



Health Innovation Subcommittee

Wednesday, January 23, 2018
1:30 PM – 2:30 PM
Mashburn Hall (306 HOB)

Action Packet

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

Summary:

Health Innovation Subcommittee

Tuesday January 23, 2018 01:30 pm

HB 303	Favorable	Yeas: 13	Nays: 0
HB 497	Favorable With Committee Substitute	Yeas: 13	Nays: 0
	Amendment 016243 Adopted Without Objection		
HB 937	Favorable With Committee Substitute	Yeas: 13	Nays: 0
	Amendment 377667 Adopted Without Objection		
	Amendment 565603 Withdrawn		

Committee meeting was reported out: Tuesday, January 23, 2018 3:50PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
MaryLynn Magar (Chair)	X		
John Cortes	X		
Manny Diaz, Jr.	X		
Nicholas Duran	X		
Jason Fischer	X		
Roy Hardemon	X		
Shawn Harrison	X		
Patrick Henry	X		
Bobby Payne	X		
Bob Rommel	X		
Jackie Toledo	X		
Jay Trumbull	X		
Frank White	X		
Clay Yarborough	X		
Totals:	14	0	0

Committee meeting was reported out: Tuesday, January 23, 2018 3:50PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

HB 303 : Alternative Treatment Options for Veterans Pilot Program

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Manny Diaz, Jr.	X				
Nicholas Duran	X				
Jason Fischer	X				
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Bobby Payne			X		
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
Clay Yarborough	X				
MaryLynn Magar (Chair)	X				
	Total Yeas: 13	Total Nays: 0			

Appearances:

Helmich, William (Lobbyist) - Waive In Support
VFW, American Legion
303 John's Dr
Tallahassee FL 32301
Phone: (850) 251-3126

Committee meeting was reported out: Tuesday, January 23, 2018 3:50PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation

Bill Number: HB 303

Meeting Date: 11/23/18

Date Received: _____

Place: 306 HOB

Date Reported: _____
Subject: Alternative Treatment

Time: 1:30pm

Committee/Subcommittee Action:

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

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Options for Veterans
Pilot Program

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>		Cortes								
<input checked="" type="checkbox"/>		Diaz								
<input checked="" type="checkbox"/>		Duran								
<input checked="" type="checkbox"/>		Fischer								
<input checked="" type="checkbox"/>		Hardemon								
<input checked="" type="checkbox"/>		Harrison								
<input checked="" type="checkbox"/>		Henry								
<input checked="" type="checkbox"/>		Payne								
<input checked="" type="checkbox"/>		Rommel								
<input checked="" type="checkbox"/>		Toledo								
<input checked="" type="checkbox"/>		Trumbull								
<input checked="" type="checkbox"/>		White								
<input checked="" type="checkbox"/>		Yarborough								
<input checked="" type="checkbox"/>		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

HB 497 : Hospice Care

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Manny Diaz, Jr.			X		
Nicholas Duran	X				
Jason Fischer	X				
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Bobby Payne	X				
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
Clay Yarborough	X				
MaryLynn Magar (Chair)	X				
	Total Yeas: 13	Total Nays: 0			

HB 497 Amendments

Amendment 016243

Adopted Without Objection

Appearances:

Bell, Lynda (General Public) - Opponent

Florida Right To Life

President

PO Box 162382

Altamonte Springs FL 32716

Phone: (407) 431-1831

Eakin, Margie (General Public) - Waive In Opposition

Florida Right to Life

PO Box 162382

Altamonte Springs FL 32716

Bell, Mark (General Public) - Waive In Opposition

PO Box 162382

Altamonte Springs FL 32716

Phone: (407) 431-1831

Committee meeting was reported out: Tuesday, January 23, 2018 3:50PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

HB 497 : Hospice Care (continued)

Appearances: (continued)

Ledford, Paul (Lobbyist) - Proponent

Florida Hospice & Palliative Care Association, Inc
2000 Apalachee Pkwy Ste 200
Tallahassee FL 32301
Phone: (850) 878-2632

Amendment 016243

Ledford, Paul (Lobbyist) - Proponent

Florida Hospice & Palliative Care Association, Inc
2000 Apalachee Pkwy Ste 200
Tallahassee FL 32301
Phone: (850) 878-2632

Gowski, MD, Diane (General Public) - Opponent

Florida Guilds of the Catholic Medical Association
State Director for Florida for the Catholic Medical Association
1383 Temple St.
Clearwater FL 33756
Phone: (727) 480-7574

Halisky, Jan (General Public) - Opponent

Florida Right to Life
Chairman, Legislative Committee
507 S. Prospect Ave.
Clearwater FL 33756
Phone: (727) 461-4234

McKeown, Georgia (Lobbyist) - Waive In Support

Florida Cemetery, Cremation & Funeral Association, Inc
GA McKeown & Associates LLC PO Box 250663
Holly Hill FL 32125
Phone: (904) 303-1611

Ponder-Stansel, Susan (General Public) - Proponent

Florida Hospice and Palliative Care
Board Member/CEO Community Hospice
4266 Sunbeam Rd
Jacksonville FL 32257
Phone: (904) 268-5200

Jordan, Matt (Lobbyist) - Waive In Support

American Cancer Society Cancer Action Network
1922 Dellwood Dr
Tallahassee FL 32303
Phone: (850) 519-2801

Committee meeting was reported out: Tuesday, January 23, 2018 3:50PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

HB 497 : Hospice Care (continued)

Appearances: (continued)

Ricco, John (General Public) - Waive In Support
Florida Cemetery Cremation & Funeral Association
Executive Director
325 John Knox Rd, L-103
Tallahassee FL 32303
Phone: (800) 226-3332

Committee meeting was reported out: Tuesday, January 23, 2018 3:50PM

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

Committee/Subcommittee: Health Innovation
Meeting Date: 1/23/18
Place: 306 HOB
Time: 1:30 pm

Bill Number: HB 497
Date Received: _____
Date Reported: _____
Subject: Hospice Care

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 |

Strike all

Final Vote On Bill		MEMBERS	016243							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Cortes								
✓		Diaz								
✓		Duran								
✓		Fischer								
✓		Hardemon								
✓		Harrison								
✓		Henry								
✓		Payne								
✓		Rommel								
✓		Toledo								
✓		Trumbull								
✓		White								
✓		Yarborough								
✓		Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

HB 937 : Perinatal Mental Health

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
John Cortes	X				
Manny Diaz, Jr.	X				
Nicholas Duran	X				
Jason Fischer	X				
Roy Hardemon	X				
Shawn Harrison	X				
Patrick Henry	X				
Bobby Payne			X		
Bob Rommel	X				
Jackie Toledo	X				
Jay Trumbull	X				
Frank White	X				
Clay Yarborough	X				
MaryLynn Magar (Chair)	X				
Total Yeas: 13		Total Nays: 0			

HB 937 Amendments

Amendment 377667

Adopted Without Objection

Amendment 565603

Withdrawn

Appearances:

Buhrmann, Dr. Louise (General Public) - Waive In Support

Florida Psychiatric Society
Psychiatrist
1035 S Semoran Blvd #1027
Winter Park FL 32792
Phone: (407) 222-4962

Winn, Stephen (Lobbyist) - Waive In Support

Florida Osteopathic Medical Association
Executive Director
2544 Blairstone Pines Dr
Tallahassee FL 32301
Phone: (850) 878-3056

Committee meeting was reported out: Tuesday, January 23, 2018 3:50PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

HB 937 : Perinatal Mental Health (continued)

Appearances: (continued)

Robinson, Dr. Paul (State Employee) - Waive In Support
Florida Chapter of the American Academy of Pediatrics
Vice President
1371 Hodges Dr
Tallahassee FL 32308
Phone: (850) 566-4551

Armstrong, Kim (General Public) - Waive In Support
Tallahassee NOW
1059 Parkview Dr
Tallahassee FL 32311
Phone: (850) 778-5855

Reilly, Christine (General Public) - Waive In Support
Tallahassee Chapter National Organization for Women
3315 Whirlaway Trail
Tallahassee FL 32309
Phone: (850) 893-7451

Mayo, Kathy (General Public) - Waive In Support
Ft. Myers/Naples National Organization for Women
President
8955 Forest St
Ft Myers FL 33907
Phone: (239) 565-7988

DeVane, Barbara (Lobbyist) - Waive In Support
Florida National Organization for Women, Inc
625 E Brevard St
Tallahassee FL 32308
Phone: (850) 251-4280

Watson, Ronald (Lobbyist) - Waive In Support
Midwives Association of Florida
3738 Mundon Way
Tallahassee FL 32309
Phone: (850) 567-1202

Tal, Leor (General Public) - Waive In Support
Florida NOW
2636 Mission Rd, Apt. 57
Tallahassee FL 32304
Phone: (352) 348-1076

Colvin, Patricia C (General Public) - Waive In Support
Self
13364 Beach Blvd, #229
Jacksonville FL 32224
Phone: (904) 652-7634

Committee meeting was reported out: Tuesday, January 23, 2018 3:50PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/23/2018 1:30PM

Location: Mashburn Hall (306 HOB)

HB 937 : Perinatal Mental Health (continued)

Appearances: (continued)

Sheklin, Judy (General Public) - Waive In Support
National Organization for Women
1985 Brista De Mar Circle
Atlantic Beach FL 32233
Phone: (904) 910-0714

Casas, Gena (General Public) - Waive In Support
Self
13118 Ebbtide Ct
Jacksonville FL 32225
Phone: (904) 233-3577

Fausome, Laura (General Public) - Waive In Support
Florida NOW
Vice President
180 Atlantic Avenue
Indialantic FL 32903
Phone: (321) 749-0025

Sanders, Terry (General Public) - Waive In Support
Florida NOW
President
181 Sand Dollar Rd
Indialantic FI 32903
Phone: (321) 615-1334

Flynn, Dr. Heather (State Employee) - Proponent
Florida Maternal Mental Health Coalition
Associate Professor & Chair
1115 W Call St
Tallahassee FI
Phone: (850) 645-7367

Whitten, Kenneth (General Public) - Waive In Support
Self
13118 Ebbtide Ct
Jacksonville FL 32225
Phone: (904) 221-2611

Jones, Emily (General Public) - Information Only
March of Dimes
Director
Atlanta Ga 30309
Phone: (850) 491-6699

Ellis, Karla (General Public) - Waive In Support
NAMI
Volunteer
P. O. Box 961
Tallahassee FL 32301
Phone: (850) 671-4445

Committee meeting was reported out: Tuesday, January 23, 2018 3:50PM

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

Committee/Subcommittee: Health Innovation
 Meeting Date: 1/23/18
 Place: 306 HOB
 Time: 1:30 pm

Bill Number: HB 937
 Date Received: _____
 Date Reported: _____
 Subject: Perinatal Mental Health

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	397 667							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Cortes								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Diaz								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Duran								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fischer								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hardemon								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Harrison								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Henry								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Payne								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rommel								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toledo								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trumbull								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	White								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Magar, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	303		
Amendment Number:	_____		

Name: Bill Helmich

Representing: VFW, American Legion

Title: _____

Address: 303 Johns Dr

City: Gulf Breeze State/Zip: FL 32301

Phone Number: _____ Meeting Date: 1/23

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 Waive in Support Waive in Opposition Info only

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment
Bill/PCS/PCB Number: HB 497
Amendment Number: _____

Name: Sylvia Bell

Representing: Florida Right to Life

Title: President

Address: PO. Box 162382

City: Altamonte Springs State/Zip: FL 32716

Phone Number: 407-431-1831 Meeting Date: 1/23/2018

Committee/Subcommittee: Health Innovations subcommittee

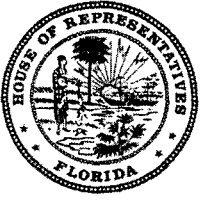
Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO
State Employee: YES NO

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>HB 497</u>			
Amendment Number: _____			

Name: Mark Bell

Representing: Florida Right to life

Title: _____

Address: PO Box 162 382

City: Altamont Spring State/Zip: FL 32716

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

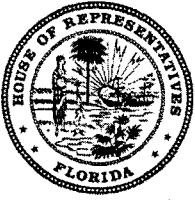
State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment
Bill/PCS/PCB Number: HB 497
Amendment Number: _____

Name: Margie Eakin

Representing: Florida Right to Life

Title: _____

Address: PO Box 162382

City: Altamonte Springs State/Zip: FL 32716

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: Health Innovations

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	497 (Hspice)		
Amendment Number:	_____		

Name: Diane Gowski, MD

Representing: FLORIDA guilds of the Catholic Medical Association

Title: State Director for Florida for the Catholic Medical Association

Address: 1383 Temple St

City: Clearwater State/Zip: 33756 (FL)

Phone Number: 727-480-7574 Meeting Date: 1-23-18

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: HB 497

Registered Lobbyist: YES NO

State Employee: YES NO

I wish to speak

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

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance form submitted online

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		497	
Amendment Number:		_____	

Name: Mr. JAW HALISKY

Representing: Florida Right to Life

Title: Chairman, Legislative Committee

Address: 507 S. Prospect Avenue

City: Clearwater State/Zip: FL 33756

Phone Number: 727-461-4234 Meeting Date: 1-23-2018

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Opposing hospice

Registered Lobbyist: YES NO

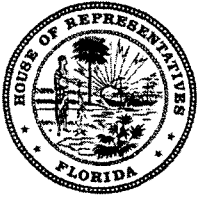
State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		497	
Amendment Number:		_____	

Name: Matt Jordan

Representing: American Cancer Society Cancer Action Network

Title: GRD

Address: 1922 Dellwood Dr

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-519-2801 Meeting Date: 1-23

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

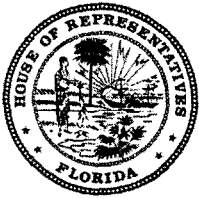
State Employee: YES NO

- 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 Waive in Support Waive in Opposition Info only

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill/PCS/PCB Number: 497

Amendment Number: _____

Name: Paul Ledford

Representing: FL Hospice + Palliative Care Assn.

Title: President + CEO

Address: 2000 Applebee Parkway

City: Tall. State/Zip: FL 32301

Phone Number: 850, 578-2632 Meeting Date: 1-23-2018

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Palliative Care

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



00421556



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 497 : Hospice Care Amendment: N/A

Name: **McKeown, Georgia**

Representing: **Florida Cemetery, Cremation & Funeral Association, Inc**

Title:

Address: **GA McKeown & Associates LLC, PO Box 250663**

City: **Holly Hill** State/Zip: **FL**

Phone Number: **(904) 303-1611** Meeting Date: **January 23, 2018 1:30 PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment
Bill/PCS/PCB Number: HB 497
Amendment Number: _____

Name: Susan Ponder - Stansel

Representing: Florida Hospices and Palliative Care

Title: Board Member / CEO Community Hospice

Address: 4266 Sunbeam Rd

City: Jacksonville State/Zip: FL 32257

Phone Number: 904-268-5200 Meeting Date: 1-23-2018

Committee/Subcommittee: Health Innovations

Presentation/Workshop Topic: Palliative Care

Registered Lobbyist: YES NO

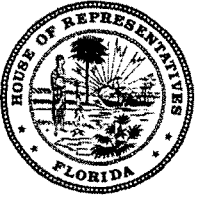
State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:		HB 497	
Amendment Number:		STRIKE ALL	

Name: JOHN RICCO

Representing: FL. CEMETERY CREMATION + FUNERAL ASSOC.

Title: EXECUTIVE DIRECTOR

Address: 325 JOHN KNOX Rd., L-103

City: TALLAHASSEE State/Zip: FL 32303

Phone Number: 800.226-3332 Meeting Date: 1/23/18

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 Waive in Support Waive in Opposition Info only

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



42267149



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 937 : Perinatal Mental Health Amendment: N/A
--

Name: **Buhrmann, Dr. Louise**

Representing: **Florida Psychiatric Society**

Title: **Psychiatrist**

Address: **1035 S Semoran Blvd #1027**

City: **Winter Park**

State/Zip: **FL 32792**

Phone Number: **407-222-4962**

Meeting Date: **January 23, 2018 1:30 PM**

Committee/Subcommittee: **Health Innovation Subcommittee**

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>937</u>	
Amendment Number: _____	

Name: Stephen Winn

Representing: Florida Osteopathic Medical Association

Title: Exec. Director

Address: 2544 Blairstone Pines Dr.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-878-3056 Meeting Date: _____

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Perinatal Mental Health

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>937</u>	
Amendment Number: _____	

Name: Ron Watson

Representing: Midwife Association of FL

Title: Lobbyist

Address: 3738 Murden Way

City: Tallahassee State/Zip: FL

Phone Number: 850 567-1202 Meeting Date: 1/23/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: Perinatal Mental Health

Registered Lobbyist: YES NO

State Employee: YES NO

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

Wave in Support

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment
 Bill/PCS/PCB Number: HB 937
 Amendment Number: _____

Name: LEOR TAL (pronounced Lee-OR Tall)

Representing: Florida NOW

Title: _____

Address: 2636 MISSION RD APT 57

City: Tallahassee State/Zip: FL 32304

Phone Number: 352-348-1076 Meeting Date: 1/23/18

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Perinatal Health

Registered Lobbyist: YES NO
 State Employee: YES NO

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

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

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



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: HB 937
Amendment Number: _____

Name: Judy Sheklin

Representing: Self / National Org. for Women

Title: _____

Address: 1985 Brista De Mar Circle

City: Atlantic Beach State/Zip: FL 32233

Phone Number: 904 910-0714 Meeting Date: 11/23/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>937</u>			
Amendment Number: _____			

Name: D. Paul Robinson, MD

Representing: FL CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS

Title: VICE PRESIDENT

Address: 1371 WOODGES DR

City: TALLAHASSEE State/Zip: 32308

Phone Number: 850-566-4551 Meeting Date: 1/23/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

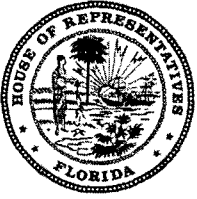
State Employee: YES NO Part time for CMS

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment
Bill/PCS/PCB Number: 937
Amendment Number:

Name: Christine Reilly

Representing: Tallahassee Chapter National Org for Women

Title: Ms Christine Reilly

Address: 3315 Whirlaway Trl

City: Tallahassee State/Zip: FL 32309

Phone Number: 850-893-7451 Meeting Date: 1/23/18

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: Perinatal Mental Health

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

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

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

Bill: Proponent [] Opponent [] Waive in Support [x] Waive in Opposition [] Info only []

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	<u>737</u>		
Amendment Number:	_____		

Name: KATHY MAYO

Representing: FT. MYERS/NAPLES NATIONAL ORGANIZ FOR WOMEN

Title: PRES.

Address: 8955 FOREST ST.

City: FT. MYERS State/Zip: FL 33907

Phone Number: 239-565-7988 Meeting Date: 1.23.

Committee/Subcommittee: HEALTH INNOV. SUB COM.

Presentation/Workshop Topic: PERINATAL MENTAL HEALTH

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



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: 9351

Amendment Number: _____

Name: Barbara DeVane

Representing: FL NOW (National Organization for Women)

Title: MS

Address: 625 E Brevard St

City: Jalapa Harce State/Zip: FL

Phone Number: 850-251-4280 Meeting Date: 1-23-18

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Perinatal

Registered Lobbyist: YES NO

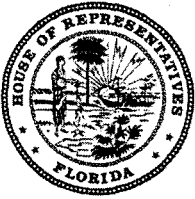
State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment
Bill/PCS/PCB Number: HB 937
Amendment Number: _____

Name: Patricia C Colvin

Representing: self

Title: _____

Address: 13364 Beach Blvd #229

City: Jacksonville State/Zip: 32224

Phone Number: 904 652 7634 Meeting Date: 1/23/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO
State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill/PCS/PCB Number: HB ~~936~~ 937

Amendment Number: _____

Name: Gena Casas

Representing: self - Individual

Title: _____

Address: 13118 Ebbtide Ct

City: Jacksonville State/Zip: FL 32225

Phone Number: 904-233-3577 Meeting Date: 1/23/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

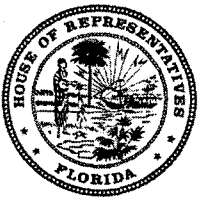
State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>937</u>	
Amendment Number: _____	

Name: Kim Armstrong

Representing: Tallahassee NOW

Title: _____

Address: 1059 Parkview DR

City: Tallahassee State/Zip: 32311

Phone Number: 850 7785855 Meeting Date: _____

Committee/Subcommittee: Health Innovation Subcommittee

Presentation/Workshop Topic: perinatal mental health

Registered Lobbyist: YES NO

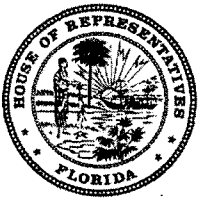
State Employee: YES NO

- 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>937</u>	
Amendment Number: _____	

Name: LAURA FAUSONE

Representing: FLORIDA NOW (Natl Organization for Women)

Title: Vice President

Address: 180 Atlantic Ave

City: Indialantic State/Zip: FL 32903

Phone Number: 321 749-0025 Meeting Date: _____

Committee/Subcommittee: Florida Families First Act

Presentation/Workshop Topic: Perinatal Mental Health

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only *Naive in Support*

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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>937</u>			
Amendment Number: _____			

Name: Terry Sanders

Representing: Florida NOW

Title: President

Address: 181 Sand Dollar Rd.

City: Judicialantic State/Zip: FL 32903

Phone Number: 321-615-1334 Meeting Date: 1/23/17

Committee/Subcommittee: House

Presentation/Workshop Topic: Prenatal

Registered Lobbyist: YES NO

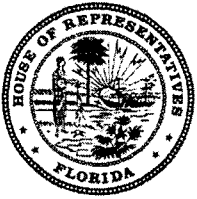
State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment
Bill/PCS/PCB Number: _____
Amendment Number: 939

Name: Dr. Heather Flynn

Representing: Florida Maternal Mental Health Coalition

Title: Associate Professor + Chair

Address: 1115 West Collins

City: Tallahassee State/Zip: _____

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: Perinatal Mental Health

Registered Lobbyist: YES NO

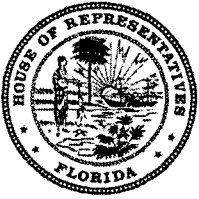
State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment []
Bill/PCS/PCB Number: HB 9307
Amendment Number: []

Name: Kenneth Whitten

Representing: SELF

Title: MR.

Address: 13118 EBBTIDE CT

City: JACKSONVILLE State/Zip: FL 32225

Phone Number: 904 291 2611 Meeting Date: 11/23/18

Committee/Subcommittee:

Presentation/Workshop Topic: PARENTAL MENTAL HEALTH

Registered Lobbyist: YES [] NO [checked]

State Employee: YES [] NO [checked]

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

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

Bill: Proponent [] Opponent [] Waive in Support [checked] Waive in Opposition [] Info only []

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>937</u>			
Amendment Number: _____			

Name: Emily Jones

Representing: March of Dimes

Title: Director, Advocacy & Government Affairs

Address: _____

City: Atlanta State/Zip: GA 30309

Phone Number: 850-491-6699 Meeting Date: _____

Committee/Subcommittee: House Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

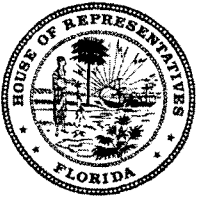
State Employee: YES NO

- 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 Waive in Support Waive in Opposition Info only

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>HR 937</u>			
Amendment Number: _____			

Name: Karla Ellis, ~~Volunteer~~

Representing: NAMI

Title: Volunteer

Address: PO Box 961

City: Tallahassee State/Zip: FL

Phone Number: 850-671-4445 Meeting Date: 1/23/2018

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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