



Health Quality Subcommittee

Wednesday, February 15, 2017
9:00 AM – 11:00 AM
Mashburn Hall (306 HOB)

Action Packet

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/15/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

Summary:

Health Quality Subcommittee

Wednesday February 15, 2017 09:00 am

HB 101	Favorable With Committee Substitute Amendment 001745 Adopted Without Objection	Yeas: 13	Nays: 0
HB 103	Favorable	Yeas: 13	Nays: 0
HB 209	Favorable With Committee Substitute Amendment 315445 Adopted Without Objection	Yeas: 13	Nays: 0
PCB HQS 17-01	Favorable With Amendment(s) Amendment PCB HQS 17-01 a1 Adopted Without Objection	Yeas: 10	Nays: 3
PCB HQS 17-02	Favorable	Yeas: 13	Nays: 0

Committee meeting was reported out: Wednesday, February 15, 2017 2:35:23PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/15/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Cary Pigman (Chair)	X		
Robert Asencio			X
Cord Byrd	X		
Byron Donalds	X		
Randy Fine	X		
Heather Fitzenhagen	X		
Shevrin Jones	X		
Amber Mariano	X		
Ralph Massullo, MD	X		
Amy Mercado	X		
Alexandra Miller	X		
Wengay Newton, Sr.	X		
Rene Plasencia			X
David Silvers	X		
Clay Yarborough	X		
Totals:	13	0	2

Committee meeting was reported out: Wednesday, February 15, 2017 2:35:23PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/15/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

HB 101 : Certificates of Nonviable Birth

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio			X		
Cord Byrd	X				
Byron Donalds	X				
Randy Fine	X				
Heather Fitzenhagen	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Alexandra Miller	X				
Wengay Newton, Sr.	X				
Rene Plasencia			X		
David Silvers	X				
Clay Yarborough	X				
Cary Pigman (Chair)	X				
Total Yeas: 13		Total Nays: 0			

HB 101 Amendments

Amendment 001745

Adopted Without Objection

Appearances:

HB 101- Certificates of Nonviable Birth; Amendment 001745

Zepp, Victoria (Lobbyist) - Waive In Support

Tenet Healthcare Corporation

108 E. Jefferson Street

Tallahassee FL 32301

Phone: (850) 241-6309

HB 101 -Certificates of Nonviable Birth

DeVane, Barbara (Lobbyist) - Waive In Opposition

Florida National Organization for Women, Inc

625 E. Brevard St.

Tallahassee FL 32308

Phone: (850) 251-4280

HB 101 - Certificates of Nonviable Birth; Proponent of Amendment 001745

Watson, Ronald (Lobbyist) - Proponent

Midwives Association of Florida

3738 Mundon Way

Tallahassee FL 32309

Phone: (850) 567-1202

Committee meeting was reported out: Wednesday, February 15, 2017 2:35:23PM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 2/15/11
 Place: 356 HJR
 Time: 7:00 AM

Bill Number: HB 101
 Date Received: _____
 Date Reported: _____
 Subject: Certification of
 Non-Violation

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>David I</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asencio	<i>W/O</i>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Byrd	<i>W/O</i>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donalds	<i>W/O</i>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fine	<i>W/O</i>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fitzenhagen								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Jones								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mariano								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mercado								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Miller								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Newton								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plasencia								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pigman, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<i>13</i>	<i>0</i>									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/15/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

HB 103 : Public Records/Nonviable Birth Records

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio			X		
Cord Byrd	X				
Byron Donalds	X				
Randy Fine	X				
Heather Fitzenhagen	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Alexandra Miller	X				
Wengay Newton, Sr.	X				
Rene Plasencia			X		
David Silvers	X				
Clay Yarborough	X				
Cary Pigman (Chair)	X				
	Total Yeas: 13	Total Nays: 0			

Appearances:

HB 103 - Public Records/Nonviable Birth Records
DeVane, Barbara (Lobbyist) - Waive In Opposition
Florida National Organization for Women, Inc
625 E. Brevard St.
Tallahassee FL 32308
Phone: (850) 251-4280

Committee meeting was reported out: Wednesday, February 15, 2017 2:35:23PM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 2/15/17
 Place: 306 HOB
 Time: 9:00 AM

Bill Number: HB 103
 Date Received: _____
 Date Reported: _____
 Subject: Public Records /
Non-Resident Birth Records

Committee/Subcommittee Action:

- | | |
|--|---|
| <input 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
✓		Asencio								
✓		Byrd								
✓		Donalds								
✓		Fine								
✓		Fitzenhagen								
✓		Jones								
✓		Mariano								
✓		Massullo								
✓		Mercado								
✓		Miller								
✓		Newton								
✓		Plasencia								
✓		Silvers								
✓		Yarborough								
✓		Pigman, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/15/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

HB 209 : Medical Faculty Certification

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio			X		
Cord Byrd	X				
Byron Donalds	X				
Randy Fine	X				
Heather Fitzenhagen	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Alexandra Miller	X				
Wengay Newton, Sr.	X				
Rene Plasencia			X		
David Silvers	X				
Clay Yarborough	X				
Cary Pigman (Chair)	X				
Total Yeas: 13		Total Nays: 0			

HB 209 Amendments

Amendment 315445

Adopted Without Objection

Appearances:

HB 209 - Medical Faculty Certification; Amendment 315445

Meek, Terry (Lobbyist) - Waive In Support

Council of Florida Medical School Deans

Po Box 13441

Tallahassee FL 32317-34

Phone: (850) 893-7821

HB 209 - Medical Faculty Certification

Berry, Anita (Lobbyist) - Waive In Support

Johns Hopkins All Children's Hospital

21748 State Rd. 54 Ste. 102

Lutz FL 33549

Phone: (813) 527-0172

Committee meeting was reported out: Wednesday, February 15, 2017 2:35:23PM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 2/15/19
 Place: 306 HOJ
 Time: 9:00 AM

Bill Number: HB 209
 Date Received: _____
 Date Reported: _____
 Subject: Medical Faculty Certification

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	<i>Med 1</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Asencio								
✓		Byrd								
✓		Donalds								
✓		Fine								
✓		Fitzenhagen								
✓		Jones								
✓		Mariano								
✓		Massullo								
✓		Mercado								
✓		Miller								
✓		Newton								
✓		Plasencia								
✓		Silvers								
✓		Yarborough								
✓		Pigman, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
13	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/15/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

PCB HQS 17-01 : Health Care Access

Favorable With Amendment(s)

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio			X		
Cord Byrd	X				
Byron Donalds	X				
Randy Fine	X				
Heather Fitzenhagen	X				
Shevrin Jones		X			
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado		X			
Alexandra Miller	X				
Wengay Newton, Sr.		X			
Rene Plasencia			X		
David Silvers	X				
Clay Yarborough	X				
Cary Pigman (Chair)	X				
Total Yeas: 10		Total Nays: 3			

PCB HQS 17-01 Amendments

Amendment PCB HQS 17-01 a1

Adopted Without Objection

Appearances:

PCB HQS 17-01

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

PCB HQS 17-01

Hunt, Brittney (Lobbyist) - Waive In Support
Florida Chamber of Commerce
Policy Director
136 S. Bronough St.
Tallahassee FL 32301
Phone: (850) 521-1200

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COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/15/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

PCB HQS 17-01 : Health Care Access (continued)

Appearances: (continued)

PCB HQS 17-01

Dudley, Alison (Lobbyist) - Opponent
Florida Radiological Society, Inc
President, AB Dudley and Assoc.
PO Box 428
Tallahassee FL 32302-04
Phone: (850) 559-1139

PCB HQS 17-01

Floyd, Chris (Lobbyist) - Waive In Support
Florida Association of Nurse Practitioners
Consultant
101 E. College Ave., Ste. 302
Tallahassee FL 32301
Phone: (813) 624-5117

PCB HQS 17-01

Killinger, Lori (Lobbyist) - Waive In Support
Florida Association of Nurse Anesthetists, Inc
Attorney/Lobbyist
315 S. Calhoun St. Ste. 830
Tallahassee FL 32301
Phone: (850) 222-5702

PCB HQS 17-01

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

PCB HQS 17-01

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

PCB HQS 17-01

Kumar, MD, Ajoy - Opponent
Florida Academy of Family Physicians
President-Elect
6720 Atlantic Blvd.
Jacksonville FL 32211
Phone: (904) 400-6189

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COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/15/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

PCB HQS 17-01 : Health Care Access (continued)

Appearances: (continued)

PCB HQS 17-01

Gustafson, Jimmy - Proponent

FJA

1567 Cristobal Drive

Tallahassee FL 32303

Phone: (850) 251-4011

Committee meeting was reported out: Wednesday, February 15, 2017 2:35:23PM



Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Quality
2 Subcommittee

3 Representative Massullo offered the following:

4
5 **Amendment**

6 Remove lines 964-967 and insert:

7 (a) Completed, in any jurisdiction of the United States,
8 at least 4,000 clinical practice hours while practicing as an
9 advanced practice registered nurse under the supervision of an
10 allopathic or osteopathic physician holding an active,
11 unencumbered license issued by any state, the District of
12 Columbia, or a possession or territory of the United States
13 during the period of supervision.

14 (b) Completed at least 2,000 clinical practice hours
15 within a 3-year period immediately preceding the submission of
16 the application, which shall, if supervised pursuant to

PCB HQS 17-01 a1

Published On: 2/15/2017 10:54:33 AM



Amendment No. 1

17 paragraph (1)(a), be counted as part of the requirement of that
18 paragraph.

19

COMMITTEE MEETING REPORT

Health Quality Subcommittee

2/15/2017 9:00:00AM

Location: Mashburn Hall (306 HOB)

PCB HQS 17-02 : Ratification of Rules of the Board of Medicine

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio			X		
Cord Byrd	X				
Byron Donalds	X				
Randy Fine	X				
Heather Fitzenhagen	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Alexandra Miller	X				
Wengay Newton, Sr.	X				
Rene Plasencia			X		
David Silvers	X				
Clay Yarborough	X				
Cary Pigman (Chair)	X				
Total Yeas: 13		Total Nays: 0			

Appearances:

PCB HQS 17-02

Thomas, Mary (Lobbyist) - Waive In Support

Florida Medical Association

Ass. General Counsel

1430 Piedmont Dr. E.

Tallahassee FL 32308

Phone: (850) 224-6496

PCB HQS 17-02

Nuland, Christopher (Lobbyist) - Proponent

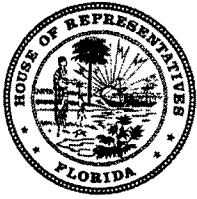
FL Society of Plastic Surgeons/FL Society of Dermatology & Dermatologic Surgery

1000 Riverside Ave. Ste. 240

Jacksonville FL 32204

Phone: (904) 233-3051

Committee meeting was reported out: Wednesday, February 15, 2017 2:35:23PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WIS

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>101</u>	
Amendment Number: <u>#1 - 001745</u>	

Name: Victoria Zepo, DPL

Representing: Tenet Health Care

Title: _____

Address: 108 E. Jefferson St.

City: TLH State/Zip: 32301

Phone Number: 850.244.6309 Meeting Date: 2/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Novable Book

Registered Lobbyist: YES NO

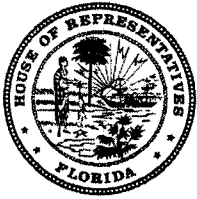
State Employee: YES NO

- 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

WJG

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

Bill Amendment

Bill/PCS/PCB Number: 101

Amendment Number: _____

Name: Barbara DeKane

Representing: FL NOW

Title: Ms

Address: 625 E. Brevard St

City: Tallahassee FL State/Zip: 32308

Phone Number: 850-251-4280 Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Reporting Nonviolability pregnancy

Registered Lobbyist: YES NO

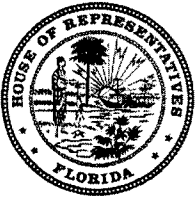
State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 101</u>	
Amendment Number: <u>#1 001745</u>	

Name: Ron Watson

Representing: Florida Association of Midwives

Title: Lobbyist

Address: 3738 Murden Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: _____

Committee/Subcommittee: Health Quality

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>103</u>	
Amendment Number: _____	

Name: Barbara Depina

Representing: FL NOW

Title: MS

Address: 125 E. Brevard St

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-257-4280 Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Reporting Non Visible on the

Registered Lobbyist: YES NO

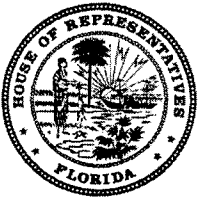
State Employee: YES NO

- I wish to speak None in opposition
- 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.

WAVE IN SUPPORT

<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>209</u>	
Amendment Number: <u>315445</u>	

Name: TERRY MEEK

Representing: COUNCIL OF FLORIDA MEDICAL SCHOOL DEANS

Title: _____

Address: PO 13441

City: TLH State/Zip: _____

Phone Number: 850-893-7821 Meeting Date: 2-15-17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Medical Faculty Certificate

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

WLS

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>209</u>			
Amendment Number: _____			

Name: Antia Berry

Representing: Johns Hopkins All Children's Hospital

Title: Carson E Johnston

Address: 21748 Ave Road 54,

City: Lutz State/Zip: FL

Phone Number: 301 524 0172 Meeting Date: 2/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: medical faculty certificates - HB 209

Registered Lobbyist: YES NO

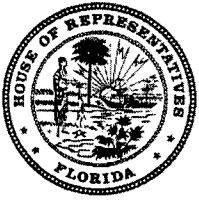
State Employee: YES NO

- 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

WLS

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

<input type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HQS 1</u>	
Amendment Number: _____	

Name: PAUL LAMBERT

Representing: FLORIDA CHIROPRACTIC ASSO.

Title: _____

Address: 263 Rosehill Drive North

City: Tallahassee State/Zip: 32312

Phone Number: 850 597-2696 Meeting Date: 2/15/17

Committee/Subcommittee: HQS

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

WIS

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>HQS1</u>	
Amendment Number: _____	

Name: Brittney Hunt

Representing: FL Chamber of Commerce

Title: Policy Director

Address: 136 S. Bronough St.

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 521-1200 Meeting Date: 2/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Health Care Access

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment []
Bill/PCS/PCB Number: PCB HQS 17-01
Amendment Number: _____

Name: Alison Dudley

Representing: Florida Radiological Society

Title: President, AB Dudley and ASCS

Address: P.O. Box 428

City: Tall. State/Zip: FL 32302

Phone Number: 850/559-1139 Meeting Date: 2/15/17

Committee/Subcommittee: Health Quality Sub

Presentation/Workshop Topic: Health Access / Telehealth

Registered Lobbyist: YES [checked] NO []

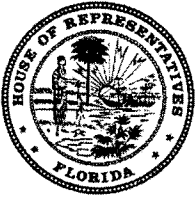
State Employee: YES [] NO [checked]

- 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

WTL 5

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>HQS 17-01</u>	
Amendment Number: _____	

Name: Chris Floyd

Representing: FL Association of Nurse Practitioners (FLANP)

Title: Consultant

Address: 101 E. College Ave, Ste 302

City: Tallahassee State/Zip: FL 32301

Phone Number: 813-624-5117 Meeting Date: 2/15/2017

Committee/Subcommittee: Health Quality Sub

Presentation/Workshop Topic: Health Care Access

Registered Lobbyist: YES NO

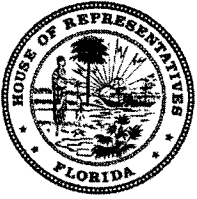
State Employee: YES NO

- 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

HTS

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>HQS 17-01</u>	
Amendment Number: _____	

Name: LOCI KILLINGER

Representing: Florida Association of Nurse Anesthetists

Title: Attorney/lobbyist

Address: 315 S. Calhoun St. Ste 930

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 222 5702 Meeting Date: 2-15-17

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



WA 0

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: HQS1 Meeting Date: 2-15-2017

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HEALTH CARE ACCESS

Committee/Subcommittee: HEALTH QUALITY SUBCOMMITTEE

Name: STEPHEN R. WINN

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DR

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Registered Lobbyist: YES NO

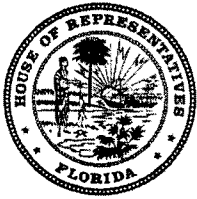
State Employee: YES NO

WAIVE TIME IN OPPOSITION

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

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

Bill [checked] Amendment []
Bill/PCS/PCB Number: PCB-HQS-17-01
Amendment Number: []

Name: Chris Noland

Representing: Florida Chapter American College of Physicians

Title: []

Address: 1000 Riverside Ave #240

City: Jacksonville, FL 32204 State/Zip: FL 32204

Phone Number: 904-233-3057 Meeting Date: 2/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: []

Registered Lobbyist: YES [checked] NO []

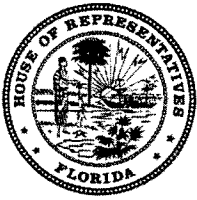
State Employee: YES [] NO [checked]

- 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 [checked]

(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.

Bill [X] Amendment []
Bill/PCS/PCB Number: 1701
Amendment Number: []

Name: Ator Kumar, MD

Representing: (FAFP) Florida Academy of Family Physicians

Title: President-Elect

Address: 6720 Atlantic Blvd

City: Jacksonville State/Zip: FL/32211

Phone Number: 904-400-6189 Meeting Date: 2/15/2017

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Healthcare Access

Registered Lobbyist: YES [] NO [X]

State Employee: YES [] NO [X]

- [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 [X] Info only []

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

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

Name: Jimmy Gustafson

Representing: FJA

Title: _____

Address: 1507 Cristobal Drive

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-251-4011 Meeting Date: 2-15-17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Health Care Access

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

HTJ

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

Bill Amendment

Bill/PCS/PCB Number: HQ502

Amendment Number: _____

Name: Mary Thomas

Representing: Florida Medical Association

Title: Assistant General Counsel

Address: 1430 Piedmont Dr E

City: Tallahassee State/Zip: FL / 32309

Phone Number: 850-227-6496 Meeting Date: 2/15/17

Committee/Subcommittee: Health Quality

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>PCB-HQS-17-02</u>	
Amendment Number: _____	

Name: Chris Auland

Representing: Florida Society of Plastic Surgeons / Florida Society of Dermatology & Derm. Surgery

Title: _____

Address: 1000 Riverside Ave #240

City: Tallahassee State/Zip: FL 32309

Phone Number: 904-233-3051 Meeting Date: 2/15/17

Committee/Subcommittee: Health Quality

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