



Health Innovation Subcommittee

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

Action Packet

COMMITTEE MEETING REPORT

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

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

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

3/27/2017 12:30PM

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:	15	0	0

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

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 569 : Medical Records

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			

HB 569 Amendments

Amendment 861613

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

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

COMMITTEE MEETING REPORT

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

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

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 579 : Payment of Health Care Claims

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

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

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

COMMITTEE MEETING REPORT

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

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

COMMITTEE MEETING REPORT

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

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 877 : Health Insurer Authorization

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 877 Amendments

Amendment 657369

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

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

COMMITTEE MEETING REPORT

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

COMMITTEE MEETING REPORT

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

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

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 1077 : Trauma Services

Favorable

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

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

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

COMMITTEE MEETING REPORT

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

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

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

3/27/2017 12:30PM

Location: Mashburn Hall (306 HOB)

HB 1191 : Medication Synchronization

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

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

COMMITTEE MEETING REPORT

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
COMMITTEE/SUBCOMMITTEE
ATTENDANCE ROLL CALL

The Committee/Subcommittee on Health Innovation

met at 12:30 pm o'clock on 3-27-17 with the following attendance:

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

Magar
Chair

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

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

Committee/Subcommittee: Health Innovation
Meeting Date: 3-27-17
Place: 306 HOB
Time: 12:30pm

Bill Number: HB 569
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	86/6/3							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Bacz								
<input checked="" type="checkbox"/>		Cortes								
<input checked="" type="checkbox"/>		Diaz								
<input checked="" type="checkbox"/>		Drake								
<input checked="" type="checkbox"/>		Duran								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrison								
<input checked="" type="checkbox"/>		Henry								
<input checked="" type="checkbox"/>		Killebrew								
<input checked="" type="checkbox"/>		Renner								
<input checked="" type="checkbox"/>		Rommel								
<input checked="" type="checkbox"/>		Toledo								
	<input checked="" type="checkbox"/>	Trumbull								
<input checked="" type="checkbox"/>		White								
	<input checked="" type="checkbox"/>	Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	2									

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

Committee/Subcommittee: Health Innovation
Meeting Date: 3-27-17
Place: 306 HOB
Time: 12:30 pm

Bill Number: HB 579
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	302421							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Baez								
✓		Cortes								
✓		Diaz								
✓		Drake								
✓		Duran								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Killebrew								
✓		Renner								
✓		Rommel								
✓		Toledo								
✓		Trumbull								
✓		White								
✓		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

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

Committee/Subcommittee: Health Innovation
 Meeting Date: 3-27-17
 Place: 306 HOB
 Time: 12:30 PM

Bill Number: HB 877
 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	657369							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Baez								
✓		Cortes								
✓		Diaz								
✓		Drake								
✓		Duran								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Killebrew								
✓		Renner								
✓		Rommel								
✓		Toledo								
✓		Trumbull								
✓		White								
✓		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
 Meeting Date: 3-27-17
 Place: 306 HOB
 Time: 12:30 pm

Bill Number: HB 1077
 Date Received: _____
 Date Reported: _____
 Subject: _____

Committee/Subcommittee Action:

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

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	✓	Baez								
	✓	Cortes								
✓		Diaz								
✓		Drake								
✓		Duran								
✓		Hardemon								
	✓	Harrison								
	✓	Henry								
✓		Killebrew								
✓		Renner								
✓		Rommel								
	✓	Toledo								
✓		Trumbull								
✓		White								
✓		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
10	5									

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
 Meeting Date: 3-27-17
 Place: 306 HOB
 Time: 12:30pm

Bill Number: HB 1191
 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	689821							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Baez								
✓		Cortes								
✓		Diaz								
✓		Drake								
✓		Duran								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Killebrew								
✓		Renner								
✓		Rommel								
✓		Toledo								
✓		Trumbull								
		White								
✓		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	0									



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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>5109</u>	
Amendment Number: _____	

Name: Cynthia Henderson

Representing: CIOX

Title: _____

Address: 108 E Jefferson St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 559 0855 Meeting Date: _____

Committee/Subcommittee: Health Innov.

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

W/O

(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 569</u>	
Amendment Number: _____	

Name: Dorene Barker

Representing: AARP

Title: Associate State Director

Address: 200 W. College Ave, Ste. 304

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-228-6387 Meeting Date: March 27 2017

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: Medical Records

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

w/s

(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>569</u>	
Amendment Number: _____	

Jeeves

Name: Scott Jeeves

Representing: SELF

Title: Attorney

Address: _____

City: TAMPA State/Zip: _____

Phone Number: 813 249 2929 Meeting Date: _____

Committee/Subcommittee: Health Insurance

Presentation/Workshop Topic: HB 509

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>569</u>	
Amendment Number: _____	

Cotterall

Name: William Cotterall

Representing: Florida Justice Association

Title: Attorney

Address: _____

City: Tallahassee State/Zip: FL 32301

Phone Number: _____ Meeting Date: 3/27/19

Committee/Subcommittee: Health Innovation Sub.

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



14346693



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: 569 : Medical Records PCB/PCS/Amendment #: N/A

Name: **Glenneta Thompson**

Representing: **Florida Health Information Management Association**

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**

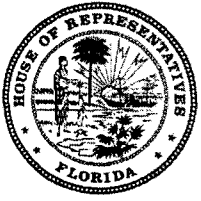
Committee/Subcommittee: **Health Innovation Subcommittee**

Presentation/Workshop Topic: **Medical Records Copy Cost**

- 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

not present



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>579</u>	
Amendment Number: _____	

Name: Wences Troncoso

Representing: Florida Association of Health Plans

Title: Vice President + General Counsel

Address: _____

City: _____ State/Zip: _____

Phone Number: 850-386-2909 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



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: 579

Amendment Number: _____

Name: Marnie George

Representing: FL Chapter, American College of Cardiology

Title: Sr. Advisor, Buchanan Ingersoll & Rooney

Address: 61 N. Monroe St.

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-510-8866 Meeting Date: 3/27/17

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: Retro Active Denial

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



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>579</u>	
Amendment Number: _____	

Name: Doug Bell

Representing: El Chapter American Academy of Pediatrics

Title: _____

Address: 101 N. Monroe

City: TLH State/Zip: FL

Phone Number: 681-4270 Meeting Date: 3/27/17

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

W/S

(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 [X] Amendment []
Bill/PCS/PCB Number: 579
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 [X] NO []
State Employee: YES [] NO [X]

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>579</u>	
Amendment Number: _____	

Name: Dr. Paul Bruning

Representing: FL Orthopedic Society

Title: Chief Operating Officer

Address: 3334 Capital Med Blvd

City: FLH State/Zip: FL

Phone Number: 850-877-8174 Meeting Date: 3/27

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Retro-active denial

Registered Lobbyist: YES NO

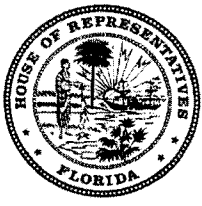
State Employee: YES NO

- 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>579</u>	
Amendment Number: _____	

Name: Alison Dudley

Representing: Florida Radiological Society

Title: President, AB Dudley - ASCS

Address: P.O. Box 428

City: Tall. Fl. State/Zip: 32302

Phone Number: 850/559-1139 Meeting Date: 3/27/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Payment of Health Care Claims

Registered Lobbyist: YES NO

State Employee: YES NO

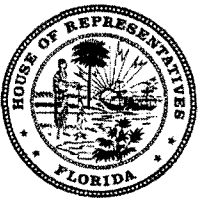
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

W/S

(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 579</u>	
Amendment Number: _____	

Name: Joy Ryan

Representing: America's Health Insurance Plans

Title: _____

Address: 325 W. College Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: 425-4000 Meeting Date: 3-27-17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Payment of Health Care Claims

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>579</u>	
Amendment Number: _____	

Name: Paul Sanford

Representing: Florida Blue, FC

Title: _____

Address: 106 S. Monroe St

City: Tallahassee State/Zip: FL 32368

Phone Number: 850-222-7200 Meeting Date: 3-27-17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

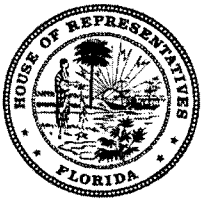
State Employee: YES NO

- 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>579</u>	
Amendment Number: _____	

Name: Chris Noland

Representing: Florida Chapter, American College of Physicians

Title: _____

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32209

Phone Number: 904-233-3051 Meeting Date: 3/27/17

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

W/S

(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>HB579</u>	
Amendment Number: _____	

Name: Dorene Barker

Representing: AARP

Title: Associate State Director

Address: 200 W. College Ave, Ste 304

City: Jelk State/Zip: FL 32301

Phone Number: 850-228-6387 Meeting Date: March 27, 2017

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: Payment of Health Care Claims

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

W/S

(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 579</u>	
Amendment Number: _____	

Name: Chris Lyon Lyon

Representing: Florida Association of Nurse Anesthetists

Title: Attorney

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

City: Tallahassee State/Zip: FL 32301

Phone Number: 222-5702 Meeting Date: 3/27/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

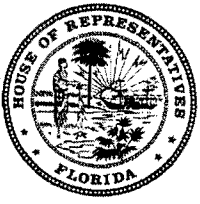
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

not present

(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>579</u>	
Amendment Number: _____	

Name: PAUL LAMBERT

Representing: FLA. CHIROPRACTIC ASSO

Title: _____

Address: 263 Rosehill Drive N

City: TALLAHASSEE State/Zip: FL 32312

Phone Number: 850 597-2696 Meeting Date: 3/27/17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

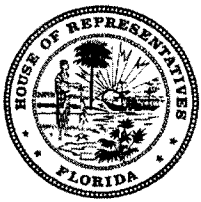
State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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>579</u>	
Amendment Number: _____	

Name: Chris Hansen

Representing: Florida Podiatric Medical Assoc

Title: Ballard Partners

Address: 403 E. Park Ave

City: Tallahassee State/Zip: FL 32312

Phone Number: 577-0444 Meeting Date: 3/27/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Support Hager Bill - 579

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

W/S

(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 579</u>	
Amendment Number: _____	

Name: Joe Anne Hart

Representing: Florida Dental Association

Title: Director of Governmental Affairs

Address: 118 East Jefferson Street

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 224-1089 Meeting Date: Mar. 27, 2017

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Payment of Health Care Claims

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

W/S

(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: 877
Amendment Number: []

Name: Wences Trancoso

Representing: Florida Association of Health Plans

Title: Vice President + General Counsel

Address: []

City: [] State/Zip: []

Phone Number: 850-386-2904 Meeting Date: []

Committee/Subcommittee: []

Presentation/Workshop Topic: []

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>877</u>	
Amendment Number: _____	

Name: Matt Jordan

Representing: American Cancer Society

Title: GRD

Address: 1922 Dellwood Dr

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-514-2801 Meeting Date: 3-27

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

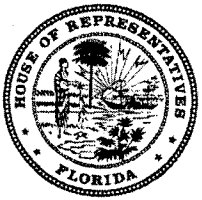
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

W/S

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: _____	
Amendment Number: <u>877</u>	

Name: Marnie George

Representing: FL. Chapter American College of Cardiology

Title: Sr. Advisor, Buchanan Ingersoll & Rooney

Address: 101 N. Monroe St.

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-510-8866 Meeting Date: 3/27/17

Committee/Subcommittee: House Health Innovation

Presentation/Workshop Topic: Fail First / Prior Auth.

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill/PCB/PCB Number: 877
Amendment Number:
[] Bill [] Amendment

Name: Doug Bell

Representing: FL Chapter American Academy of Pediatrics

Title:

Address: 101 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 [x] NO []

State Employee: YES [] NO []

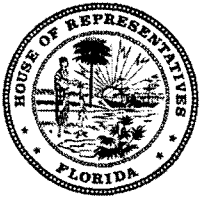
- I wish to speak [x]
Appearing in response to an inquiry for information made by member, committee, or staff []
Appearing in response to subpoena []
Appearing at the written request of the chair []
Judge or elected officer appearing in official capacity []
Lobbyist Appearance form submitted online []

2/15

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 877</u>	
Amendment Number: _____	

Name: Aimee Diaz Lyon

Representing: Bio Florida

Title: _____

Address: 119 South Monroe Street, Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: 3/27/17

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: Health Insurer Authorization

Registered Lobbyist: YES NO

State Employee: YES NO

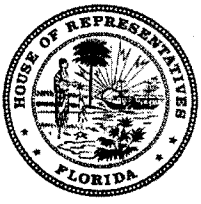
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

W/S

(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 877</u>	
Amendment Number: _____	

Name: Aimee Diaz Lyon

Representing: The AIOS Institute

Title: _____

Address: 119 South Monroe Street, Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: 3/27/17

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: Health Insurer Authorization

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

w/s

(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>877</u>	
Amendment Number: _____	

Name: BETH LABASKY

Representing: Alpha One Foundation

Title: consultant

Address: 1400 Village Sq. Blvd St 3-116

City: Tall State/Zip: Fla

Phone Number: 850 322 7335 Meeting Date: 3-31-17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Health Insurance

Registered Lobbyist: YES NO

State Employee: YES NO

WAVE 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

~~Strike all~~
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>877</u>	
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



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>877</u>	
Amendment Number: _____	

Name: Alison Dudley

Representing: Florida Radiological Society

Title: President, AB Dudley, ASCS

Address: P.O. Box 428

City: Tall

State/Zip: FL 32302

Phone Number: 850/559-1138

Meeting Date: 3/27/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Health Insure Authorization

Registered Lobbyist: YES NO

State Employee: YES NO

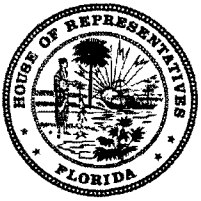
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

6/15

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 877 Meeting Date: 3/27/17

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Fail Fixt

Committee/Subcommittee: Health Innovation

Name: JEEL FRANCOEUR

Title: BOARD -

Address: 1 SHARON TERRE

City: ORIMOND BEACH State/Zip: FL 32174

Phone Number: 386-295-1554

Representing: FLORIDA BREAST CANCER FOUNDATION

Registered Lobbyist: YES NO

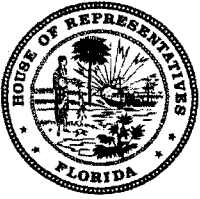
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

4/5



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 877 Meeting Date: 3/27/17

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Fall First

Committee/Subcommittee: Health Innovation

Name: Degay Symons (I'd love to be the last speaker if possible)

Title: Advocate

Address: 1410 Chin Ave.

City: Deland State/Zip: FL 32724

Phone Number: _____

Representing: NAMI of Greater Orlando

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>877</u>	
Amendment Number: _____	

Name: Paul Sanford

Representing: Florida Blue, FIC

Title: _____

Address: 106 S. Monroe St

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-222-7200 Meeting Date: 3/27/17

Committee/Subcommittee: Health Insurance

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

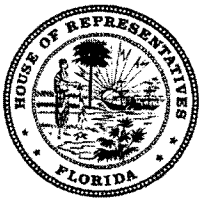
State Employee: YES NO

- 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>877</u>	
Amendment Number: _____	

Name: Jay Ryan

Representing: America's Health Insurance Plans

Title: _____

Address: 325 W. College Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: 425-4000 Meeting Date: 3-27-17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Health Insurer Authorization

Registered Lobbyist: YES NO

State Employee: YES NO

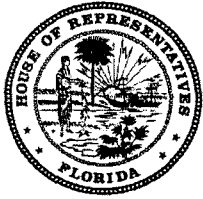
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

not present

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 877 Meeting Date: 3/27/17

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Fall Fint

Committee/Subcommittee: Health Innovation

Name: Mandy Bianchi Bee-an-key

Title: Executive Director

Address: ~~0000~~ 1302 E. Sixth Ave.

City: Tallahassee State/Zip: FL 32303

Phone Number: (850) 222-1777

Representing: Epilepsy Association of the Big Bend

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

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: Health Innovation

Name: Valencia Robinson

Title: Survivor / Fla Breast Cancer Foundation

Address: 1600 Piccadilly Drive

City: Daytona Beach State/Zip: FL 32117

Phone Number: 386-405-7997

Representing: Florida Breast Cancer Foundation

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

W/S



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>877</u>	
Amendment Number: _____	

Name: Robert W Levin MD

Representing: FLORIDA Society of Rheumatology, FMA

Title: President, FLORIDA Society of Rheumatology

Address: 1831 N. Belcher Rd

City: Clearwater State/Zip: FL 33765

Phone Number: 727-734-6631 Meeting Date: 3/22/17

Committee/Subcommittee: Health INNOVATION

Presentation/Workshop Topic: STEP THERAPY

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>877</u>	
Amendment Number: _____	

Name: Pam Irwin

Representing: Capital Medical Society + self

Title: Executive Director Capital Medical Society

Address: 8530 Charrington Forest Blvd

City: Tallahassee, FL State/Zip: FL 32312

Phone Number: 850 559 8611 Meeting Date: _____

Committee/Subcommittee: HIS

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak *do not need 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
- w/s*

(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 *HB 877*

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: 877
Amendment Number: []

Name: Chris Muland

Representing: Florida Chapter, American College of Physicians

Title: []

Address: 1000 Riverside Ave #240

City: Jacksonville, State/Zip: FL 32204

Phone Number: 904-233-3051 Meeting Date: 3/27/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: []

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 []

W/S

(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>HB 877</u>	
Amendment Number: _____	

Name: Dorene Barker

Representing: AARP

Title: Associate State Director

Address: 200 W. College Ave, Ste. 304

City: Jel State/Zip: FL 32381

Phone Number: 850 228-6387 Meeting Date: March 27, 2017

Committee/Subcommittee: Health Innovator Subcommittee

Presentation/Workshop Topic: Health Insurer Authorization

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

2/5

(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>1077</u>	
Amendment Number: _____	

Name: Paul Runk Runk

Representing: Department of Health

Title: Legislative Affairs Director

Address: 2565 Merchants Row Blvd.

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-245-4006 Meeting Date: 3-27-17

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: _____	1077
Amendment Number: _____	

Name: Mark Delegal

Representing: SNHAF

Title: General Council

Address: 315 S Calhoun Street, Suite 600

City: Tallahassee State/Zip: FL, 32301

Phone Number: 850-425-5685 Meeting Date: _____

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: TRAUMA

Registered Lobbyist: YES NO

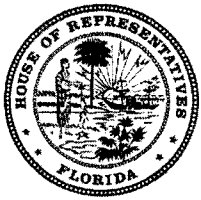
State Employee: YES NO

- 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>1077</u>	
Amendment Number: _____	

Name: Menton
Steve Menton

Representing: HCA

Title: Att

Address: 920 Live Oak Plant.

City: Tallahassee State/Zip: Fla.

Phone Number: 850-661-6768 Meeting Date: 3/27/17

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



49027529



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: HB 1077 : Trauma Services PCB/PCS/Amendment #: 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**

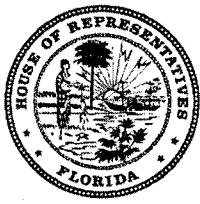
Meeting Date: **Mar 27 2017 12:30PM**

Committee/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.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 1077
Amendment Number: []

Name: Dr. Steven Epstein

Representing: Bayfront Health St. Pete

Title: Trauma Surgeon

Address: 106 E. College Ave. Suite 650

City: Tallahassee State/Zip: FL 32301

Phone Number: 850.228.7959 Meeting Date: 3/27/2017

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Trauma Regulation

Registered Lobbyist: YES [] NO [X]

State Employee: YES [] NO []

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

(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>1077</u>	
Amendment Number: _____	

Name: Crystal Strickle

Representing: Florida Hospital Association

Title: VP Government Affairs

Address: 300 E college Ave

City: Tallahassee State/Zip: 32301

Phone Number: 850 222 9800 Meeting Date: 3/27/17

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Trauma

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>6023 1077</u>	
Amendment Number: _____	

Name: Lisa Henning

Representing: Fraternal Order of Police

Title: Legislative Director

Address: 242 Office Plaza Dr

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-766-8808 Meeting Date: _____

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Trauma

Registered Lobbyist: YES NO

State Employee: YES NO

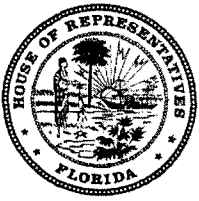
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

w/o

(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>1191</u>	
Amendment Number: _____	

Name: Darrick D. McGhee (contract lobbyist)

Representing: FL Retail Federation

Title: V.P. of Gov't Relations, Johnson & Blanton

Address: 537 East Park Avenue

City: Tallahassee State/Zip: 32301

Phone Number: (950) 321-6989 Meeting Date: 02/27/2017

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

W/S

(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>1191</u>	
Amendment Number: _____	

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: 3/27/17

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: Medication Synchronization

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>HB 1191</u>	
Amendment Number: _____	

Name: Dorone Barker

Representing: AARP

Title: Associate State Director

Address: 200 W. College Ave, Ste 304

City: Jalisco State/Zip: IL 32301

Phone Number: 850-228-6387 Meeting Date: March 27, 2017

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: Medication 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

W/S

(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



90303607



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input checked="" type="checkbox"/> Amendment Bill Number: HB 1191 : Medication Synchronization PCB/PCS/Amendment #: 689821

Name: **West, Sally**

Representing: **Walgreens**

Title: **Director of Government Relations**

Address: **2966 Bayshore Drive**

City: **Tallahassee** State/Zip: **FL 32309**

Phone Number: **224-723-2650** Meeting Date: **Mar 27 2017 12:30PM**

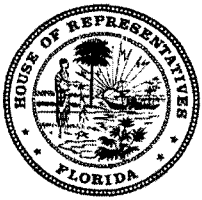
Committee/Subcommittee: **Health Innovation Subcommittee**

Presentation/Workshop Topic: **Medication Synchronization**

- 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>
Proponent

w/s



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>1191</u>	
Amendment Number: _____	

Name: Stephen Winn

Representing: FL 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



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<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1191</u>	
Amendment Number: _____	

Name: Aimee Diaz Lyon

Representing: Florida Academy of Family Physicians

Title: _____

Address: 119 South Monroe Street, Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: 3/27/17

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: Medication Synchronization

Registered Lobbyist: YES NO

State Employee: YES NO

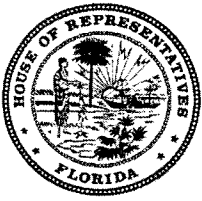
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W/S

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

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Amendment: Proponent Opponent Info only



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<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1191</u>	
Amendment Number: _____	

Name: Aimee Diaz Lyon

Representing: American Lung Association in Florida

Title: _____

Address: 119 South Monroe Street

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: 3/27/17

Committee/Subcommittee: Health Innovation Subcommittee

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

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