

Health Quality Subcommittee

Wednesday, March 15, 2017
9:00 AM – 12:00 PM
Mashburn Hall (306 HOB)

REVISED

Action Packet

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

Summary:

Health Quality Subcommittee

Wednesday March 15, 2017 09:00 am

HB 249	Favorable With Committee Substitute	Yeas: 14	Nays: 0
	Amendment 440729 Adopted Without Objection		
HB 723	Favorable With Committee Substitute	Yeas: 11	Nays: 4
	Amendment 186001 Adopted as Amended		
	Amendment 722051 Adopted Without Objection		
HB 963	Favorable With Committee Substitute	Yeas: 15	Nays: 0
	Amendment 682939 Adopted Without Objection		
HB 969	Favorable With Committee Substitute	Yeas: 10	Nays: 4
	Amendment 070633 Adopted Without Objection		
HB 1037	Favorable With Committee Substitute	Yeas: 8	Nays: 7
	Amendment 857955 Adopted Without Objection		
HB 1041	Favorable	Yeas: 13	Nays: 0

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

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:	15	0	0

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM



Florida House of Representatives

House Democratic Leader Janet Cruz

District 62

March 15, 2017

DISTRICT OFFICE:
2221 North Himes Avenue
Suite B
Tampa, FL 33607
Phone: (813) 673-4673
Fax: (813) 673-4675

CAPITOL OFFICE:
316 The Capitol
402 South Monroe Street
Tallahassee, FL 32399
(850) 717-5062

COMMITTEES:

Appropriations Committee

Joint Legislative Budget
Commission

Tourism and Gaming
Control Subcommittee

STAFF:

Carlos Ramos
Legislative Aide

Erika Flores
District Secretary

Representative Cary Pigman
Florida House Health Quality Subcommittee, Chair
214 House Office Building
402 South Monroe Street
Tallahassee, FL 32399

Dear Chairman Pigman:

Pursuant to House Rule 7.7, I am designating House Democratic Leader Janet Cruz as an Ex officio member to the Health Quality Subcommittee meeting on March 15, 2017, at 9:00 AM as Representative David Silvers will not be present.

If you need any additional information or have any questions or concerns, please do not hesitate to contact me.

Sincerely,


Janet Cruz
House Democratic Leader

jc/cr

cc: Representative Richard Corcoran, Speaker
Representative Jose Oliva, Chair, the House Rules and Policy Committee
Representative Travis Cummings, Chair, the Health & Human Services Committee
Representative Shevrin Jones, Ranking Member, the Health Quality Subcommittee
Chris McElroy, Policy Chief, Health Quality Subcommittee

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 249 : Drug Overdoses

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				
Janet Cruz (Ex Officio)			X		
Cary Pigman (Chair)	X				
Total Yeas: 14					
		Total Nays: 0			

HB 249 Amendments

Amendment 440729

Adopted Without Objection

Appearances:

Salvatori, Rocco (Lobbyist) - Waive In Support
 Florida Professional Firefighters
 Vice President
 343 W Madison St
 Tallahassee FL 32301
 Phone: (850) 224-7333

Fontaine, Mark (Lobbyist) - Waive In Support
 Florida Alcohol and Drug Abuse Association
 Executive Director
 2868 Mahan Dr Ste 1
 Tallahassee FL 32308
 Phone: (850) 878-2196

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 249 : Drug Overdoses (continued)

Appearances: (continued)

Shank, Carl (General Public) - Proponent

Florida Fire Chief's Association

Fire Chief

3657 Gaines Road

St Augustine FL 32084

Phone: (904) 209-1700

Davidson, Heather (Lobbyist) - Waive In Support

United Way of Broward County

1300 S Andrews Ave

Fort Lauderdale FL 33316

Phone: (954) 308-9277

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 723 : Maintenance of 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				
Janet Cruz (Ex Officio)			X		
Cary Pigman (Chair)	X				
Total Yeas: 11		Total Nays: 4			

HB 723 Amendments

Amendment 186001

Adopted as Amended

Amendment 722051

Adopted Without Objection

Appearances:

Nuland, Christopher (Lobbyist) - Waive In Support
 Florida Chapter, American College of Surgeons
 1000 Riverside Ave Ste 240
 Jacksonville FL 32204
 Phone: (904) 233-3051

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

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 723 : Maintenance of Certification (continued)

Appearances: (continued)

Winn, Stephen (Lobbyist) - Waive In Support

Florida Osteopathic Medical Association

Executive Director

2544 Blairstone Pines Dr

Tallahassee FL 32301

Phone: (850) 878-7364

Batliss, Siater (Lobbyist) - Opponent

The American Board of Medical Specialties

204 S Monroe Street

Tallahassee Florida 32301

Phone: 850-222-8900

Goldman, MD, Jason (General Public) - Proponent

Florida Chapter American College of Physicians and Florida Medical Association

Governor

3001 Coral Hills Drive, #340

Coral Springs FL 330665

Phone: (786) 371-6483

Brown, Audrey (Lobbyist) - Waive In Opposition

Florida Association of Health Plans

President and CEO

200 W College Ave

Tallahassee FL 32301

Phone: (850) 386-2904

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 963 : Newborn Screenings

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				
Janet Cruz (Ex Officio)			X		
Cary Pigman (Chair)	X				
Total Yeas: 15					
		Total Nays: 0			

HB 963 Amendments

Amendment 682939

Adopted Without Objection

Appearances:

Basquill, Eileen (General Public) - Proponent
 National MPS Society
 RN
 173 E Floyd Ave
 Lake Mary FL 32746
 Phone: (407) 497-3669

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

Mallette, Kelly (Lobbyist) - Waive In Support
 EveryLife Foundation for Rare Diseases
 104 W. Jefferson Street
 Tallahassee FL 32301
 Phone: (850) 224-3427

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 963 : Newborn Screenings (continued)

Appearances: (continued)

Fox, George (General Public) - Proponent

Phoenix Fox Foundation

President

737 NW 134th Way

Newberry FL 32669

Pasley, Cassandra (State Employee) - Information Only

Department of Health

Division Director of CMS

4052 Bald Cypress Way

Tallahassee FL 32399

Phone: (850) 245-4218

Zepp, Victoria (Lobbyist) - Waive In Support

Tenet Healthcare Corporation

108 E Jefferson Street, #A

Tallahassee FL 32301

Phone: (850) 241-6309

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 969 : Pregnancy Support Services

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				
Janet Cruz (Ex Officio)			X		
Cary Pigman (Chair)	X				
Total Yeas: 10		Total Nays: 4			

HB 969 Amendments

Amendment 070633

Adopted Without Objection

Appearances:

McQuone, Micheal (Lobbyist) - Waive In Support
 Florida Conference of Catholic Bishops
 Associate Director for Health
 201 W Park Ave.
 Tallahassee Florida 32301
 Phone: (850) 284-9130

Wesdowski, Missy (Lobbyist) - Waive In Opposition
 Florida Alliance of Planned Parenthood Affiliates
 Director of Public Policy & Organizing
 2121 West Pensacola St
 Tallahassee FL 32304
 Phone: (561) 291-9236

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 969 : Pregnancy Support Services (continued)

Appearances: (continued)

Bunkley, Bill (Lobbyist) - Waive In Support
Florida Ethics and Religion Liberty Commission
President
P.O Box 341644
Tampa FL 33694
Phone: (813) 264-2977

Kelly, Amber (Lobbyist) - Waive In Support
Florida Family Action
Director of Policy and Communication
4853 S Orange Ave
Orlando FL 32806
Phone: (407) 418-0250

Dewitt, Patricia (General Public) - Waive In Opposition
AAUW of Florida
Director of Public Policy
2207 Ivylgail Dr E
Jacksonville FL
Phone: (706) 766-5068

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 1037 : Optometry

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				
Janet Cruz (Ex Officio)		X			
Cary Pigman (Chair)	X				
Total Yeas: 8					
Total Nays: 7					

HB 1037 Amendments

Amendment 857955

Adopted Without Objection

Appearances:

Murphy, MD, Doug (Lobbyist) - Opponent
 Florida Medical Association, Florida Osteopathic Medical Association
 Doctor
 1430 Piedmont Drive E
 Tallahassee FL
 Phone: (850) 224-6496

Goldman, MD, Jason (General Public) - Opponent
 Florida Chapter American College of Physicians and Florida Medical Association
 Governor
 3001 Coral Hills Drive, #340
 Coral Springs FL 33065
 Phone: (786) 371-6483

Nuland, Christopher (Lobbyist) - Opponent
 Florida Society of Plastic Surgeons
 1000 Riverside Ave, #240
 Jacksonville FL 32204
 Phone: (904) 233-3051

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 1037 : Optometry (continued)

Appearances: (continued)

Lawson, Dr. Ken (Lobbyist) - Proponent

Florida Optometric Association

Legislative Chair

120 S. Monore Street

Tallahassee FL 32301

Phone: (850)

Jasper, Dr. April (General Public) - Waive In Support

Florida Optometric Association

President

120 S. Monore Street

Tallahassee FL 32301

Spear, Carl (General Public) - Proponent

Florida Optometric Association

Optometrist

3735 Mackey Cove Drive

Pensacola FL 32514

Phone: (850) 393-6953

Smith, Ryan (Lobbyist) (State Employee) - Opponent

Florida Society of Ophthalmology

Resident Physician

2000 SW Archer Rd

Gainesville FL 32608

Phone: (502) 445-6874

Michels MD, FACS, Mark (General Public) - Opponent

Florida Society of Ophthalmology

3399 PGA Blvd, #350

Palm Beach Gardens FL 33410

Phone: (561) 389-6100

Dudley, Alison (Lobbyist) - Waive In Opposition

Florida Radiological Society, Inc

Po Box 428

Tallahassee FL 32302

Phone: (850) 559-1139

May, Bruce (Lobbyist) - Opponent

Florida Society of Ophthalmology

P.O. Drawer 810

Tallahassee FL 32312

Phone: (850) 224-7000

Miller, MD, Darby (General Public) - Opponent

Florida Society of Ophthalmology

Assistant Professor, Mayo Clinic

108 Newport Lane

Ponte Verda Beach FL 32082

Phone: (301) 768-5178

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 1037 : Optometry (continued)

Appearances: (continued)

Ruttig, Nathaniel Jacob (General Public) - Opponent

Florida Society of Ophthalmologist

Doctor of Ophtalmology

242 Winging Waters Way

Niceville FL 32578

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/15/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 1041 : Laboratory Screening

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				
Janet Cruz (Ex Officio)			X		
Cary Pigman (Chair)	X				
Total Yeas: 13		Total Nays: 0			

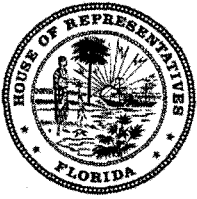
Appearances:

Joos, Thomas (Lobbyist) (State Employee) - Waive In Support
 Department of Health
 2585 Merchants Row Blvd
 Tallahassee FL 32311
 Phone: (850) 274-5059

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

Lyon, Aimee (Lobbyist) - Waive In Support
 The AIDS Institute
 119 South Monroe Street, Ste 200
 Tallahassee FL 32301
 Phone: (850) 205-9000

Committee meeting was reported out: Wednesday, March 15, 2017 4:07PM



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>249</u>	
Amendment Number: <u>440729</u>	

Name: Rocco Salvatori

Representing: Florida Professional Firefighters

Title: Vice President

Address: 343 W Madison St

City: Tallahassee State/Zip: FL

Phone Number: 830 224 7333 Meeting Date: 3/13/11

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Drug Overdoses

Registered Lobbyist: YES NO

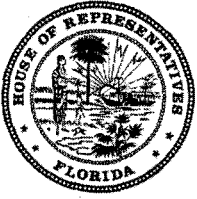
State Employee: YES NO

- 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

W/S

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 249</u>	
Amendment Number: _____	

Name: MARK FONTAINE

Representing: FLORIDA ALCOHOL + DRUG ABUSE ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2868 MOHAN DRIVE

City: TALAHASSEE State/Zip: FL 32308

Phone Number: 878-2196 Meeting Date: 3-15-17

Committee/Subcommittee: HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: DRUG OVERDOSES

Registered Lobbyist: YES NO

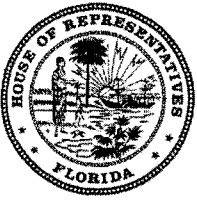
State Employee: YES NO

- 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>249</u>	
Amendment Number: _____	

Name: Carl Shank

Representing: Florida Fire Chiefs' Association

Title: Fire Chief

Address: 3657 baines Road

City: St. Augustine State/Zip: FL 32084

Phone Number: 904 209 1200 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Drug Overdoses

Registered Lobbyist: YES NO

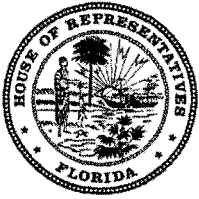
State Employee: YES NO

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

W/S

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>249</u>	
Amendment Number: _____	

Name: Heather Davidson

Representing: United Way of Broward County

Title: Director, Public Policy

Address: 1300 S. Andrews Ave.

City: Ft. Lauderdale State/Zip: FL, 33316

Phone Number: 954 308 9277 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

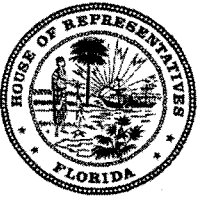
State Employee: YES NO

- 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.

M

<input type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>723</u>	
Amendment Number: <u>1A 80A</u>	

Name: SLATER BATLISS 722051 AM
 Representing: THE AMERICAN BOARD OF MEDICAL SPECIALTIES

Title: _____

Address: 204 S MONROE ST

City: TALLAHASSEE State/Zip: 32301

Phone Number: 222 8900 Meeting Date: 3/15/2017

Committee/Subcommittee: HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: MAINTENANCE OF CERTIFICATION

Registered Lobbyist: YES NO

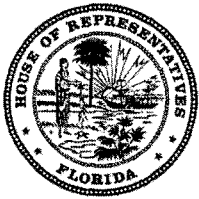
State Employee: YES NO

- 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>723</u>	
Amendment Number: <u>186001</u>	

Bayliss

Name: SLATER BAYLISS

Representing: THE AMERICAN BOARD OF MEDICAL SPECIALTY

Title: _____

Address: 204 S MONROE ST

City: TALLAHASSEE State/Zip: 32301

Phone Number: 222 8900 Meeting Date: 3/15

Committee/Subcommittee: HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: MAINTENANCE OF CERTIFICATION

Registered Lobbyist: YES NO

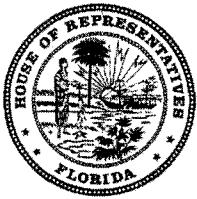
State Employee: YES NO

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

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.

AS AMENDED

Bill Amendment

Bill/PCS/PCB Number: 723

Amendment Number: _____

Name: SLATER BATLISS

Representing: THE AMERICAN BOARD OF MEDICAL SPECIALTIES

Title: _____

Address: 204 S. MONROE ST

City: TALLAHASSEE

State/Zip: 32301

Phone Number: 222 4900

Meeting Date: 3/15/2017

Committee/Subcommittee: HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: MAINTENANCE OF CERTIFICATION

Registered Lobbyist: YES NO

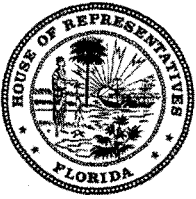
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
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(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

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: 723
Amendment Number: []

Name: Brewster Bevis
Representing: Associated Industries of Florida
Title: Vice President
Address: 516 N Adams
City: Tallahassee State/Zip: 32301
Phone Number: 224-7173 Meeting Date: 3/15/17
Committee/Subcommittee: Health Quality Subcommittee
Presentation/Workshop Topic: []

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 723</u>	
Amendment Number: _____	

Name: STEPHEN R. WINN

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DR

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 3-15-2017

Committee/Subcommittee: HEALTH QUALITY

Presentation/Workshop Topic: MAINTENANCE OF CERTIFICATION

Registered Lobbyist: YES NO

State Employee: YES NO

I wish to speak

WAIVE TIME IN SUPPORT

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

Appearing in response to subpoena

Appearing at the written request of the chair

Judge or elected officer appearing in official capacity

Lobbyist Appearance form submitted online

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment []
Bill/PCS/PCB Number: 723
Amendment Number: []

Name: Chris Noland

Representing: Florida Chapter, American College of Surgeons

Title: []

Address: 1000 Riverside Ave #240

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: []

Registered Lobbyist: YES [checked] NO []

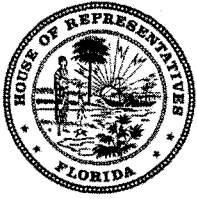
State Employee: YES [] NO [checked]

- 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 []

(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>723</u>	
Amendment Number: _____	

Goldman

Name: Jason Goldman, MD

Representing: Florida Chapter American College of Physicians

Title: Governor and Florida Medical Association

Address: 3001 Coral Hills Dr #340

City: Coral Springs State/Zip: FL 33065

Phone Number: 786-371-6883 Meeting Date: 3/15/17

Committee/Subcommittee: House Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

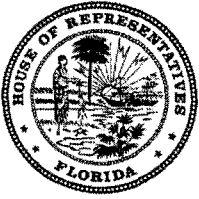
State Employee: YES NO

- 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.

Bill [checked] Amendment []
Bill/PCS/PCB Number: 723
Amendment Number: []

Name: Audrey Brown

Representing: Florida Association of Health Plans

Title: President and CEO

Address: 200 W. College Ave.

City: Tallahassee State/Zip: FL 32301

Phone Number: 386-2904 Meeting Date: 3-15-17

Committee/Subcommittee: House Health Quality

Presentation/Workshop Topic: Maintenance of Certification

Registered Lobbyist: YES [checked] NO []

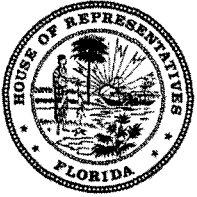
State Employee: YES [] NO [checked]

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>963</u>	
Amendment Number: _____	

Name: Eileen Basquill

Representing: National MPS Society

Title: RM

Address: 173 E FLOYD AVE.

City: LAKE MARY State/Zip: FL 32746

Phone Number: 407-497-3669 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Newborn Screening

Registered Lobbyist: YES NO

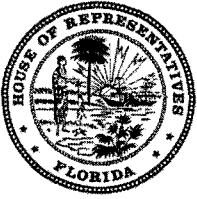
State Employee: YES NO

- 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 963
Amendment Number: []

Name: STEPHEN R. WINN

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DRIVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 3-15-2017

Committee/Subcommittee: HEALTH QUALITY

Presentation/Workshop Topic: NEWBORN SCREENINGS

Registered Lobbyist: YES [X] NO []

State Employee: YES [] NO [X]

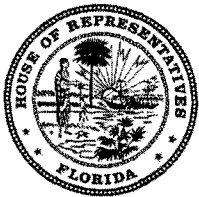
[X] I wish to speak WAIVE TIME IN SUPPORT

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>963</u>	
Amendment Number: _____	

Name: Kelly Mallette

Representing: Everylife Foundation For Rare Diseases

Title: _____

Address: 104 W. Jefferson Street

City: Tallahassee State/Zip: FL 32301

Phone Number: (850) 224-3427 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Newborn Screening

Registered Lobbyist: YES NO

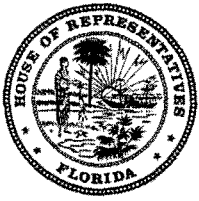
State Employee: YES NO

- 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>963</u>	
Amendment Number: _____	

Name: George Fox

Representing: Phoenix Fox Foundation

Title: President

Address: 737 NW 134th Way

City: Newberry State/Zip: FL

Phone Number: 32669 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Newborn Screening

Registered Lobbyist: YES NO

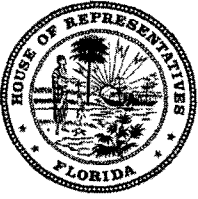
State Employee: YES NO

- 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>963</u>	
Amendment Number: _____	

Name: Cosanche Paster

Representing: Florida Department of Health

Title: Division Director of CMS

Address: 4052 Bald Cypress Way

City: Tallahassee State/Zip: 32399

Phone Number: 850 245-4218 Meeting Date: 3/15/2017

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill	<input checked="" type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>963</u>	
Amendment Number: <u>D70633</u>	

Name: Victoria Zepp

Representing: Fenet Healthcare

Title: _____

Address: 108 E. Jefferson St. #A

City: TLH State/Zip: 32301

Phone Number: 850.244.6309 Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Newborn Screening

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak WAVE-Only
- 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>969</u>	
Amendment Number: _____	

Name: MICHAEL MCQUONE (MICK-CUE-ONE)

Representing: FLORIDA CONFERENCE OF CATHOLIC BISHOPS

Title: ASSOCIATE DIRECTOR FOR HEALTH

Address: 201 W. PARK AVENUE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850-284-9130 Meeting Date: 15 MAR 17

Committee/Subcommittee: HOUSE HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: PREGNANCY SUPPORT SERVICES

Registered Lobbyist: YES NO

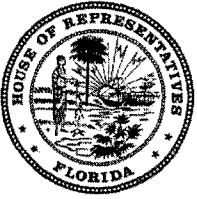
State Employee: YES NO

- 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>969</u>		Amendment Number: _____	

Wesdowski?

Name: Missy Wesdowski

Representing: Florida Alliance of Planned Parenthood Affiliates

Title: Director of Public Policy & Organizing

Address: 2121 West Pensacola St Suite B-2

City: Tallahassee State/Zip: FL 32304

Phone Number: 561-~~891~~-9236 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

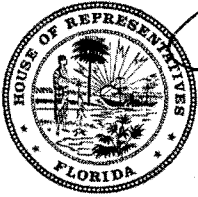
State Employee: YES NO

- 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



WAVE IN SUPPORT

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>969</u>	
Amendment Number: _____	

Name: BILL BUNKLEY

Representing: FLORIDA ETHICS AND RELIGIOUS LIBERTY COMMISSION

Title: PRESIDENT

Address: PO BOX 341644

City: TAMPA State/Zip: FL 33694

Phone Number: 813-264-2977 Meeting Date: 3-14-17

Committee/Subcommittee: HEALTH QUALITY

Presentation/Workshop Topic: PREGNANCY SUPPORT SERVICES

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



WAVE IN SUPPORT
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>969</u>	
Amendment Number: _____	

Name: AMBER KELLY

Representing: FLORIDA FAMILY ACTION

Title: DIRECTOR OF POLICY AND COMMUNICATIONS

Address: 4853 S. ORANGE AVE

City: ORLANDO State/Zip: FL 32806

Phone Number: 407 418 0250 Meeting Date: 3.14.17

Committee/Subcommittee: HEALTH QUALITY

Presentation/Workshop Topic: PREGNANCY SUPPORT SERVICES

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>969</u>	
Amendment Number: _____	

Dewitt

Name: Patricia Dewitt

Representing: AAUW of Florida

Title: Dir. Public Policy

Address: 2207 Ivyland Dr E

City: Jacksonville State/Zip: FL

Phone Number: 706-766-5068 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Pregnancy Support

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: 1037
Amendment Number: []

Name: DR. KEN LAWSON
Representing: FLORIDA OPTOMETRIC ASSOCIATION
Title: LEGISLATIVE CHAIR
Address: 120 S. MONROE ST.
City: TALLAHASSEE State/Zip: FL 32301
Meeting Date: 3/15/17
Committee/Subcommittee: HEALTH QUALITY
Presentation/Workshop Topic: OPTOMETRY

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 [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.

Bill [X] Amendment []
Bill/PCS/PCB Number: 1037
Amendment Number: []

Name: Ryan Smith

Representing: Florida Society of Ophthalmology

Title: Resident Physician

Address: 2000 SW Archer Rd

City: Gainesville State/Zip: FL 32608

Phone Number: Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: HB 1037

Registered Lobbyist: YES [X] NO []

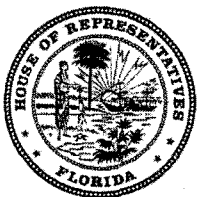
State Employee: YES [X] NO []

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

(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 [X] 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>1037</u>	
Amendment Number: _____	

Name: Chris Noland

Representing: Florida Society of Plastic Surgeons

Title: _____

Address: 1000 Riverside Ave # 240

City: Jacksonville State/Zip: FL 32209

Phone Number: 904-233-3051 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

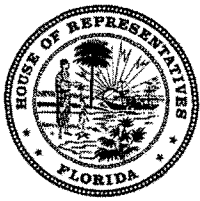
State Employee: YES NO

- 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 type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 1037</u>	
Amendment Number: _____	

Name: Carl Spear

Representing: FOA

Title: Optometrist

Address: 3735 Macky Cove Drive

City: Pensacola State/Zip: FL 32574

Phone Number: 850 393 6953 Meeting Date: 3/15/2017

Committee/Subcommittee: _____

Presentation/Workshop Topic: HB 1037

Registered Lobbyist: YES NO

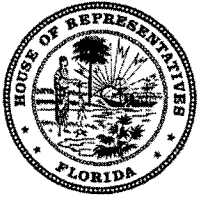
State Employee: YES NO

- 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>1037</u>	
Amendment Number: _____	

Name: Goldman
Jason Goldman, MD

Representing: FL Chapter American College of Physicians

Title: Governor

Address: 3001 Coral Hills Dr #340

City: Coral Springs, FL 33065 State/Zip: FL 33065

Phone Number: 7863716483 Meeting Date: 3/5/17

Committee/Subcommittee: House Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

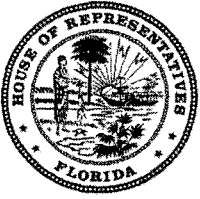
State Employee: YES NO

- 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>1037</u>	
Amendment Number: _____	

Name: Mark Michels MD, FACS

Representing: FLA SOC OPHTHALMOLOG

Title: _____

Address: 3399 PGA Blvd. #350

City: Palm Bch Gardens State/Zip: FL 33410

Phone Number: 561-389-6100 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: HB1037

Registered Lobbyist: YES NO

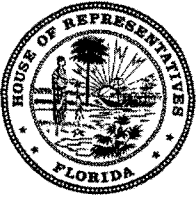
State Employee: YES NO

- 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>1037</u>	
Amendment Number: _____	

Name: Doug Murphy, MD

Representing: FMA / FOMA

Title: Doctor

Address: 1430 Piedmont Dr. E

City: Tallahassee State/Zip: FL

Phone Number: 224-6496 Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

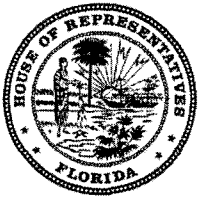
State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- Appearing in response to subpoena
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(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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>1037</u>	
Amendment Number: _____	

Name: DR. APRIL JASPER

Representing: FLORIDA OPTOMETRIC ASSOCIATION

Title: PRESIDENT

Address: 120 S. MONROE ST.

City: TALMADGE State/Zip: FL 32301

Phone Number: _____ Meeting Date: 3/15/17

Committee/Subcommittee: HEALTH QUALITY

Presentation/Workshop Topic: OPTOMETRY

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

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Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/O

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>1037</u>	
Amendment Number: _____	

Name: Alison Dudley

Representing: Florida Radiological Society

Title: President, ARB : Dudley and ABCS

Address: PO Box 428

City: Tall State/Zip: FL 32302

Phone Number: 850/559-1139 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Optometry

Registered Lobbyist: YES NO

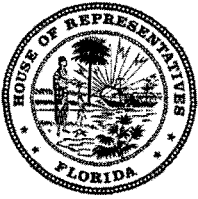
State Employee: YES NO

- 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

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<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>1037</u>	
Amendment Number: _____	

Name: BRUCE MAY

Representing: FIA. SOCIETY OF OPHTHALMOLOGY

Title: _____

Address: PO DRAWER 810

City: TALLAHASSEE

State/Zip: FLA.

Phone Number: 850-224-7000

Meeting Date: 3/15/2017

Committee/Subcommittee: HOUSE HEALTH QUALITY SUB COMMITTEE

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: 1037 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>1037</u>	
Amendment Number: _____	

Name: Darby Miller MD

Representing: Florida Society of Ophthalmology

Title: Assistant Professor, Mayo Clinic

Address: 108 Newport Lane

City: Ponte Vedra Beach State/Zip: FL 32082

Phone Number: 301-768-5178 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: MB 1037

Registered Lobbyist: YES NO

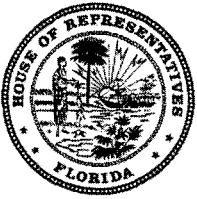
State Employee: YES NO

- 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>HB 1037</u>	
Amendment Number: _____	

Name: Nathaniel Jacob Ruttig

Representing: Florida Society of Ophthalmologists

Title: Medical Doctor / ophthalmologist

Address: 242 Winding Waters Way

City: Niceville State/Zip: FL / 32578

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: HB 1037

Registered Lobbyist: YES NO

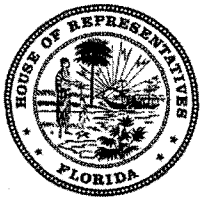
State Employee: YES NO

- 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>1041</u>	
Amendment Number: _____	

Name: Tom Joos

Representing: Department of Health

Title: _____

Address: 2585 Merchants Row Blvd

City: Tallahassee State/Zip: FL

Phone Number: 950-274-5059 Meeting Date: 3-15-17

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

WS

- 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 1041
Amendment Number: []

Name: STEPHEN R. WINN

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DRIVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 3-15-2017

Committee/Subcommittee: HEALTH QUALITY

Presentation/Workshop Topic: []

Registered Lobbyist: YES [X] NO []

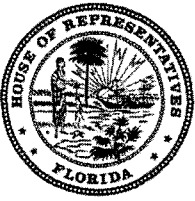
State Employee: YES [] NO [X]

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>1041</u>		Amendment Number: _____	

Name: Aimee Diaz Lyon

Representing: The AIDS Institute

Title: _____

Address: 119 South Monroe Street Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: 3/15/17

Committee/Subcommittee: Health Quality 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

*THIS IS THE
"Compromise" THAT
FOIA + FSO AGREED
TO BE INITIATED

* PLEASE KEEP IN
FSO 2013 FILE.

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Bren

1 **Amendment**

2 Remove everything after the enacting clause and insert:

3 Section 1. Paragraph (b) of subsection (3) and subsection (4) of section 463.002, Florida
4 Statutes, are amended, a new subsection (5) and (6) are added, subsection (5) is renumbered as
5 subsection (7) and amended, present subsections (6) through (10) are renumbered as subsections
6 (8) through (12), respectively, to read:

7 463.002 Definitions. – As used in this chapter, the term:

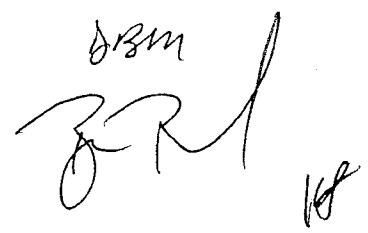
8 (3) (a) “Licensed practitioner” means a person who is a primary health care provider
9 licensed to engage in the practice of optometry under the authority of this chapter.

10 (b) A licensed practitioner who is not a certified optometrist shall be required to display
11 at her or his place of practice a sign which states, “I am a Licensed Practitioner, not a Certified
12 Optometrist, and I am not able to prescribe ~~topical~~ ocular pharmaceutical agents.”

13 (4) “Certified optometrist” means a licensed practitioner authorized by the board to
14 administer and prescribe ~~topical~~ ocular pharmaceutical agents.

15 (5) “Ocular pharmaceutical agent” means a pharmaceutical agent that is administered
16 topically or orally for the diagnosis or treatment of ocular conditions of the human eye and its
17 appendages without the use of surgery or other invasive techniques.

18 (6) The term “surgery” means a procedure using an instrument, including a laser,
19 scalpel, or needle, in which human tissue is cut, burned, scraped except as provided in s. 463.014
20 (4), or vaporized, by incision, injection, ultrasound, laser, infusion, cryotherapy, or radiation.
21 The term also includes a procedure which uses an instrument that requires the closure of human
22 tissue by suture, clamp, or another such device.

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23 (7) (5) "Optometry" means the diagnosis of conditions of the human eye and its
24 appendages; the employment of any objective or subjective means or methods, including the
25 administration of ~~topical~~ ocular pharmaceutical agents, for the purpose of determining the
26 refractive powers of the human eyes, or any visual, muscular, neurological, or anatomic
27 anomalies of the human eyes and their appendages; and the prescribing and employment of
28 lenses, prisms, frames, mountings, contact lenses, orthoptic exercises, light frequencies, and any
29 other means or methods, including ~~topical~~ ocular pharmaceutical agents, for the correction,
30 remedy, or relief of any insufficiencies or abnormal conditions of the human eyes and their
31 appendages.

32 Section 2. Paragraph (g) of subsection (1) of section 463.005, Florida Statutes, is
33 amended to read:

34 463.005 Authority of the board. –

35 (1) The Board of Optometry has authority to adopt rules pursuant to ss. 120.536 (1) and
36 120.54 to implement the provisions of this chapter conferring duties upon it. Such rules shall
37 include, but not be limited to, rules relating to:

38 (g) Administration and prescription of ~~topical~~ ocular pharmaceutical agents.

39 Section 3. Section 463.0055, Florida Statutes, is amended to read:

40 463.0055 Administration and prescription of ~~topical~~ ocular pharmaceutical agents;
41 committee. –

42 (1) (a) Certified optometrists may administer and prescribe ~~topical~~ ocular pharmaceutical
43 agents as provided in this section for the diagnosis and treatment of ocular conditions of the
44 human eye and its appendages without the use of surgery or other invasive techniques.
45 However, a licensed practitioner who is not certified may use topically applied anesthetics solely

A handwritten signature in black ink, appearing to be "Jason" followed by a stylized name, possibly "R. + L. P." or similar, written in a cursive style.

46 for the purpose of glaucoma examinations, but is otherwise prohibited from administering or
47 prescribing ~~topical~~ ocular pharmaceutical agents.


48 (b) Before a certified optometrist may administer or prescribe oral ocular
49 pharmaceutical agents, the certified optometrist must provide proof to the department of
50 successful completion of a course and subsequent examination, approved by the board, on
51 general and ocular pharmaceutical agents and the side effects of those agents. The course shall
52 consist of 20 contact hours, all of which may be web-based. The first course and examination
53 shall be presented by October 1, 2013, and shall be administered at least annually thereafter. The
54 course and examination shall be developed and offered jointly by a statewide professional
55 association of physicians in this state accredited to provide educational activities designated for
56 the American Medical Association Physician's Recognition Award (AMA PRA) Category 1
57 credit, and a statewide professional association of licensed practitioners which provides board
58 approved continuing education on an annual basis. The board shall review and approve the
59 content of the initial course and examination if it determines the course and examination
60 adequately and reliably satisfy the criteria set forth in this section. The board shall thereafter
61 annually review and approve the course and examination if it determines the content continues to
62 adequately and reliably satisfy the criteria set forth in this section. Successful completion of the
63 board approved course and examination may be used by a certified optometrist to satisfy 20
64 hours of the continuing education requirements in s. 463.007 (3), only for the biennial period in
65 which the board approved course and examination were taken. If a certified optometrist does not
66 complete a board approved course and examination under this section, the certified optometrist is
67 only authorized to administer and prescribe ocular pharmaceutical agents by topical application.

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68 (2) (a) The board shall establish a formulary of topical ocular pharmaceutical agents that
69 may be prescribed and administered by a certified optometrist. ~~There is hereby created a~~
70 ~~committee composed of two optometrists licensed pursuant to this chapter, appointed by the~~
71 ~~Board of Optometry, two board certified ophthalmologists licensed pursuant to chapter 458 or~~
72 ~~chapter 459, appointed by the Board of Medicine, and one additional person with a doctorate~~
73 ~~degree in pharmacology who is not licensed pursuant to chapter 458, chapter 459, or this chapter,~~
74 ~~appointed by the State Surgeon General. The committee shall review requests for additions to,~~
75 ~~deletions from, or modifications of a formulary of topical ocular pharmaceutical agents for~~
76 ~~administration and prescription by certified optometrists and shall provide to the board advisory~~
77 ~~opinions and recommendations on such requests. The formulary shall consist of those topical~~
78 ~~ocular pharmaceutical agents that are appropriate to treat or diagnosis~~ ^{of} ~~ocular diseases and~~ ✓
79 disorders and which the certified optometrist is qualified to use in the practice of optometry. The
80 board shall establish, add to, delete from, or modify the topical formulary by rule.
81 Notwithstanding any provision of chapter 120 to the contrary, the topical formulary rule becomes
82 shall become effective 60 days from the date it is filed with the Secretary of State.

83 (b) The formulary may be added to, deleted from, or modified according to the
84 procedure described in paragraph (a). Any person who requests an addition, deletion, or
85 modification of an authorized topical ocular pharmaceutical agent shall have the burden of proof
86 to show cause why such addition, deletion, or modification should be made.

87 (c) The State Surgeon General shall have standing to challenge any rule or proposed rule
88 of the board pursuant to s. 120.56. In addition to challenges for any invalid exercise of delegated
89 legislative authority, the administrative law judge, upon such a challenge by the State Surgeon
90 General, may declare all or part of a rule or proposed rule invalid if it:

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- 91 1. Does not protect the public from any significant and discernible harm or damages;
92 2. Unreasonably restricts competition or the availability of professional services in the
93 state or in a significant part of the state; or
94 3. Unnecessarily increases the cost of professional services without a corresponding or
95 equivalent public benefit.

96

97 However, there shall not be created a presumption of the existence of any of the conditions cited
98 in this subsection in the event that the rule or proposed rule is challenged.

99 (d) Upon adoption of the formulary required by this section, and upon each addition,
100 deletion, or modification to the formulary, the board shall mail a copy of the amended formulary
101 to each certified optometrist and to each pharmacy licensed by the state.

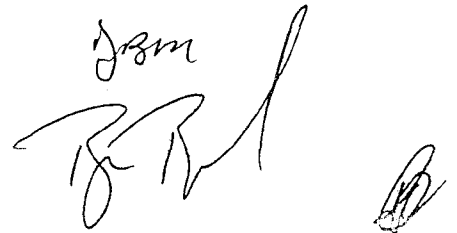
102 (3) In addition to the formulary of topical ocular pharmaceutical agents created by rule
103 of the board, there is created a statutory formulary of oral pharmaceutical agents, which includes
104 the following agents:

105 (a) The following analgesics, or their generic or therapeutic equivalents, which may not
106 be administered or prescribed for more than 72 hours without consultation with a physician
107 licensed under chapter 458 or chapter 459 who is skilled in diseases of the eye:

- 108 1. Tramadol hydrochloride.
109 2. Acetaminophen 300 mg with No. 3 codeine phosphate 30 mg.

110 (b) The following antibiotics, or their generic or therapeutic equivalents:

- 111 1. Amoxicillin with or without clavulanic acid.
112 2. Azithromycin.
113 3. Erythromycin.

Handwritten signatures and initials at the bottom right of the page. One signature appears to be 'JRM' and another is a large, stylized signature. There are also some smaller initials or marks to the right.

114 4. Dicloxacillin.

115 5. Doxycycline/Tetracycline..

116 6. Keflex.

117 7. Minocycline.

118 (c) The following antivirals, or their generic or therapeutic equivalents:

119 1. Acyclovir.

120 2. Famciclovir.

121 3. Valacyclovir.

122 (d) The following oral anti-glaucoma agents, or their generic or therapeutic equivalents,

123 which may not be administered or prescribed for more than 72 hours:

124 1. Acetazolamide.

125 2. Methazolamide.

126

127 Any oral pharmaceutical agent that is listed in the statutory formulary set forth in this subsection

128 and that is subsequently determined by the United States Food and Drug Administration to be

129 unsafe for administration or prescription shall be considered to have been deleted from the

130 formulary of oral pharmaceutical agents. The oral pharmaceutical agents on the statutory

131 formulary set forth in this subsection may not otherwise be deleted by the board, the department,

132 or the State Surgeon General.

133 (4) (3) A certified optometrist shall be issued a prescriber number by the board. Any

134 prescription written by a certified optometrist for an topical ocular pharmaceutical agent pursuant

135 to this section shall have the prescriber number printed thereon. A certified optometrist may not

136 administer or prescribe:

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(14)

137 (a) Pharmaceutical agents listed in Schedule III, Schedule IV, or Schedule V of s.
138 893.03, except for oral analgesics placed on the formulary pursuant to this section for the relief
139 of pain due to ocular conditions of the eye and its appendages.

140 (b) Pharmaceutical agents for the treatment of chronic nonmalignant pain as defined in
141 s. 456.44 (1) (e).

142 Section 4. Subsection (3) of section 463.0057, Florida Statutes, is amended to read:

143 463.0057 Optometric faculty certificate.—

144 (3) The holder of a faculty certificate may engage in the practice of optometry as
145 permitted by this section, but may not administer or prescribe ~~topical~~ ocular pharmaceutical
146 agents unless the certificateholder has satisfied the requirements of s. 463.006 (1) (b) 4. and 5. If
147 a certificateholder wishes to administer or prescribe oral ocular pharmaceutical agents, the
148 certificateholder must also satisfy the requirements under s. 463.0055 (1) (b).

149 Section 5. Subsections (2) and (3) of section 463.006, Florida Statutes, are amended to
150 read:

151 463.006 Licensure and certification by examination.—

152 (2) The examination shall consist of the appropriate subjects, including applicable state
153 laws and rules and general and ocular pharmacology with emphasis on the use ~~topical application~~
154 and side effects of ocular pharmaceutical agents. The board may by rule substitute a national
155 examination as part or all of the examination and may by rule offer a practical examination in
156 addition to the written examination.

157 (3) Each applicant who successfully passes the examination and otherwise meets the
158 requirements of this chapter is entitled to be licensed as a practitioner and to be certified to

Dr. M
BR
(KSP)

159 administer and prescribe topical ocular pharmaceutical agents in the diagnosis and treatment of
160 ocular conditions.

161 Section 6. Subsections (10) and (11) of section 463.0135, Florida Statutes, are amended
162 to read:

163 (10) A certified optometrist is authorized to perform any eye examination, including a
164 dilated examination, required or authorized by chapter 548 or by rules adopted to implement that
165 chapter.

166 (11) Co-management of postoperative care shall be conducted pursuant to the
167 requirements of this section and a patient-specific transfer of care letter that governs the
168 relationship between the physician who performed the surgery and the licensed practitioner. The
169 patient must be fully informed of, and consent in writing to, the co-management relationship for
170 his or her care. The transfer of care letter shall confirm that it is not medically necessary for the
171 physician who performed the surgery to provide such post-operative care to the patient, and that
172 it is clinically appropriate for the licensed practitioner to provide such post-operative care.
173 Before co-management of post-operative care commences, the patient shall be informed in
174 writing that he or she has the right to be seen during the entire post-operative period by the
175 physician who performed the surgery. In addition, the patient must be informed of the fees, if
176 any, to be charged by the licensed practitioner and the physician performing the surgery, and
177 must be provided with an accurate and comprehensive itemized statement of the specific post-
178 operative care services that the physician performing the surgery and the licensed practitioner
179 render, along with the charge for each service.

180 Section 7. Subsections (3) and (4) of section 463.014, Florida Statutes, are amended to
181 read:

from
BERL

182 (3) Prescribing, ordering, dispensing, administering, supplying, selling, or giving any
183 drug for the purpose of treating a systemic disease systemic drugs by a licensed practitioner is
184 prohibited. However, a certified optometrist is permitted to use commonly accepted means or
185 methods to immediately address incidents of anaphylaxis.

186 (4) Surgery of any kind, ~~including the use of lasers,~~ is expressly prohibited. Certified
187 optometrists may remove superficial foreign bodies. For the purposes of this subsection, the
188 term "superficial foreign bodies" means any foreign matter that is embedded in the conjunctiva
189 or cornea but has not penetrated the globe. Notwithstanding the definition of surgery in s.
190 463.002 (6), nothing shall prohibit a certified optometrist from providing any optometric care
191 within the definition of s. 463.002 (7) such as removing an eyelash by epilation, probing an
192 uninflamed tear duct in a patient eighteen years of age or older, blocking the puncta by plug, or
193 superficial scraping for the purpose of removing damaged epithelial tissue or ^{superficial} foreign bodies or
194 taking a culture of the surface of the cornea or conjunctiva.

195 Section 8. Section 463.0141, Florida Statutes, is created to read:

196 463.0141 Reports of adverse incidents in the practice of optometry. –

197 (1) Effective January 1, 2014, an adverse incident occurring in the practice of
198 optometry must be reported to the department in accordance with this section.

199 (2) The required notification must be in writing and submitted to the department by
200 certified mail. The required notification must be postmarked within 15 days after the adverse
201 incident if the adverse incident occurs when the patient is at the office of the licensed
202 practitioner. If the adverse incident occurs when the patient is not at the office of the licensed
203 practitioner, the required notification must be postmarked within 15 days after the licensed

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204 practitioner discovers, or reasonably should have discovered, the occurrence of the adverse
205 incident.

206 (3) For purposes of notification to the department, the term "adverse incident", as used
207 in this section, means any of the following events when it is reasonable to believe the event is
208 attributable to the prescription of an oral ocular pharmaceutical agent by the licensed
209 practitioner:

210 (a) Any condition that requires the transfer of a patient to a hospital licensed under
211 chapter 395;

212 (b) Any condition that requires the patient to obtain care from a physician licensed
213 under chapter 458 or chapter 459, other than a referral or a consultation required under this
214 chapter;

215 (c) Permanent physical injury to the patient;

216 (d) Partial or complete permanent loss of sight by the patient; or

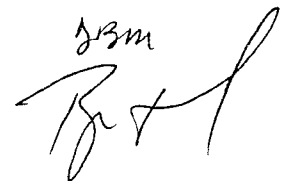
217 (e) Death of the patient.

218 (4) The department shall review each incident and determine whether it potentially
219 involved conduct by the licensed practitioner which may be subject to disciplinary action, in
220 which case s. 456.073 applies. Disciplinary action, if any, shall be taken by the board.

221 Section 9. Subsection (1) of section 483.035, Florida Statutes, is amended to read:

222 483.035 Clinical laboratories operated by practitioners for exclusive use; licensure and
223 regulation.—

224 (1) A clinical laboratory operated by one or more practitioners licensed under chapter
225 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, or chapter 466, exclusively
226 in connection with the diagnosis and treatment of their own patients, must be licensed under this

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227 part and must comply with the provisions of this part, except that the agency shall adopt rules for
228 staffing, for personnel, including education and training of personnel, for proficiency testing, and
229 for construction standards relating to the licensure and operation of the laboratory based upon
230 and not exceeding the same standards contained in the federal Clinical Laboratory Improvement
231 Amendments of 1988 and the federal regulations adopted thereunder.

232 Section 10. Subsection (7) of section 483.041, Florida Statutes, is amended to read:

233 483.041 Definitions.—As used in this part, the term:

234 (7) “Licensed practitioner” means a physician licensed under chapter 458, chapter 459,
235 chapter 460, or chapter 461; a certified optometrist licensed under chapter 463; a dentist licensed
236 under chapter 466; a person licensed under chapter 462; or an advanced registered nurse
237 practitioner licensed under part I of chapter 464; or a duly licensed practitioner from another
238 state licensed under similar statutes who orders examinations on materials or specimens for
239 nonresidents of the State of Florida, but who reside in the same state as the requesting licensed
240 practitioner.

241 Section 11. Subsection (5) of section 483.181, Florida Statutes, is amended to read:

242 483.181 Acceptance, collection, identification, and examination of specimens.—

243 (5) A clinical laboratory licensed under this part must accept a human specimen
244 submitted for examination by a practitioner licensed under chapter 458, chapter 459, chapter 460,
245 chapter 461, chapter 462, chapter 463, s. 464.012, or chapter 466, if the specimen and test are the
246 type performed by the clinical laboratory. A clinical laboratory may only refuse a specimen
247 based upon a history of nonpayment of services by the practitioner. A clinical laboratory shall
248 not charge different prices for tests based upon the chapter under which a practitioner submitting
249 a specimen for testing is licensed.

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250 Section 12. Subsection (21) of section 893.02, Florida Statutes, is amended to read:

251 893.02 Definitions. – The following words and phrases as used in this chapter shall have
252 the following meanings, unless the context otherwise requires:

253 (21) “Practitioner” means a physician licensed pursuant to chapter 458, a dentist
254 licensed pursuant to chapter 466, a veterinarian licensed pursuant to chapter 474, an osteopathic
255 physician licensed pursuant to chapter 459, a naturopath licensed pursuant to chapter 462, a
256 certified optometrist licensed pursuant to chapter 463, or a podiatric physician licensed pursuant
257 to chapter 461, provided such practitioner holds a valid federal controlled substance registry
258 number.

259 Section 13. Subsection (1) of section 893.05, Florida Statutes, is amended to read:

260 893.05 Practitioners and persons administering controlled substances in their absence.—

261 (1) A practitioner, in good faith and in the course of his or her professional practice
262 only, may prescribe, administer, dispense, mix, or otherwise prepare a controlled substance, or
263 the practitioner may cause the same to be administered by a licensed nurse or an intern
264 practitioner under his or her direction and supervision only. A veterinarian may so prescribe,
265 administer, dispense, mix, or prepare a controlled substance for use on animals only, and may
266 cause it to be administered by an assistant or orderly under the veterinarian’s direction and
267 supervision only. A certified optometrist licensed under chapter 463 may not administer or
268 prescribe pharmaceutical agents listed in Schedule I or Schedule II of s. 893.03.

269 Section 14. Subsection (1) (d) of section 893.055, Florida Statutes, is amended to read:

270 893.055 Prescription drug monitoring program.—

271 (1) As used in this section, the term:

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272 (d) "Health care practitioner" or "practitioner" means any practitioner who is subject to
273 licensure or regulation by the department under chapter 458, chapter 459, chapter 461, chapter
274 462, chapter 463, chapter 464, chapter 465, or chapter 466.

275 Section 15. Section 463.009, Florida Statutes, is amended to read:

276 463.009 Supportive personnel.—No person other than a licensed practitioner may
277 engage in the practice of optometry as defined in s. 463.002 (7) ~~463.002 (5)~~. Except as provided
278 in this section, under no circumstances shall nonlicensed supportive personnel be delegated
279 diagnosis or treatment duties; however, such personnel may perform data gathering, preliminary
280 testing, prescribed visual therapy, and related duties under the direct supervision of the licensed
281 practitioner. Nonlicensed personnel, who need not be employees of the licensed practitioner,
282 may perform ministerial duties, tasks, and functions assigned to them by and performed under
283 the general supervision of a licensed practitioner, including obtaining information from
284 consumers for the purpose of making appointments for the licensed practitioner. The licensed
285 practitioner shall be responsible for all delegated acts performed by persons under her or his
286 direct and general supervision.

287 Section 16. Subsection (19) of section 641.31, Florida Statutes, is amended to read:

288 641.31 Health maintenance contracts. —

289 (19) Notwithstanding any other provision of law, health maintenance policies or
290 contracts which provide coverage, benefits, or services as described in s. 463.002 (7) ~~463.002~~
291 ~~(5)~~, shall offer to the subscriber the services of an optometrist licensed pursuant to chapter 463.

292 Section 17. This act shall take effect July 1, 2013.

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A handwritten signature in black ink, appearing to be "J. Brown" or similar, written in a cursive style.A small, circular handwritten mark or stamp in the bottom right corner of the page.

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1132
Transmittal Sheet
May 5, 2015

**PERFORMANCE OF THERAPEUTIC LASER EYE PROCEDURES IN VETERANS
HEALTH ADMINISTRATION FACILITIES**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Directive specifies that only ophthalmologists will be privileged to perform therapeutic laser eye procedures at Department of Veterans Affairs (VA) medical facilities.
- 2. SUMMARY OF MAJOR CHANGES:** This revised Directive includes an expanded description of the requisite training and expertise for ophthalmologists.
- 3. RELATED ISSUES:** VHA Handbook 1121.01.
- 4. RESPONSIBLE OFFICE:** The Office of Specialty Care Services (10P4E) is responsible for the content of this Directive. Questions may be referred to 202-461-7120.
- 5. RESCISSION:** VHA Directive 2009-056, dated November 2, 2009, is rescinded.
- 6. RECERTIFICATION:** This VHA Directive is scheduled for recertification on or before the last working day of May 2020.

Carolyn M. Clancy, MD
Interim Under Secretary for Health

DISTRIBUTION: Emailed to the VHA Publications Distribution List on 05/06/2015.

**PERFORMANCE OF THERAPEUTIC LASER EYE PROCEDURES IN VETERANS
HEALTH ADMINISTRATION FACILITIES**

- 1. PURPOSE:** This Veterans Health Administration (VHA) Directive specifies that only ophthalmologists will be privileged to perform therapeutic laser procedures of the eye and eyelids at Department of Veterans Affairs (VA) medical facilities. **AUTHORITY:** 38 U.S.C. 7301(b).
- 2. POLICY:** It is VHA policy that therapeutic laser eye procedures may be performed only by ophthalmologists who have completed an accredited ophthalmology residency approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or are certified by the American Board of Ophthalmology or the American Osteopathic Board of Ophthalmology, and have appropriate training and experience in therapeutic laser procedures in accordance with the credentialing and privileging procedures at the VA medical facility.
- 3. RESPONSIBILITY:** Each VA medical facility Director is responsible for ensuring that privileges to perform laser eye procedures may only be granted to ophthalmologists who have completed the requirements as described in this Directive.
- 4. REFERENCE:** VHA Handbook 1121.01, VHA Eye Care.