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# Health Quality Subcommittee

Wednesday, February 22, 2017  
8:00 AM – 10:30 AM  
Mashburn Hall (306 HOB)

## Action Packet Amended

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

2/22/2017 8:00:00AM

**Location:** Mashburn Hall (306 HOB)

### Summary:

#### Health Quality Subcommittee

*Wednesday February 22, 2017 08:00 am*

CS/HB 19	Favorable With Committee Substitute	Yeas: 9	Nays: 7
	Amendment 043025 Adopted Without Objection		
HB 129	Favorable With Committee Substitute	Yeas: 14	Nays: 0
	Amendment 134519 Adopted Without Objection		
HB 557	Favorable With Committee Substitute	Yeas: 14	Nays: 0
	Amendment 602061 Adopted Without Objection		

Committee meeting was reported out: Wednesday, February 22, 2017 12:57:38PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

2/22/2017 8:00:00AM

**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		
<b>Totals:</b>	<b>15</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Wednesday, February 22, 2017 12:57:38PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

2/22/2017 8:00:00AM

**Location:** Mashburn Hall (306 HOB)

### CS/HB 19 : Termination of Pregnancies

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				
Ray Rodrigues (Ex Officio)	X				
Cary Pigman (Chair)	X				
<b>Total Yeas: 9</b>		<b>Total Nays: 7</b>			

### CS/HB 19 Amendments

#### Amendment 043025

Adopted Without Objection

### Appearances:

Gentile, Haley (General Public) - Waive In Opposition

Self

2064 Holmes St.

Tallahassee FL 32310

Phone: (239) 210-8923

Pierce, Britney (General Public) - Waive In Opposition

Self

127 Belmont Rd.

Tallahassee FL 32301

Phone: (954) 260-4173

Schmus, Jaye (General Public) - Waive In Opposition

Self

3203 Westgate Court

Tallahassee FL 32304

Phone: (850) 264-9300

Committee meeting was reported out: Wednesday, February 22, 2017 12:57:38PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

2/22/2017 8:00:00AM

**Location:** Mashburn Hall (306 HOB)

**CS/HB 19 : Termination of Pregnancies (continued)**

**Appearances: (continued)**

Good, Thomas (General Public) - Waive In Opposition

Self

313 Mayo St.

Tallahassee FL 32304

Phone: (954) 701-2378

Holley, Mark (General Public) - Waive In Opposition

Self

Youth Care Specialist

5013 Louvinia Dr.

Tallahassee FL 32311

Phone: (307) 399-2948

Gordon, Kayla (General Public) - Waive In Opposition

Self

3030 Tisha Dr.

Tallahassee FL 32309

Phone: (850) 339-9313

Downey, Stephen (General Public) - Waive In Opposition

Self

132 Ferndale Dr.

Tallahassee FL 32301

Phone: (615) 972-0306

DeVane, Barbara (Lobbyist) - Waive In Opposition

FL NOW

625 E. Brevard St.

Tallahassee FL 32308

Phone: (850) 257-4280

Gross, Kara (Lobbyist) - Waive In Opposition

American Civil Liberties Union of Florida

4500 Biscayne Boulevard Suite 340

Miami FL 33137

Phone: (786) 363-2700

Delegal, Mark (Lobbyist) - Opponent

Doctors Company, The

315 S. Calhoun St., Ste. 600

Tallahassee FL 32301

Phone: (850) 508-7779

Prabhakaran, MD, Suzie (General Public) - Opponent

FL District American Congress of Obstetricians & Gynecologists

Chair, Section IV

1100 Imperial Dr.

Sarasota FL 34236

Phone: (941) 567-3818

Committee meeting was reported out: Wednesday, February 22, 2017 12:57:38PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

2/22/2017 8:00:00AM

**Location:** Mashburn Hall (306 HOB)

**CS/HB 19 : Termination of Pregnancies (continued)**

**Appearances: (continued)**

Russell, PsyD, Rachel (General Public) - Opponent

Self

Doctor

241 Sand Dollar Rd.

Indialantic FL 32903

Phone: (321) 427-5512

Foster, Erin (General Public) - Opponent

Self

12017 Cedarfield Dr.

Riverview FL 33579

Phone: (813) 360-8315

Diaz, Kimberly (Lobbyist) - Waive In Opposition

Florida Alliance of Planned Parenthood Affiliates

2300 N. Florida Mango Rd.

West Palm Beach FL 33409-64

Phone: (561) 472-9934

Winn, Stephen (Lobbyist) - Waive In Opposition

Florida Osteopathic Medical Association

2544 Blairstone Pines Dr.

Tallahassee FL 32301

Phone: (850) 878-7364

Winn, Kathy (General Public) - Waive In Opposition

League of Women Voters of FL

1006 Brookwood Dr.

Tallahassee FL 32308

Phone: (850) 766-2612

Adams, Amy (General Public) - Waive In Opposition

Self

3330 N. Shore Circle

Tallahassee FL 32312

Phone: (850) 575-3557

Valero, Maria (Lobbyist) - Waive In Opposition

Florida Latina Advocacy Network (FL LAN)

8325 NE 2nd Avenue

Miami FL 33138

Phone: (786) 442-8199

Large, William (Lobbyist) - Opponent

Florida Justice Reform Institute

210 S Monroe St

Tallahassee FL 32301-18

Phone: (850) 222-0170

Committee meeting was reported out: Wednesday, February 22, 2017 12:57:38PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

2/22/2017 8:00:00AM

**Location:** Mashburn Hall (306 HOB)

**CS/HB 19 : Termination of Pregnancies (continued)**

**Appearances: (continued)**

Murphy, Douglas (Lobbyist) - Opponent

Florida Medical Association

6260 SW 21st Court Rd.

Ocala FL 34471

Phone: (352) 816-1773

Committee meeting was reported out: Wednesday, February 22, 2017 12:57:38PM

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

Committee/Subcommittee: Health Quality  
 Meeting Date: 2/22/17  
 Place: 306 HOB  
 Time: 8:00 AM

Bill Number: CS/HB 19  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Termination of Preferences

**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>Draw 1</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Asencio								
<input checked="" type="checkbox"/>		Byrd	<i>W/O</i>							
<input checked="" type="checkbox"/>		Donalds								
<input checked="" type="checkbox"/>		Fine								
<input checked="" type="checkbox"/>		Fitzenhagen								
	<input checked="" type="checkbox"/>	Jones								
<input checked="" type="checkbox"/>		Mariano								
<input checked="" type="checkbox"/>		Massullo								
	<input checked="" type="checkbox"/>	Mercado								
	<input checked="" type="checkbox"/>	Miller								
	<input checked="" type="checkbox"/>	Newton								
	<input checked="" type="checkbox"/>	Plasencia								
	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>		Yarborough								
<input checked="" type="checkbox"/>		Pigman, Chair								
		<i>Leader Rodriguez</i>								
		<i>4-Office</i>								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
<i>9</i>	<i>11</i>									



# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

2/22/2017 8:00:00AM

**Location:** Mashburn Hall (306 HOB)

**HB 129 : Advanced Registered Nurse Practitioners**

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				
Ray Rodrigues (Ex Officio)			X		
Cary Pigman (Chair)	X				
<b>Total Yeas: 14</b>		<b>Total Nays: 0</b>			

**HB 129 Amendments**

**Amendment 134519**

Adopted Without Objection

**Appearances:**

Amendment 134519

Mixon, Corinne (Lobbyist) - Waive In Support  
 Florida Academy of Physician Assistants  
 119 S. Monroe St. Ste. 202  
 Tallahassee FL 32301  
 Phone: (850) 766-5795

Amendment 134519

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

Committee meeting was reported out: Wednesday, February 22, 2017 12:57:38PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

2/22/2017 8:00:00AM

**Location:** Mashburn Hall (306 HOB)

**HB 129 : Advanced Registered Nurse Practitioners (continued)**

**Appearances: (continued)**

Amendment 134519

Whitaker, Stan (General Public) - Waive In Support

FL Association of Nurse Practitioners

Chairman

6294 NW Torreya Pk Rd

Bristol FL 32321

Phone: (850) 545-8301

Hosek, Andrew (Lobbyist) - Waive In Support

Americans for Prosperity

200 W. College Ave. Suite 113

Tallahassee FL 32301

Phone: (850) 378-6291

Welmak, MD, Samantha (General Public) - Waive In Opposition

FL Chapter, American College of Physicians

1000 Riverside Ave., Ste. 220

Jacksonville FL 32204

Phone: (904) 355-0800

LaPolt, Alisa (Lobbyist) - Waive In Support

Florida Nurses Association

P. O. Box 961

Tallahassee FL 32302-13

Phone: (850) 443-1319

Committee meeting was reported out: Wednesday, February 22, 2017 12:57:38PM

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

Committee/Subcommittee: Health Quality  
 Meeting Date: 2/22/17  
 Place: 306 HOB  
 Time: 8:00 AM

Bill Number: HB 129  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Advanced Registered  
Nurse Practitioners

**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>Strike all</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asencio								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Byrd	<i>w/o</i>							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donalds								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fine	<i>og</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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
14	0									

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

2/22/2017 8:00:00AM

Location: Mashburn Hall (306 HOB)

### HB 557 : Prescription Drug Monitoring Program

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				
Ray Rodrigues (Ex Officio)			X		
Cary Pigman (Chair)	X				
<b>Total Yeas: 14</b>		<b>Total Nays: 0</b>			

### HB 557 Amendments

#### Amendment 602061

Adopted Without Objection

### Appearances:

#### PDMP

Davidson, Heather (Lobbyist) - Proponent  
United Way of Broward County  
1300 S. Andrews Ave.  
Fort Lauderdale FL 33316-18  
Phone: (954) 308-9277

Richter, Joanne (General Public) - Proponent  
United Way of Broward County  
1977 NE 15 Ave.  
Ft. Lauderdale FL 33305  
Phone: (954) 937-7422

Thomas, Mary (Lobbyist) - Waive In Support  
Florida Medical Association  
Ass. General Counsel  
1430 Piedmont Dr. E.  
Tallahassee FL 32308  
Phone: (850) 224-6496

Committee meeting was reported out: Wednesday, February 22, 2017 12:57:38PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

2/22/2017 8:00:00AM

**Location:** Mashburn Hall (306 HOB)

**HB 557 : Prescription Drug Monitoring Program (continued)**

**Appearances: (continued)**

Prescription Drug Monitoring Program

Colbert, Janet (General Public) - Proponent

Speaking on behalf of HB557

4605 SW 27th Terrace

Fort Lauderdale FL 33312

Phone: (954) 257-0732

Prescription Drug Monitoring Program

Gran, Jill (Lobbyist) - Waive In Support

Florida Behavioral Health Association

2868 Mahan Dr. Ste. 1

Tallahassee FL 32308

Phone: (850) 878-2196

Winn, Stephen (Lobbyist) - Waive In Support

Florida Osteopathic Medical Association

2544 Blairstone Pines Dr.

Tallahassee FL 32301

Phone: (850) 878-7364

Committee meeting was reported out: Wednesday, February 22, 2017 12:57:38PM

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

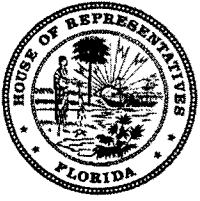
Committee/Subcommittee: Health Quality  
 Meeting Date: 2/22/17  
 Place: 306/HOB  
 Time: 8:00 AM

Bill Number: HB 557  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Prescription Drug Monitoring Program

**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>Amended</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asencio								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Byrd	<i>14</i>	<i>0</i>						
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Donalds								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fine								
<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								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
<i>14</i>	<i>0</i>									



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>19</u>	
Amendment Number: _____	

Name: Haley Gentile

Representing: myself

Title: \_\_\_\_\_

Address: 2064 Holmes St

City: Tallahassee State/Zip: FL/32310

Phone Number: 239-210-8923 Meeting Date: 2/22/17

Committee/Subcommittee: HHS 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

*WD*

(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>19</u>	
Amendment Number: _____	

Name: Britney Pierce

Representing: self

Title: \_\_\_\_\_

Address: 127 Belmont Rd

City: Tallahassee State/Zip: FL

Phone Number: 954 260 4173 Meeting Date: 2/22/17

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

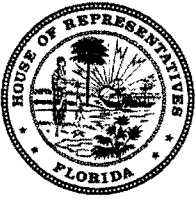
WO

(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>19</u>	
Amendment Number: _____	

Name: Jane Schmus

Representing: self

Title: \_\_\_\_\_

Address: 3203 Westgate Court

City: Tallahassee State/Zip: FL 32304

Phone Number: \_\_\_\_\_ Meeting Date: 2.22.17

Committee/Subcommittee: \_\_\_\_\_

Presentation/Workshop Topic: Waiving in opposition

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

NO

(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: 19
Amendment Number:

Name: Thomas Good

Representing: Myself

Title:

Address: 313 Mayo St

City: Tallahassee State/Zip: FL

Phone Number: (904) 701-2378 Meeting Date: 02-22-17

Committee/Subcommittee:

Presentation/Workshop Topic:

Registered Lobbyist: YES NO [checked]

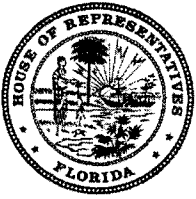
State Employee: YES NO [checked]

- 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 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: 19
Amendment Number:

Name: Mark Holley

Representing: Self

Title: Youth Care Specialist

Address: 5013 Louisa Dr

City: Tallahassee State/Zip: FL 32311

Phone Number: 307.399.2948 Meeting Date: 2/22/17

Committee/Subcommittee:

Presentation/Workshop Topic:

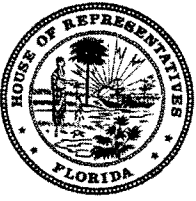
Registered Lobbyist: YES [ ] NO [X]
State Employee: YES [ ] NO [X]

- 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

WO

(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 checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>19</u>	
Amendment Number: _____	

Name: Kayla Gordon

Representing: Myself

Title: \_\_\_\_\_

Address: 3030 Tisha Drive

City: Tallahassee State/Zip: FL 32309

Phone Number: 850-339-9313 Meeting Date: 02-22-17

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

*Wa*

(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>19</u>	
Amendment Number: _____	

Name: Stephen Downey

Representing: Self

Title: \_\_\_\_\_

Address: 132 Ferndale Dr

City: TLH State/Zip: 32301

Phone Number: 615 972 0306 Meeting Date: 2/22/17

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

*W.B.*

(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>19</u>	
Amendment Number: _____	

Name: Barbara A. DePano

Representing: FL NOW

Title: MS

Address: 1025 E. Brevard St

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-257-4380 Meeting Date: 2-22-17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Termination of Pregnancy

Registered Lobbyist: YES  NO

State Employee: YES  NO

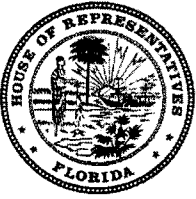
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

*WB*

(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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 19</u>	
Amendment Number: <u>43025</u>	

Name: KARA GROSS

Representing: ACLU OF FLORIDA

Title: LEGISLATIVE COUNSEL

Address: 4500 BISLAYNE BLVD #340

City: MIAMI State/Zip: FL 33137

Phone Number: (786) 363-2700 Meeting Date: 2/22/17

Committee/Subcommittee: HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: WOMAN'S ACCESS TO ABORTION/PROVIDER LIABILITY

Registered Lobbyist: YES  NO

State Employee: YES  NO

- I wish to speak (WAIVE 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

*NO*

(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>19</u>	
Amendment Number: _____	

Name: Mark Delegal

Representing: The Doctors Company

Title: Counsel

Address: 315 S. Calhoun Street #600

City: TLH State/Zip: 33301

Phone Number: 5087779 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: Healthy 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.

Bill [x] Amendment [ ]
Bill/PCS/PCB Number: HB 19
Amendment Number: [ ]

Name: Dr. Suresh Prabhakaran

Representing: Florida District American Congress of Obstetricians & Gynecologists

Title: Chair, Section IV

Address: 1100 Imperial Drive

City: Sarasota

State/Zip: FL 34236

Phone Number: 941-567-3818

Meeting Date: 2/22/18

Committee/Subcommittee: Health Quality

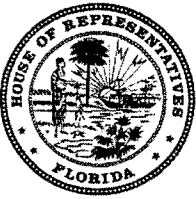
Presentation/Workshop Topic: [ ]

Registered Lobbyist: YES [ ] NO [x]
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] 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>19</u>	
Amendment Number: _____	

Name: Rachel Russell, PsyD

Representing: self

Title: Dr. Russell

Address: 241 Sand Dollar Rd.

City: Indianapolis State/Zip: FL 32903

Phone Number: 3214275572 Meeting Date: 2/22/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

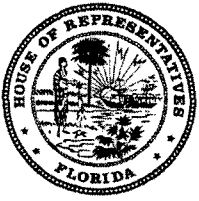
State Employee: YES  NO

- 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>19</u>	
Amendment Number: _____	

Name: Erin Foster

Representing: Self

Title: \_\_\_\_\_

Address: 12017 Cedarfield Dr.

City: Riverview State/Zip: FL / 33579

Phone Number: 813-360-8315 Meeting Date: 02/22/17

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>19</u>	
Amendment Number: _____	

Name: Kimberly Diaz

Representing: FL Alliance of Planned Parenthood Affiliates

Title: Legislative Representative

Address: 2300 N. FC Mango Road

City: West Palm Beach State/Zip: FL / 33409

Phone Number: 561.472.9934 Meeting Date: 2/22/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

State Employee: YES  NO

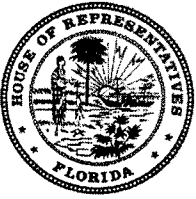
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

*W/O*

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [X] Amendment [ ]
Bill/PCS/PCB Number: HB 19
Amendment Number: [ ]

Name: STEPHEN R. WINN

Representing: FLORIDA DOSTEOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BURSTONE PINES DRIVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-73464 Meeting Date: 2-22-2017

Committee/Subcommittee: HOUSE HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: TERMINATION OF PREGNANCIES

Registered Lobbyist: YES [X] NO [ ]

State Employee: YES [ ] NO [X]

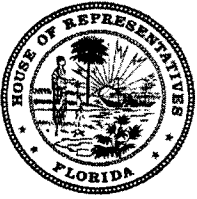
- I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

WAIVE IN OPPOSITION

(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.

Bill [X] Amendment [ ]
Bill/PCS/PCB Number: CS HB 19
Amendment Number: [ ]

Name: Kathy Winn

Representing: League of Women Voters of Florida

Title: [ ]

Address: 1006 Brookwood Dr.

City: Tallahassee, FL State/Zip: 32308

Phone Number: (850) 766-2612 Meeting Date: 2/22/2016

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: [ ]

Registered Lobbyist: YES [ ] NO [X]

State Employee: YES [ ] NO [X]

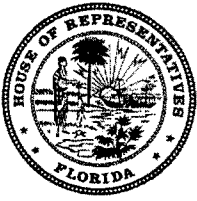
- I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online

Waive in opposition

(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 checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>19</u>	
Amendment Number: _____	

Name: Amy Adams

Representing: Self

Title: Citizen State FL

Address: 3330 N. Shore Cir

City: Tallahassee State/Zip: FL 32312

Phone Number: 850-575-3557 Meeting Date: 2-22-17

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

WD

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



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### 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: <b>19 : Termination of Pregnancies</b> PCB/PCS/Amendment #: <b>N/A</b>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name: **Maria Valero**

---

Representing: **Florida Latina Advocacy Network (FL LAN)**

---

Title:

---

Address: **8325 NE 2nd Avenue**

---

City: **Miami** State/Zip: **FL 33138**

---

Phone Number: **786-442-8199** Meeting Date: **February 22, 2017 8:00 AM**

---

Committee/Subcommittee: **Health Quality Subcommittee**

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

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Registered Lobbyist W/O

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>
<b>Opponent</b>
<u>Amendment</u>
<b>N/A</b>





68664564



### 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: <b>19 : Termination of Pregnancies</b> PCB/PCS/Amendment #: <b>N/A</b>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name: **William Large**

---

Representing: **Florida Justice Reform Institute**

---

Title:

---

Address: **Florida Justice Reform Institute, 210 S Monroe St**

---

City: **Tallahassee** State/Zip: **FL 32301-18**

---

Phone Number: **(850) 222-0170** Meeting Date: **February 22, 2017 8:00 AM**

---

Committee/Subcommittee: **Health Quality Subcommittee**

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

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- 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>
<b>Opponent</b>
<u>Amendment</u>
<b>N/A</b>



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 19</u>	
Amendment Number: _____	

Name: DOUGLAS R. MURPHY JR.

Representing: Florida Medical Association

Title: \_\_\_\_\_

Address: 6260 SW 21st COURT RD

City: Ocala State/Zip: FL 34471

Phone Number: 352-816-1773 Meeting Date: 2/22/17

Committee/Subcommittee: \_\_\_\_\_

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

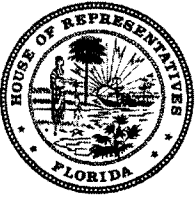
State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 129</u>	
Amendment Number: <u>134519</u>	

Name: Corinne Mixion  
 Representing: Florida Academy of Physician Assistants  
 Title: Lobbyist  
 Address: 119 S. Monroe  
 City: Tallahassee State/Zip: FL  
 Phone Number: 706-5795 Meeting Date: 2/22/17  
 Committee/Subcommittee: Health Quality  
 Presentation/Workshop Topic: ARNP/PA

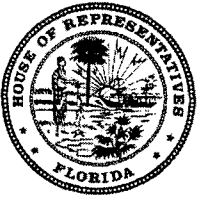
Registered Lobbyist: YES  NO   
 State Employee: YES  NO

W/S

- 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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>129</u>	
Amendment Number: <u>134519</u>	

Name: Chris Floyd

Representing: FL Association of Nurse Practitioners

Title: Consultant

Address: 101 E. College Ave St 302

City: Tallahassee State/Zip: FL 32301

Phone Number: 813-624-5117 Meeting Date: 2/22/17

Committee/Subcommittee: Health Quality Sub

Presentation/Workshop Topic: Advanced Registered Nurse Practitioners

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

*WJS*

(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 checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>129</u>	
Amendment Number: <u>134519</u>	

Name: Stan Whittaker

Representing: FL Association of Nurse Practitioners

Title: Chairman

Address: 6294 NW Torrey A Plc Rd

City: Bristol State/Zip: FL 32321

Phone Number: 800-545-8301 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: \_\_\_\_\_

Presentation/Workshop Topic: Clinical Director

Registered Lobbyist: YES  NO

State Employee: YES  NO

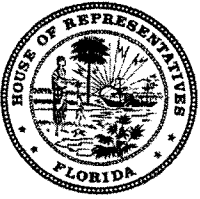
- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance form submitted online

WJ 5

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: 129
Amendment Number: [ ]

Name: Andrew Hisek

Representing: Americans for Prosperity

Title: Analyst

Address: 200 W College Ave

City: Tallahassee State/Zip: FL

Phone Number: Meeting Date:

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic:

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

WHS

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>129</u>	
Amendment Number: _____	

Name: Samantha Weimar MD

Representing: Florida Chapter, American College of Physicians

Title: \_\_\_\_\_

Address: 1000 Riverside Ave #2910

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-355-0800 Meeting Date: 2/22/17

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

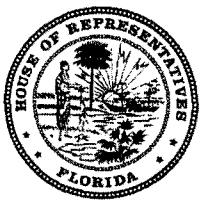
Lobbyist Appearance form submitted online

WIO

(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>129</u>	
Amendment Number: _____	

Name: Alisa LaPolt

Representing: Florida Nurses Association

Title: Lobbyist

Address: PO Box 961

City: Tallahassee State/Zip: FL 32302

Phone Number: 850-443-1319 Meeting Date: 2/22

Committee/Subcommittee: \_\_\_\_\_

Presentation/Workshop Topic: ARNPS

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

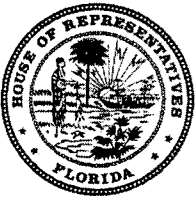
*h/s*

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Duplicate

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>HB557</u>	
Amendment Number: _____	

Name: Heather Davidson

Representing: United Way of Broward County

Title: \_\_\_\_\_

Address: 1300 S. Andrews Ave.

City: Fort Lauderdale State/Zip: FL / 33316

Phone Number: 954 308 9277 Meeting Date: 2/22

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: PDMP

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill       Amendment

Bill/PCS/PCB Number: HB557

Amendment Number: \_\_\_\_\_

Name: LOANNE RICATER

Representing: United Way of Broward

Title: \_\_\_\_\_

Address: 1977 N.E. 15 AVE

City: FORT LAUDERDALE      State/Zip: FL 33305

Phone Number: 954 937-7422      Meeting Date: 2/20/17

Committee/Subcommittee: Health Subcommittee

Presentation/Workshop Topic: \_\_\_\_\_

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: 557
Amendment Number: [ ]

Name: Mary Thomas
Representing: Florida Medical Association
Title: Assistant General Counsel
Address: 1430 Piedmont Dr E
City: Tallahassee State/Zip: FL / 32308
Phone Number: 850 224 6496 Meeting Date: 2/22/17
Committee/Subcommittee: Health Quality Sub
Presentation/Workshop Topic: [ ]

Registered Lobbyist: YES [checked] NO [ ]
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
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Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online [checked]

WLS

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

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



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### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input checked="" type="checkbox"/> Amendment Bill Number: <b>557 : Prescription Drug Monitoring Program</b> PCB/PCS/Amendment #: <b>N/A</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Name: **Janet Colbert**

Representing: **Speaking on behalf of HB557**

Title:

Address: **4605 SW 27th Terrace**

City: **Fort Lauderdale** State/Zip: **fl 33312**

Phone Number: **9542570732** Meeting Date: **February 22, 2017 8:00 AM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **Prescription Drug Monetary Program**

- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
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<u>Bill</u>
<b>Proponent</b>
<u>Amendment</u>
<b>Proponent</b>

February 22 2017

Health Quality Subcommittee

I would like to thank the Health Quality Subcommittee for allowing me to speak. I would like to pledge my support for HB 557. This bill reporting the dispensing of Schedule II, III and IV controlled substances is long overdue. I thank Representative Duran for bringing attention to the need in strengthening Florida's PDMP. We could have used him 6 years ago when Florida was known as the "OXYCONTIN EXPRESS". But he is here now.

Other states have declared a state of emergency due to the opiate epidemic. Florida should do the same.

8 of 10 heroin addicts start with the pain pill. We must have legislation for fewer pills.

I have the most recent Florida Medical Examiners Report:

Occurrences of oxycodone increased by 10.5% and deaths caused by oxycodone increased by 20.2% when compared with 2014

We do need money for more treatment beds, we do need more money for Narcan, we do need more money for MAT. **But** this need will never end without legislation for fewer pills.

Overdose deaths involving prescription opioids have quadrupled since 1999, and so have sales of prescription drugs. From 1999 to 2015 more than 183,000 people have died in the U.S. from overdoses related to prescription opioids. (CDC)

Opioid Pain Relievers (OPR) deaths occur most often in adults ages 45-54 and the age group that has experienced the greatest increase in overdose mortality over the past decade is 55-64 an age group in which medical use of OPR is common. **Medical Use (Reviews in Advance - Kolodny)**

## **CMS Centers for Medicare & Medicaid Services Opioid Misuse Strategy**

- The Medicare population has among the highest and fastest growing rates of diagnosed opioid use disorder.
- For prescribers enrolled in Medicare who prescribe Part D drugs:

Percentage of opioid prescriptions issued vs. all opioid and non-opioid pain management medication prescriptions; vs. referrals to other treatment modalities.

Percentage participating in CMS endorsed training on pain management

- Pill Mill Doctor Project, which identifies prescribers with a high risk of fraud, waste and abuse in prescribing Schedules II-IV controlled substances.

Thank you for your time. I can provide the 2015 (most current) Medical Examiners Report, The CMS Opioid Misuse Strategy 2016, CDC guidelines, and the Reviews in Advance.

Please contact Janet Colbert [stopnow@yahoo.com](mailto:stopnow@yahoo.com) for the full reports



41763870



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: 557 : Prescription Drug Monitoring Program PCB/PCS/Amendment #: N/A
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Name: **Jill Gran**

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Representing: **Florida Behavioral Health Association**

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Title:

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Address: **2868 Mahan Dr, Ste 1**

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City: **Tallahassee** State/Zip: **FL 32308**

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Phone Number: **(850) 878-2196** Meeting Date: **February 22, 2017 8:00 AM**

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Committee/Subcommittee: **Health Quality Subcommittee**

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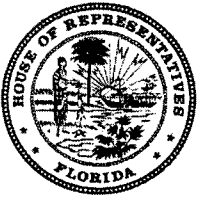
Presentation/Workshop Topic: **Prescription Drug Monitoring Program**

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- Registered Lobbyist
- State Employee
- I Wish To Speak
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- Appearing in response to an inquiry for information made by member, committee or staff
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*WIS*

<u>Bill</u>
Proponent
<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>HB 557</u>	
Amendment Number: _____	

Name: STEPHEN R. WINN

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BURSTONE PINES DR

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 2-22-2017

Committee/Subcommittee: HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: PRESCRIPTION DRUG MONITORING PROGRAM

Registered Lobbyist: YES  NO

State Employee: YES  NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
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WAIVE 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