



Health Innovation Subcommittee

Tuesday, January 30, 2018
3:30 PM – 4:30 PM
Mashburn Hall (306 HOB)

Action Packet

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/30/2018 3:30PM

Location: Mashburn Hall (306 HOB)

Summary:

Health Innovation Subcommittee

Tuesday January 30, 2018 03:30 pm

HB 217	Favorable With Committee Substitute	Yeas: 10	Nays: 2
	Amendment 707915 Adopted Without Objection		
HB 735	Favorable With Committee Substitute	Yeas: 10	Nays: 0
	Amendment 382457 Adopted Without Objection		

Committee meeting was reported out: Tuesday, January 30, 2018 5:29PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/30/2018 3:30PM

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:	13	0	1

Committee meeting was reported out: Tuesday, January 30, 2018 5:29PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/30/2018 3:30PM

Location: Mashburn Hall (306 HOB)

HB 217 : Payment of Health Care Claims

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: 10		Total Nays: 2			

HB 217 Amendments

Amendment 707915

Adopted Without Objection

Appearances:

Watson, Ronald (Lobbyist) - Waive In Support
Florida Renal Coalition & Florida Chiropractic Physicians Association
3738 Mundon Way
Tallahassee FL 32309
Phone: (850) 567-1202

Hart, Jo Anne (Lobbyist) - Waive In Support
Florida Dental Association
Chief Legislative Officer
118 East Jefferson Street
Tallahassee FL 32301
Phone: (850) 224-1089

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

Committee meeting was reported out: Tuesday, January 30, 2018 5:29PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/30/2018 3:30PM

Location: Mashburn Hall (306 HOB)

HB 217 : Payment of Health Care Claims (continued)

Appearances: (continued)

Hebert, Jack (Lobbyist) - Waive In Support
Florida Chiropractic Association, Inc
Government Affairs Director
2861 Executive Dr, Ste 100
Clearwater FL 33762
Phone: (727) 560-3323

Troncoso, Wences (Lobbyist) - Opponent
Florida Association of Health Plans
Vice President & General Counsel
200 W College Ave
Tallahassee FL 32301
Phone: (850) 212-3178

Ryan, Joy (Lobbyist) - Waive In Opposition
AHIP - America's Health Insurance Plans
300 S Duval St
Tallahassee FL 32312
Phone: (850) 425-4000

Bevis, Brewster (Lobbyist) - Opponent
Associated Industries of Florida
Senior Vice President
516 N Adams St
Tallahassee FL 32301
Phone: (850) 224-7173

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

Dobbertien, DO, FACS, Mark (General Public) - Proponent
Florida Medical Association/American College of Surgeons
1403 Piedmont Dr E
Tallahassee FL 32308
Phone: (850) 251-2439

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

Committee meeting was reported out: Tuesday, January 30, 2018 5:29PM

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/30/2018 3:30PM

Location: Mashburn Hall (306 HOB)

HB 217 : 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) 878-3056

Amendment 707915

Sanford, Paul (Lobbyist) - Opponent

Florida BlueCross, Florida Insurance Council

106 S Monroe St

Tallahassee FL 32301

Phone: (850) 222-7200

Committee meeting was reported out: Tuesday, January 30, 2018 5:29PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Innovation
 Meeting Date: 11/30/13
 Place: 306 AOB
 Time: 3:30 PM

Bill Number: HB 217
 Date Received: _____
 Date Reported: _____
 Subject: Payment of Health Care Claims

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	<i>break all and 11/19/15</i>							
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
10	2									

COMMITTEE MEETING REPORT

Health Innovation Subcommittee

1/30/2018 3:30PM

Location: Mashburn Hall (306 HOB)

HB 735 : Mammography

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: 10		Total Nays: 0			

HB 735 Amendments

Amendment 382457

Adopted Without Objection

Appearances:

Amendment 382457

Bayliss, Slater (Lobbyist) - Waive In Support

Hologic

204 S Monroe St Ste 602

Tallahassee FL 32301

Phone: (850) 222-8900

Committee meeting was reported out: Tuesday, January 30, 2018 5:29PM

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

Committee/Subcommittee: Health Innovation
Meeting Date: 1/30/18
Place: 306 HOB
Time: 3:30 pm

Bill Number: HB 935
Date Received: _____
Date Reported: _____
Subject: Mammography

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	382457							
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
10	0									

Magar - Yea after roll call



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 checked="" type="checkbox"/>
Bill/PCS/PCB Number:	217		
Amendment Number:	767915		

Name: Paul Sanford

Representing: Florida Blue, Florida Insurance Council

Title:

Address: 106 S Monroe St

City: Tallahassee State/Zip: FL 32301

Phone Number: 222-1200 Meeting Date: 1/30/18

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



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: 217
Amendment Number: _____

Name: Ron Watson

Representing: Florida Renal Coalition

Title: Lobbyist

Address: 3738 Murdon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 1/30/18

Committee/Subcommittee: Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

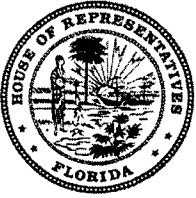
State Employee: YES NO

- 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 checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	217		
Amendment Number:	_____		

Name: Ron Watson

Representing: Florida Chiropractic Physicians Association

Title: Lobbyist

Address: 3738 Mundon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 1/30/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

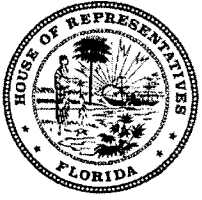
State Employee: YES NO

- 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>HB 217</u>	
Amendment Number: _____	

Name: Joe Anne Hart

Representing: Florida Dental Association

Title: Chief Legislative Officer

Address: 118 E. Jefferson St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 224-1089 Meeting Date: 1/30/18

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

W/S



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:	217		
Amendment Number:	_____		

Name: JACK HERBERT

Representing: FLORIDA CHIROPRACTIC ASSN.

Title: GOV'T AFFAIRS DIRECTOR

Address: 2861 EXEC. DRIVE, SUITE 100

City: CLEARWATER State/Zip: FL

Phone Number: 727-560-3323 Meeting Date: 1/30

Committee/Subcommittee: HEALTH / NNO

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 [checked] Amendment []
Bill/PCS/PCB Number: 217
Amendment Number: []

Name: Wences Trancoso

Representing: Florida Association of Health Plans

Title: Vice President + General Counsel

Address: 200 W. College Ave

City: Tallahassee State/Zip: FL / 32309

Phone Number: 950-212-3178 Meeting Date: 1/30/18

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 []

(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] 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 [X] Amendment []
Bill/PCS/PCB Number: 217
Amendment Number: []

Name: Jay Ryan

Representing: America's Health Insurance Plans

Title: []

Address: 3005 Duval St, #410

City: Tallahassee State/Zip: FL 32312

Phone Number: 425-4000 Meeting Date: 1-30-18

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Retrospective Claims Denial

Registered Lobbyist: YES [X] NO []

State Employee: YES [] NO [X]

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

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

Bill: Proponent [] Opponent [X] 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 Amendment
Bill/PCS/PCB Number: 217
Amendment Number: _____

Name: Brewster Bevis

Representing: Associated Industries of Florida

Title: Senior Vice President

Address: 516 W Adams St

City: TLH State/Zip: FL 32301

Phone Number: 224-7175 Meeting Date: 1/30/18

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Payment of Healthcare 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 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>217</u>	
Amendment Number: _____	

Name: Marnie George

Representing: FL Chapter, American College of Cardiology

Title: Sr. Advisor, Buchanan, Ingersoll & Rooney

Address: # 101 N. Monroe St, Suite 1090

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-510-8866 Meeting Date: 1-30-18

Committee/Subcommittee: Health Innovation Committee

Presentation/Workshop Topic: Retrospective 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 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 217</u>			
Amendment Number: _____			

Name: MARK A. DOBBERTIEN DO FACS

Representing: Florida Medical Association / American College of Surgeons

Title: _____

Address: 1403 Piedmont Dr. E.

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 251-2439 Meeting Date: 2/30/18

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

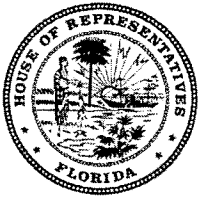
State Employee: YES NO

- 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



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>217</u>	
Amendment Number: _____	

Name: Chris Inland

Representing: Florida Chapter, American College of Physicians

Title: _____

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051 Meeting Date: _____

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>217</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: 1/30/18

Committee/Subcommittee: Health Innovation

Presentation/Workshop Topic: Payment of Health Care Claims

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	735		
Amendment Number:	382457		

Name: Slater Bayliss

Representing: Hologic

Title: Lobbyist

Address: 204 South Monroe Street

City: Tallahassee State/Zip: FL

Phone Number: 222-8900 Meeting Date: 1/30/18

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