacity Lobbyist Appearance form submitted online	
fyou 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	



	Bill Amendment Bill/PCS/PCB Number: HB 877 Amendment Number:
Name: Aimee Diaz Lyon	
Representing: Bio Florida	
Title:	
Address: 119 South Monroe	Street, Suite 200
city: <u>Tallahassee</u>	State/Zip: <i>FL</i> 32301
Phone Number: 850-205-9000	Meeting Date: $3/27/17$
Committee/Subcommittee: Health	Innovation Subcommittee
Presentation/Workshop Topic: Health	Insurer Authorization
Registered Lobbyist: YE	s no
State Employee: YE	s No X
I wish to speak	
Appearing in response to an inquiry for informatio	n 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 capaci	ity
Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate you	r position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



	Bill Amendment Bill/PCS/PCB Number: HB 877 Amendment Number:
Name: Amee Diaz Lyon	
Representing: The AIOS to	stitute
Address: 119 South Monroe	Street, Suite 200
city: Tallahassee	State/Zip: FL 3230
Phone Number: 850-205 - 9000	Meeting Date: 3/27/17
Committee/Subcommittee: Health I	nnovahin Subcommittee
Presentation/Workshop Topic: Health	Insurer Authorization
Registered Lobbyist: YE	s no
State Employee: YE	s No No
I wish to speak Appearing in response to an inquiry for information	on made by member, committee, or staff
Appearing in response to subpoena	: 4
Appearing at the written request of the chair	
Judge or elected officer appearing in official capac Lobbyist Appearance form submitted online	city
, , , , , , , , , , , , , , , , , , , ,	
(If you are testifying on an amendment, please also indicate you	r position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



	Bill Amendment Bill/PCS/PCB Number:
	Amendment Number:
Name: BETH LABASKY	
Representing: PApha One FOUN	DATION
Title: Consultant	
Address: 1400 U Mage Sq. 8	3 tod 5+3-116
City: Tall.	State/Zip: 4 a
Phone Number: 850 3227335	Meeting Date: 3 -31-17
Committee/Subcommittee: Heat h	Industria
Presentation/Workshop Topic: Health	Insurance
Registered Lobbyist: YES	
State Employee: YES WHUE IN SUP	
Appearing in response to an inquiry for information	n 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 capaci	ty
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
+r(KAmendment: Proponent Opponent	Info only



Bill Amendment Bill/PCS/PCB Number: 877 Amendment Number:
Name: Stephen Winn Representing: Florida Osteopathic Medical Association Title: Executive Director
Address: 2544 Blairstone Pines Dr.
City: Tallahassee State/Zip: FL 32301
Phone Number: $878-7364$ Meeting Date: $3/27/17$
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



	Bill/PCS/PCB Number: 877
	Amendment Number:
Name: Alisen Dudley	
Representing: Flouida Radiologica Title: Prezident AB T	1 society
Title: Prezident AB T)	idle . Asc S
Address: P.O. Box 428	
City:	State/Zip: <i>F</i> / 32382
Phone Number: 856 559 + 1138	Meeting Date: 3/27/17
Committee/Subcommittee: Heal To	
Presentation/Workshop Topic: <u>Wealth</u>	Insure Arthorization
Registered Lobbyist: YES	
State Employee: YES	NO NO
I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacity Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate your	position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 8	377	Meeting Date: 3/27	17
Fill in appropriate PCB/PCS/Amendm Presentation/Works	ent # or	Filet	
Committee/Subcom	mittee: <u>Health</u> 1	hnovation	
Name: JER	1 FRANCOEUR		
Title: BOA	RUD -		
Address: 15	GARON TERR		
City: ORIMON	D BELCH	State/Zip:	2174
	386-295-19	554	
Representing:	-ORIDA BREAS	T CANCER FO	UNDATION
Registered Lobbyis	st: YES NO	State Employee: YES	NO
I Wish To Speak: Y	ES NOX	Bill	Amendment
I Have Been Requested	l to Speak: YES NO 🔀	Proponent 🛮 Opponent 🗌 Info Only 🔲	Proponent Opponent Info Only

45



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 877	Meeting Date: 3/27/17
Fill in appropriate information: PCB/PCS/Amendment # or Presentation/Workshop Topic:	Fail First
Committee/Subcommittee: H	alth Innovation
Name: <u>Degay Symour</u>	(1d love to be the lust speak if possitie)
Title: Alvare	
Address: 1410 Chris A	{
City: Deland	State/Zip: FL 32724
Phone Number:	
Representing: NAM 64	Sylator Orbital
Registered Lobbyist: YES NO	State Employee: YES NO NO
I Wish To Speak: YES NO	Bill Amendment
I Have Reen Requested to Speak. VES	Proponent Opponent Proponent Opponent Info Only



			II.			
					Bill S/PCB Number:	Amendment \$77
Name:	1-C	(a) <	- >an	for		
Represe	-	londa	Blue	- ,	Flo	
Title:				(
Addre	ess: <u>(</u>	0 5,	M	nr	ne st	
City:	Tal	La hasa	lee	· .	State/Zip: E	32301
Phon	e Number:	850-27	22-7	200	Meeting Date:	3/27/17
Comr	mittee/Subcomr	nittee:	+ (car		Inno	valu
Prese	entation/Worksh	nop Topic:				
		Registered Lo	obbyist: YEŚ	M v	10 🔲	
		State Employ	ee: YES		10	
	wish to speak					
	Appearing in resp	onse to an inquiry for	r information	made by n	nember, committee, o	or staff
		onse to subpoena				
		written request of the				
브	_	officer appearing in of nce form submitted o		У		
L L	-onnyist Appearai	nce form submitted (Amme			
(If you are	e testifying on an aı	mendment, please also	indicate your	position as a	proponent or opponer	nt on the bill as a whole.)
E	Bill:	Proponent	Opponent		Info only	
A	Amendment:	Proponent	Opponent		Info only	



					Bill PCB Numbe	r: <u> </u>	dment - J	
Name:	50.	1 Ryan	Λ.					
Represe	enting: $ extstyle igwedge \sim$	10xcc	ils F	tea	Hh_	Insu	rance	Plan
Title:	· , ·							
Addr	ess: 325	W. Co	1100	e Av	_ '&,			
City:	Talla	hasse	0		State/Zip: 1	= 1 3	32301	
Phon	e Number:	25-40	00		Meeting Dat	te: 3 - 2	7-17	
Comr	mittee/Subcommi	ttee:	2 es 1 H	Ti	Mexi	ation	1	
Prese	entation/Worksho	p Topic: Hea	JHII	- nsw	or A	uther	cizat	im
		Registered Lo	obbyist: YES	NC NC				·
		State Employ	/ee: YES	☐ NC				
	I wish to speak Appearing in respon Appearing in respon Appearing at the wr Judge or elected offi Lobbyist Appearance	se to subpoena itten request of th icer appearing in o	e chair official capacit		mber, commi	ttee, or staff	× preson	
	e testifying on an ame					pponent on the	bill as a whole.)	
E	Bill: P	roponent	Opponent ,		Info only	_		
	Amendment: P	roponent	Opponent		Info only			



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _	877	Meeting Date: _	3/27/17
Fill in appropri PCB/PCS/Amer Presentation/Wo		Fail Firt	
Committee/Sub	committee:	leath Innovation	
Name:	land, Bia	niti Bee-an-	key
Title:	Execut	ave Director	
Address:		802 E. SIWh	J Ave.
City: Ta	Nahasse	State/Zip:	32303
Phone Number:	(8P)	222-1777	
Representing:	EDILERY	Association	of the Big Bend
	, , , , , , , , , , , , , , , , , , ,	State Employe	
I Wish To Speak:	YES NO	Bill	Amendment
I Hoya Doon Door	posted to Speak: VES	Proponent X	Opponent Oppone

3/5



Please fill out the <u>entire</u> form and submit <u>two</u> copies to the committee/subcommittee

Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number:	877	N	Meeting Date:	3/27/1	ַ	
Fill in appropriate PCB/PCS/Amend Presentation/Wor	lment # or	Fair	First			
Committee/Subco	ommittee: H	eath In	novation			
Name: Vala	encia Ro	binson				
Title: S	ewivor/	Fla Bra	st best	Cancer	Foundat	ion
Address: 165 City: Dayf Phone Number:	iona Beh	S	tate/Zip:	_311		
Phone Number:	386-4	105-799	<u> </u>			
Representing:						
	yist: YES N				. /	
I Wish To Speak:	YES NO NO		Bill		Amend	ment
I Have Been Reques	ted to Speak: YES	NO X	Proponent 🔀 Info Only 🗌	Opponent	Proponent Info Only	Opponent



•	
	Bill/PCS/PCB Number: 877
	Amendment Number:
Oalast William	
Name: Kobert W Lev	IN WID
Representing: PLONINA Society	of Rheumatoway, FMA
Title: President, FLORIO,	4 Society of Rheumarologic
Address: 1831 N. Belcher	Rd
city: Clearwater	State/Zip: FL 33765
Phone Number: 727 - 734 - 667	Meeting Date: 3(2)/パ
Committee/Subcommittee: Health	INNOVATION
Presentation/Workshop Topic:	MERRAPY
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 capacit	у
Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate your	position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



			II Amendment Number:
Name: TOM I	-RWIN		
Representing:	Repotal Medic		ty + 5e/f
Title: <u>Executive</u>	Director Ca	or fal Med	ical Society
Address: <u>853/) (</u>			
City: Tallahas	\cup		e/Zip: f(32312
Phone Number: 850	5598611	Meet	ting Date:
Committee/Subcommitte	e: <u>#15</u>		
Presentation/Workshop 1	opic:		
	Registered Lobbyist: YE State Employee: YE		
Appearing in response Appearing at the writte	en request of the chair	n made by member	~
<u></u>	r appearing in official capac	ty	·
Lobbyist Appearance for	am submitted omine		
(If you are testifying on an amend	ment, please also indicate you	r position as a propon	ent or opponent on the bill as a whole.)
Bill: Pro	ponent D Opponent	Info o	only [] NR 877
Amendment: Pro	ponent Opponent	Info o	only \



	Bill Amendment Bill/PCS/PCB Number: 877 Amendment Number:
Name: <u>Chris Mand</u> Representing: <u>Morida Chapter, America</u>	an College of Physicians
Address: 1000 Riverside the #2	40
city: Jackson ulle,	State/Zip: <u>32204</u> Meeting Date: <u>3/27/17</u>
Phone Number: 9c4-233-3cTl Committee/Subcommittee: Heal Tanco	·
Presentation/Workshop Topic:	
Registered Lobbyist: YES State Employee: YES	
I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacit 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.)
Amendment: Proponent Opponent	Info only



	Bill Amendment Bill/PCS/PCB Number: HB 877
Name: Dorene Barker	Amendment Number:
Representing: <u>AARP</u>	
Title: ASSOCIATE State DU	ector
Address: 200 W. College	De, Ste. 364
City: Jell	State/Zip: <u>FL</u> <u>3</u> 238/
	Meeting Date: March 27, 2017
Committee/Subcommittee: Halks E	mountar Subcommittee
Presentation/Workshop Topic: 4	^ /
Registered Lobbyist:	YES NO
State Employee:	YES NO NO
I wish to speak Appearing in response to an inquiry for informa	ation made by member, committee, or staff
Appearing in response to subpoena	nion made by member, committee, or stan
Appearing at the written request of the chair	15
Judge or elected officer appearing in official cap	pacity
Lobbyist Appearance form submitted online	
(If you are testifying on an amendment, please also indicate y	your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent V Oppon	ent Info only
Amendment: Proponent Oppone	ent Info only



				Bill/PC	Bill S/PCB Numi	Amendment	· ·
Name:	: Pay 1	L., K Runk		Ameno	lment Numl	ber:	
Repre	senting: Ver	portment of	• • • • • • • • • • • • • • • • • • • •		for		
	ress: <u>2585</u> : Tallah	Muchat				FL 3239;	5
	-	50-7/5-9 mittee: <u>Heal</u>			,	Date: 3-27-/7	7
Pre	sentation/Works	hop Topic: Registered Lo State Employ			0		
	Appearing in resp Appearing at the Judge or elected	oonse to an inquiry for conse to subpoena written request of th officer appearing in conce form submitted o	e chair official capacit		ember, com	mittee, or staff	
(If you a	are testifying on an a	mendment, please also	o indicate your p	position as a	proponent or	opponent on the bill as a	whole.)
	Amendment:	Proponent	Opponent		Info only		



	Bill Amendment Bill/PCS/PCB Number:
	Amendment Number:
Name: Mark Delega	
Representing: ONHAL	
Title: Olver al Correl	
Address: 315 5 Calhous	Street, Site &C
City: Jallanassee	State/Zip: 7-1 3230 1
Phone Number: <u>857 - 4.25 - 5685</u>	Meeting Date:
Committee/Subcommittee:	MONATION
Presentation/Workshop Topic:	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	made by member, committee, or stair
Appearing at the written request of the chair	
Judge or elected officer appearing in official capacit	v
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



Menton Menton Amendment Menton Me	
Name:Steve Menion	
Representing: Att v	
Address: 920 LIVE DUR Plant,	
City:	
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	
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	



49027529



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

		<u> </u>	Bill L Amendment
		Bill Number:	HB 1077: Trauma Services
		PCB/PCS/Ar	mendment #: N/A
Name:	Zepp, Victoria		
Representing:	Tenet Healthcare Corporation		
Title:		· · · · · · · · · · · · · · · · · · ·	
Address:	121 N. Monroe Street, 9007		
City:	Tallahassee	State/Zip:	FL 32301
Phone Number:	(850) 241-6309	Meeting Date:	Mar 27 2017 12:30PM
Committee/Sub	committee: Health Innova	tion Subcommittee	
Presentation/Wo	orkshop Topic: N/A		
✓ Registered Le	obbyist	/	Bill
☐ State Employ	ree	(Opponent)
☑ I Wish To Sp	eak	\	Amendment
☐ Appearing in	response to subpoena		N/A
☐ Appearing in	response to an inquiry for in	formation made by	member, committee or staff
☐ Appearing at	the written request of the cha	air	
☐ Judge or elec	Judge or elected officer appearing in official capacity		
✓ Lobbyist App	pearance Form Submitted		



	Bill Amendment Bill/PCS/PCB Number: Amendment Number:
Name: Dr. Steven Epstein Representing: Bayfront Health St Title: Trauma Surgeon Address: 100 E. College Ave. St City: Tallahassee Phone Number: 850. 228.7959 Committee/Subcommittee: Health In	wite 650 State/Zip: FL 32301 Meeting Date: 3127/2017
Presentation/Workshop Topic: Trauma Registered Lobbyist: YES State Employee: YES	S NO X
I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacit Lobbyist Appearance form submitted online	
If you are testifying on an amendment, please also indicate your Bill: Proponent Opponent	
Amendment: Proponent Opponent	



	Bill Amendment PCB Number: /077 ent Number:
Title: VP Covernment Affairs Address: 2016 & College Are	xiaton
Phone Number: 850 222 9800	
I wish to speak Appearing in response to an inquiry for information made by mer 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	
	nfo only



	Bill Amendment Bill/PCS/PCB Number:
Name: Lisa Henning	
Representing: Fraternal Orde	er of Police
Title: Legislative Dire	ector
Address: 242 Office Pl	ara Dr
city: Tallahassee	State/Zip: PL 3Z3D#
Phone Number: <u>550-71e4-5505</u>	Meeting Date:
Committee/Subcommittee: Heath	Fundation
Presentation/Workshop Topic:	na
Registered Lobbyist: YES	NO NO
State Employee: YES	S NO
I wish to speak Appearing in response to an inquiry for information	n made by member, committee, or staff
Appearing in response to subpoena	f
Appearing at the written request of the chair	
Judge or elected officer appearing in official capaci Lobbyist Appearance form submitted online	ty
Lobbyist Appearance form submitted offinite	
(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



	Bill Amendment Bill/PCS/PCB Number: Amendment Number:
Name: Darrick D. M. Chee	(contract labolation)
Representing: FL Certail Frder a	+: on
Title: V.P. of Cort Relations	
Address: 537 Earl Park Au	
City: Tallahassee	State/Zip: 33301
Phone Number: (150) 3>1-689	Meeting Date: 🗪 / ১७ / ३०७
Committee/Subcommittee: Health I	-noverion
Presentation/Workshop Topic:	
riesentation, workshop Topic.	
Registered Lobbyist: YES	NO NO
State Employee: YES	NO NO
I wish to speak	
Appearing in response to an inquiry for information	n made by member, committee, or staff
Appearing in response to subpoena	i 6
Appearing at the written request of the chair	
Judge or elected officer appearing in official capacit	Y
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



	Bill Amendment Bill/PCS/PCB Number: 119 Amendment Number:
Name: FELY CURVA Ph.D. Representing: Budd Bell Clearingho Title: Coordinator	ouse on Hyman Services
Address: 1212 Piedmon + Dr. City: Tallchosee Phone Number: (850) 508-2256 Committee/Subcommittee: Health Ins Presentation/Workshop Topic: Medication	.n
Registered Lobbyist: YES State Employee: YES	NO NO NO
Appearing in response to an inquiry for information 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 of the second of the seco	Info only Info only



	Bill Amendment Bill/PCS/PCB Number:Amendment Number:
Name: <u>Sorone Waxer</u> Representing: <u>AARP</u> Title: AMULAL State QUE	ýn)
Address: 200 W. College Are,	Ste 304 State/Zip: 1/2 32301
Phone Number: 850 228 6387 Committee/Subcommittee: 24444	Meeting Date: March 27, 2017 nnovitive Sub committee
Presentation/Workshop Topic: Medicato. Registered Lobbyist: YES State Employee: YES	
I wish to speak Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacit Lobbyist Appearance form submitted online	25
(If you are testifying on an amendment, please also indicate your Bill: Proponent Opponent	position as a proponent or opponent on the bill as a whole.) Info only
Amendment: Proponent Opponent	Info only



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

☑ Bill ☑ Amendment

Bill Number: HB 1191: Medication

		Synchronizati	
Name:	West, Sally	PCB/PCS/AI	mendment #: 689821
Representing:	Walgreens		
Title:	Director of Governmen	t Relations	
Address:	2966 Bayshore Drive		
City:	Tallahassee	State/Zip:	FL 32309
Phone Number	: 224-723-2650	Meeting Date:	Mar 27 2017 12:30PM
Committee/Sub	ocommittee: Health	Innovation Subcommittee	
Presentation/W	orkshop Topic: Medica	tion Synchronization	
🗹 Registered I	Lobbyist		Bill
☐ State Emplo	yee		Proponent
🗹 I Wish To S	peak		Amendment
\square Appearing in	n response to subpoena		Proponent
Appearing in	n response to an inquiry	y for information made by	member, committee or staff
Appearing a	t the written request of	the chair	
🗆 Judge or ele	cted officer appearing i	n official capacity	
🗆 Lobbyist Ap	pearance Form Submit	ted	
			F \(\sqrt{1} \)



	Bill Amendment Bill/PCS/PCB Number: 191 Amendment Number:
Name: Stephen Winn	
Representing: <u>FL</u> Osteopathic K	Medical Association
Title: Executive Director	
Address: 2544 Blairstone	Pines Dr.
city: Tallahassee	State/Zip: FL 32301
	Meeting Date: $\frac{3}{27}$
1	
Committee/Subcommittee: Health Inno	Vation Subcommittee
Presentation/Workshop Topic:	•
Registered Lobbyist: YES	NO 🗌
State Employee: YES	NO X
I wish to speak Waive in Appearing in response to an inquiry for information	
Appearing in response to subpoena	
Appearing at the written request of the chair	
Judge or elected officer appearing in official capacit	у
Lobbyist Appearance form submitted online	
If you are testifying on an amendment, please also indicate your	position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



Bill Amendment Bill/PCS/PCB Number: Amendment Number:
Name: Aimee Diaz Lyon
Representing: Florida Academy of Family Physicians
Title:
Address: 119 South Monroe Street, Suite 200
City: <u>Tallahassee</u> State/Zip: <u>FC 32301</u>
Phone Number: 850 - 205 - 9000 Meeting Date: 3/27/17
Committee/Subcommittee: Health Innovation Subcommittee
Presentation/Workshop Topic: Hedication Synchronization
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



				Bill Bill/PCS/PCB Nur Amendment Nur	Amend	lment
		nee Diaz American		sociation	in Florid	<u>la</u>
City: Phor	ress: 19 tal ne Number:		9000 ealth ton	State/Zip Meeting ouahi Synchr NO NO	Subcomm	11)
If you ar	Appearing in res Appearing at the Judge or elected Lobbyist Appeara	ponse to an inquiry for ponse to subpoena e written request of the officer appearing in ance form submitted amendment, please also proponent	or information mad he chair official capacity online	e by member, co	or opponent on the b	pill as a whole.)
	Amendment:	Proponent	Opponent	Info only		