



Health Quality Subcommittee

Wednesday, March 8, 2017
9:00 AM – 11:00 AM
Mashburn Hall (306 HOB)

Action Packet

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/8/2017 9:00AM

Location: Mashburn Hall (306 HOB)

Summary:

Health Quality Subcommittee

Wednesday March 08, 2017 09:00 am

HB 229	Favorable With Committee Substitute Amendment 424915 Adopted Without Objection	Yeas: 15	Nays: 0
HB 645	Favorable	Yeas: 15	Nays: 0
HB 729	Favorable With Committee Substitute Amendment 535461 Adopted Without Objection	Yeas: 15	Nays: 0
HB 763	Favorable With Committee Substitute Amendment 818811 Adopted Without Objection	Yeas: 15	Nays: 0
HB 785	Favorable With Committee Substitute Amendment 097863 Adopted Without Objection	Yeas: 15	Nays: 0

Committee meeting was reported out: Wednesday, March 08, 2017 11:25AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/8/2017 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 08, 2017 11:25AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/8/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 229 : Programs For Impaired Health Care 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				
Cary Pigman (Chair)	X				
	Total Yeas: 15	Total Nays: 0			

HB 229 Amendments

Amendment 424915

Adopted Without Objection

Appearances:

Fowler, Jarrod (Lobbyist) - Waive In Support

Florida Medical Association
Director of Health Care Policy
2350 Phillips Rd Apt 3211
Tallahassee FL 32308
Phone: (904) 525-4446

LaPolt, Alisa (Lobbyist) - Waive In Support

Intervention Project for Nurses; Florida Nurses Association
Lobbyist
PO Box 1344
Tallahassee FL 32302
Phone: (850) 443-1319

Smith, Linda (General Public) - Waive In Support

Intervention Project for Nurses
Executive Director
PO Box 49130
Jacksonville FL

Committee meeting was reported out: Wednesday, March 08, 2017 11:25AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/8/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 229 : Programs For Impaired Health Care Practitioners (continued)

Appearances: (continued)

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

Brown, Dr. Martha (General Public) - Waive In Support
PRN (Professionals Resource Network)
Associate Medical Director
PO Box 16510
Fernandina Beach Florida 32035
Phone: (904) 277-8004

Henning, Lisa (Lobbyist) - Waive In Support
Professional Resource Network
Lobbyist
242 Office Plaza Drive
Tallahassee FL 32301
Phone: (850) 766-8808

Timmins, Missy (Lobbyist) - Waive In Support
Professional Resource Network
Lobbyist
242 Office Plaza Drive
Tallahassee Florida 32301
Phone: (850) 766-8808

Bell, Doug (Lobbyist) - Waive In Support
Florida Chapter American Academy of Pediatrics
101 N Monroe St
Tallahassee FI 32301
Phone: (850) 681-3241

Committee meeting was reported out: Wednesday, March 08, 2017 11:25AM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 3/8/17
 Place: 306 HOB
 Time: 9:00 AM

Bill Number: HB 229
 Date Received: _____
 Date Reported: _____
 Subject: Programs for Impaired Health Care 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	Amend 1							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Asencio								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Byrd	w/o							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Donalds	87							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fine								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fitzenhagen								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mariano								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mercado								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Miller								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Newton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plasencia								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/8/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 645 : Involuntary Examinations Under the Baker Act

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Cord Byrd	X				
Byron Donalds	X				
Randy Fine	X				
Heather Fitzenhagen	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Alexandra Miller	X				
Wengay Newton, Sr.	X				
Rene Plasencia	X				
David Silvers	X				
Clay Yarborough	X				
Cary Pigman (Chair)	X				
	Total Yeas: 15	Total Nays: 0			

Appearances:

LaPolt, Alisa (Lobbyist) - Waive In Support

Florida Nurses Association

Lobbyist

PO Box 1344

Tallahassee FL 32302

Phone: (850) 443-1319

Mixon, Corinne (Lobbyist) - Waive In Support

Florida Academy of Physician Assistants

Consultant

119 S. Monroe St. Ste. 202

Tallahassee FL 32301

Phone: (850) 681-6788

Whittaker, Stan (General Public) - Waive In Support

Florida Association of Nurse Practitioners

Chairman

6294 NW Torreya Park Road

Bristol Florida 32321

Phone: (850) 545-8301

Floyd, Chris (Lobbyist) - Waive In Support

Florida Association of Nurse Practitioners

Consultant

101 E College Ave Suite 302

Tallahassee FI 32301

Phone: (813) 624-5117

Committee meeting was reported out: Wednesday, March 08, 2017 11:25AM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 3/8/19
 Place: 306 HOB
 Time: 9:00 AM

Bill Number: HB 645
 Date Received: _____
 Date Reported: _____
 Subject: Involuntary Examinations
Under the Baker Act

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								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓	✓	Asencio								
✓		Byrd								
✓		Donalds								
✓		Fine								
✓		Fitzenhagen								
✓		Jones								
✓		Mariano								
✓		Massullo								
✓		Mercado								
✓		Miller								
✓		Newton								
✓		Plasencia								
✓		Silvers								
✓		Yarborough								
✓		Pigman, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/8/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 729 : Music Therapists

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Cord Byrd	X				
Byron Donalds	X				
Randy Fine	X				
Heather Fitzenhagen	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Alexandra Miller	X				
Wengay Newton, Sr.	X				
Rene Plasencia	X				
David Silvers	X				
Clay Yarborough	X				
Cary Pigman (Chair)	X				
Total Yeas: 15		Total Nays: 0			

HB 729 Amendments

Amendment 535461

Adopted Without Objection

Appearances:

Mixon, Corinne (Lobbyist) - Waive In Support
 Certification Board for Music Therapists
 Consultant
 119 S. Monroe St.
 Tallahassee FL 32301
 Phone: (850) 681-6788

Graham, Sharon (General Public) - Waive In Support
 FI Music Therapist, Certification Board for Music Therapist; American Music Therapy Association
 Co-Chair, FI Music Therapy Task Force
 8629 Alexandra Arbor Ln
 Temple Terrace FI 33637
 Phone: (813) 298-4286

Maud, Marilyn (General Public) - Waive In Support
 RN, BSN, Retired Public Health Nurse, QI
 1087 Tung Hill Drive
 Tallahassee Florida 32317
 Phone: (850) 878-8960

Committee meeting was reported out: Wednesday, March 08, 2017 11:25AM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/8/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 729 : Music Therapists (continued)

Appearances: (continued)

Maud, William (General Public) - Proponent

1087 Tung Hill Drive

Tallahassee Florida 32317

Phone: (850) 878-8960

Committee meeting was reported out: Wednesday, March 08, 2017 11:25AM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 3/8/17
 Place: 306/HOB
 Time: 9:00AM

Bill Number: HB 729
 Date Received: _____
 Date Reported: _____
 Subject: Muscle Therapists

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>Amend 1</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Asencio	<i>w/o obj</i>							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Byrd								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Donalds								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fine								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fitzenhagen								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mariano								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mercado								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Miller								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Newton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plasencia								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/8/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 763 : Access to Health Care Practitioner 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				
Cary Pigman (Chair)	X				
	Total Yeas: 15	Total Nays: 0			

HB 763 Amendments

Amendment 818811

Adopted Without Objection

Committee meeting was reported out: Wednesday, March 08, 2017 11:25AM

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

Committee/Subcommittee: Health Quality
 Meeting Date: 3/8/11
 Place: 306 HOB
 Time: 9:00 AM

Bill Number: AB 763
 Date Received: _____
 Date Reported: _____

Subject: Access to Health Care
Practitioner Services

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>Amend 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"/>	<input checked="" type="checkbox"/>	Byrd	<i>w/o</i>							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Donalds	<i>g</i>							
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fine								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Fitzenhagen								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Jones								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mariano								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Massullo								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mercado								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Miller								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Newton								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plasencia								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Silvers								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yarborough								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pigman, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

3/8/2017 9:00AM

Location: Mashburn Hall (306 HOB)

HB 785 : Stroke Centers

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Cord Byrd	X				
Byron Donalds	X				
Randy Fine	X				
Heather Fitzenhagen	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Alexandra Miller	X				
Wengay Newton, Sr.	X				
Rene Plasencia	X				
David Silvers	X				
Clay Yarborough	X				
Cary Pigman (Chair)	X				
Total Yeas: 15		Total Nays: 0			

HB 785 Amendments

Amendment 097863

Adopted Without Objection

Appearances:

Landreth, Mark (Lobbyist) - Waive In Support
American Heart Association
Sr. Director of Government Relations
2851 Remington Green Circle Ste. C
Tallahassee FL 32308
Phone: (850) 544-3376

Committee meeting was reported out: Wednesday, March 08, 2017 11:25AM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

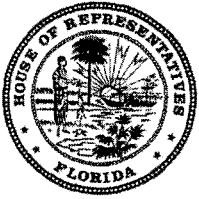
Committee/Subcommittee: Health Quality
Meeting Date: 3/8/17
Place: 306 HOB
Time: 9.00am

Bill Number: HB 985
Date Received: _____
Date Reported: _____
Subject: Stroke Centers

Committee/Subcommittee Action:

- | | |
|---|---|
| <input checked="" 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>Amend 1</i>							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Asencio								
✓		Byrd								
✓		Donalds								
✓		Fine								
✓		Fitzenhagen								
✓		Jones								
✓		Mariano								
✓		Massullo								
✓		Mercado								
✓		Miller								
✓		Newton								
✓		Plasencia								
✓		Silvers								
✓		Yarborough								
✓		Pigman, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WFS

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>229</u>	
Amendment Number: <u>All</u>	

Name: Lisa Henning

Representing: PRN

Title: lobbyist

Address: 242 Office Plaza Dr

City: Tallahassee, FL State/Zip: 32301

Phone Number: 850-766-8808 Meeting Date: 3/8/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Impaired Practitioners

Registered Lobbyist: YES NO

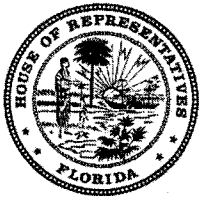
State Employee: YES NO

- 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

(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

WTS

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>229</u>	
Amendment Number: _____	

Name: Dr. Martha Brown

Representing: Professionals Resource Network (PRN)

Title: Associate Medical Director

Address: P.O. Box 16510

City: Fernandina Beach State/Zip: FL 32035

Phone Number: 904-277-8004 Meeting Date: 3-8-17

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

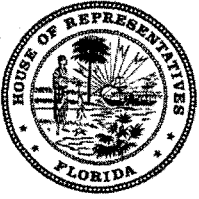
State Employee: YES NO

- 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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WTS

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>229</u>	
Amendment Number: <u>All</u>	

Name: Missy Timmins

Representing: Professional Resource Network

Title: Lobbyist

Address: 242 Office Plaza Dr

City: Tallahassee, FL State/Zip: 32301

Phone Number: 850-766-8808 Meeting Date: 3/8/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Impaired Practitioners

Registered Lobbyist: YES NO

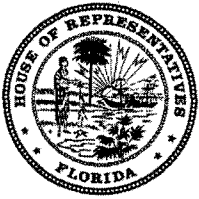
State Employee: YES NO

- 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

(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

All Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WHS

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: _____	
Amendment Number: <u>229</u>	

Name: Alisa LaPort

Representing: FL Nurses Association - Intervention

Title: Lobbyist Project for Nurses

Address: _____

City: Tallahassee State/Zip: FL

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Impaired Practitioners

Registered Lobbyist: YES NO

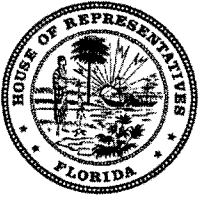
State Employee: YES NO

- 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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WLS

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>229</u>	
Amendment Number: _____	

Name: ~~Alisa LaPott~~ Linda Smith

Representing: Intervention Project for Nurses

Title: Executive Director

Address: PO Box 49130

City: JAX State/Zip: FL

Phone Number: _____ Meeting Date: 3/8

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Impaired Practitioners

Registered Lobbyist: YES NO

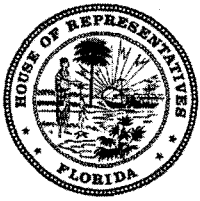
State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>HB 229</u>			
Amendment Number: _____			

Name: STEPHEN R. WINN

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DRIVE

City: TALCAHASSEE State/Zip: FL 32301

Phone Number: 878-17364 Meeting Date: 3-8-2017

Committee/Subcommittee: HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: PROGRAMS FOR IMPAIRED HEALTH CARE PRACTITIONERS

Registered Lobbyist: YES NO

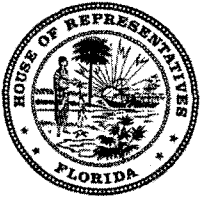
State Employee: YES NO

- 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

(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

1115

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 229</u>	
Amendment Number: _____	

Name: Jarrold
Jarrold Fowler

Representing: Florida Medical Assoc.

Title: Dir. of Health Care Policy

Address: 2350 Philippe Rd. Apt 3211

City: Tallahassee State/Zip: FL, 32308

Phone Number: 904-525-4446 Meeting Date: 3-8

Committee/Subcommittee: Health Security

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

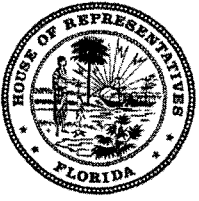
State Employee: YES NO

- 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

WLS

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

<input checked="" type="checkbox"/>	Bill	<input type="checkbox"/>	Amendment
Bill/PCS/PCB Number: <u>229</u>			
Amendment Number: _____			

Name: Doug Bell

Representing: Florida Chapter - American Academy of Pediatrics

Title: _____

Address: 101 N. Monroe St

City: TLH State/Zip: _____

Phone Number: 850 681 3241 Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

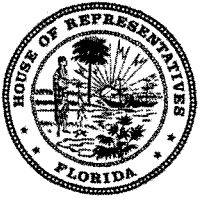
State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WIS

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>645</u>	
Amendment Number: _____	

Name: Chris Floyd

Representing: FL Assoc. of Nurse Practitioners

Title: Consultant

Address: 101 E. College Ave, Ste. 302

City: Tallahassee State/Zip: FL 32301

Phone Number: 813-624-5117 Meeting Date: 3/8/17

Committee/Subcommittee: HQS

Presentation/Workshop Topic: Involuntary Examination Under the Baker Act

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WLS

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>645</u>	
Amendment Number: _____	

Name: Corinne Nixon

Representing: Florida Academy of Physician Assistants

Title: Consultant

Address: 118 S. Monroe St

City: Tallahassee State/Zip: FL

Phone Number: _____ Meeting Date: 2/8/17

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

WIS

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>645</u>	
Amendment Number: _____	

Name: STAN WH. HAKER

Representing: Florida Association of Nurse Practitioners

Title: Chairman

Address: 6294 NW Torrey A Pk Rd

City: Bristol State/Zip: FL 32321

Phone Number: 852-545-8311 Meeting Date: 3/8/2017

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

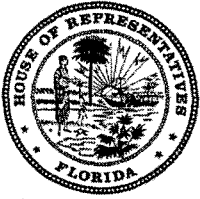
State Employee: YES NO

- 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



WIS

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>645</u>	
Amendment Number: _____	

Name: A-lee-sa
Alisa LaPort

Representing: Florida Nurses Association

Title: Lobbyist

Address: PO BOX 1344

City: Tallahassee State/Zip: FL

Phone Number: 850-443-1319 Meeting Date: 3/8

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

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 729</u>	
Amendment Number: _____	

Name: Marilyn Maud

Representing: _____

Title: RN, BSN, MEd, Retired Public Health Nurse, QI

Address: 1087 Tung Hill Drive

City: Tallahassee State/Zip: FL 32317

Phone Number: 850 878 8960 Meeting Date: 3/8/17

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Music Therapists

Registered Lobbyist: YES NO

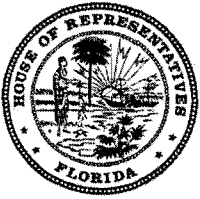
State Employee: YES NO

- 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

WIS

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

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB 729</u>	
Amendment Number: _____	

Name: Corinne Mixon

Representing: Certification Board For Music Therapist

Title: Consultant

Address: 119 S. Monroe St.

City: Tallahassee State/Zip: FL

Phone Number: _____ Meeting Date: 3/8/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

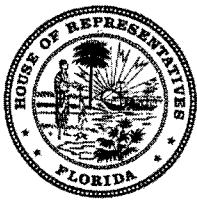
State Employee: YES NO

- 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>H13729</u>	
Amendment Number: _____	

Name: William MAUD

Representing: VIETNAM VETERANS

Title: _____

Address: 1087 Tung Hill Drive

City: LALAHASSEE State/Zip: FLORIDA 32317

Phone Number: 850-878-8960 Meeting Date: 03/08/2017

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: "Music Therapists"

Registered Lobbyist: YES NO

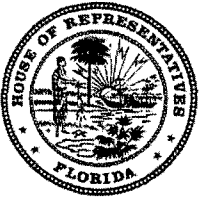
State Employee: YES NO

- 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

WES

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: ^{HB} <u>729</u>			
Amendment Number: _____			

Name: Sharon Graham

Representing: FL Music Therapy Task Force; American Music Therapy Association; Certification Board for Music Therapists

Title: FL Task Force Co-Chair (and music therapy business owner)

Address: 8629 Alexandra Arbor Ln

City: Temple Terrace State/Zip: FL 33637

Phone Number: 813-298-4286 Meeting Date: 3-8-17

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: "Music Therapists"

Registered Lobbyist: YES NO

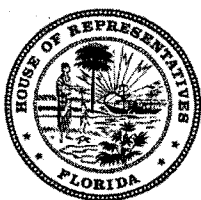
State Employee: YES NO

- 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

Handwritten initials

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>785</u>	
Amendment Number: _____	

Name: Mark Landreth

Representing: American Heart Association

Title: Sr. Dir. of Govt Relations

Address: 2381 Remington Green Circle, Ste C

City: TKL State/Zip: 32308

Phone Number: 850.544.3376 Meeting Date: 3/8/17

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