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## **Health Quality Subcommittee**

**Tuesday, January 16, 2018  
11:30 AM - 2:30 PM  
Mashburn Hall (306 HOB)**

## **ACTION PACKET**

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

### Summary:

#### Health Quality Subcommittee

*Tuesday January 16, 2018 11:30 am*

HB 431	Favorable With Committee Substitute	Yeas: 12	Nays: 2
	Amendment 072243 Adopted Without Objection		
	Amendment 760985 Adopted Without Objection		
HB 675	Favorable	Yeas: 14	Nays: 0
HB 679	Favorable With Committee Substitute	Yeas: 15	Nays: 0
	Amendment 422357 Adopted Without Objection		
HB 689	Favorable With Committee Substitute	Yeas: 11	Nays: 1
	Amendment 215911 Adopted Without Objection		
HB 1009	Favorable	Yeas: 14	Nays: 0
HB 1099	Favorable With Committee Substitute	Yeas: 12	Nays: 1
	Amendment 843599 Adopted Without Objection		
HB 1101	Favorable	Yeas: 14	Nays: 0

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
James Grant (Chair)	X		
Robert Asencio	X		
Colleen Burton	X		
Cord Byrd	X		
Byron Donalds	X		
Shevrin Jones	X		
Amber Mariano	X		
Ralph Massullo, MD	X		
Amy Mercado	X		
Wengay Newton	X		
Daniel Perez	X		
Cary Pigman	X		
Rene Plasencia	X		
David Silvers	X		
Cyndi Stevenson	X		
<b>Totals:</b>	<b>15</b>	<b>0</b>	<b>0</b>

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM



**HOUSE OF REPRESENTATIVES**  
**COMMITTEE/SUBCOMMITTEE**  
**ATTENDANCE ROLL CALL**

The Committee/Subcommittee on Health Quality

met at 11:30 AM o'clock on 1/16/18 with the following attendance:

<u>Member</u>	<u>Present</u>	<u>Absent*</u>	<u>Excused</u>
Grant, Chair	✓		
Asencio ✓	✓		
Burton <del>late</del> ✓	✓		
Byrd ✓	✓		
Donalds ✓	✓		
Jones	✓		
Mariano ✓	✓		
Massullo ✓	✓		
Mercado ✓	✓		
Newton ✓	✓		
Perez	✓		
Pigman <del>ex</del>	✓		
Plasencia	✓		
Silvers	✓		
Stevenson	✓		

Grant  
 Chair

\*A member must be excused by Chair or Speaker. A member answering roll call is presumed "present" thereafter.

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 431 : Testing for and Treatment of Influenza and Streptococcus**

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton			X		
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD		X			
Amy Mercado	X				
Wengay Newton		X			
Daniel Perez	X				
Cary Pigman	X				
Rene Plasencia	X				
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
<b>Total Yeas: 12</b>		<b>Total Nays: 2</b>			

**HB 431 Amendments**

**Amendment 072243**

Adopted Without Objection

**Amendment 760985**

Adopted Without Objection

**Appearances:**

HB 431

Danheim, Griff C. (General Public) - Waive In Support  
 Quidel  
 Director Specialty Markets  
 6911 Moss Ridge Dr  
 Houston Texas 77069  
 Phone: (713) 560-0047

HB 431

Miller, Cheryl (General Public) - Waive In Support  
 Quidel  
 Sr Director & General Manager  
 12544 High Bluff Dr  
 San Diego California 92130  
 Phone: (847) 226-7744

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 431 : Testing for and Treatment of Influenza and Streptococcus (continued)**

**Appearances: (continued)**

HB 431

Klepser, Micheal (General Public) - Proponent

Ferris State University

Pharm D

1000 Oakland Dr.

Kalamazoo MI 49008

Phone: (269) 337-6480

HB 431

Tamerius, Dr. John (General Public) - Proponent

Quidel

SVP, Strategic & External Affairs

12544 High Bluff

San Diego CA 92130

Phone: (866) 552-1100

HB 431

Lyon, Aimee Diaz (Lobbyist) - Waive In Opposition

Florida Academy of Family Physicians

119 South Monroe Street, Ste 200

Tallahassee FL 32301

Phone: (850) 205-9000

HB 431

Ramba, Melissa (Lobbyist) - Waive In Support

Florida Retail Federation

VP of Government Affairs

227 S Adams St

Tallahassee FL 32301

Phone: (850) 570-0269

HB 431

Thomas, Mary (Lobbyist) - Waive In Opposition

Florida Medical Association

1430 Piedmont Dr E

Tallahassee FL 32308

Phone: (850) 224-6496

HB 431

Winn, Stephen (Lobbyist) - Waive In Opposition

Florida Osteopathic Medical Association

Executive Director

2455 Blairstone Pines Drive

Tallahassee FL 32301

Phone: (850) 878-7364

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 431 : Testing for and Treatment of Influenza and Streptococcus (continued)**

**Appearances: (continued)**

HB 431

Nuland, Chris (Lobbyist) - Waive In Opposition  
Florida Chapter, American College of Physicians  
1000 Riverside Ave  
Jacksonville Florida 32204  
Phone: (904) 233-3051

HB 431

Jackson, Michael (Lobbyist) - Waive In Support  
Florida Pharmacy Association  
Executive Vice President and CEO  
610 North Adams St  
Tallahassee Florida 32301  
Phone: (850)222-2400

HB 431

Wise, Susie (General Public) - Proponent  
Florida Pharmacy Association  
President  
1740 Via Venetia  
Winter Park FL 32789  
Phone: (407) 234-1829

HB 431

Caraballo M.D., Damian (General Public) - Opponent  
Florida College of Emergency Physicians  
M.D., FACEP  
3717 S. Conway Rd  
Orlando FL 32812  
Phone: (813) 545-4342

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM

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

Committee/Subcommittee: Health Quality  
 Meeting Date: 1/16/18  
 Place: 306 HOB  
 Time: 11:30 - 2:30

Bill Number: 431  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_

Subject: Testing for and Treatment of Influenza and Streptococcus

**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	#760985 Amendment 1		#72243 Amendment 2		Yeas	Nays	Yeas	Nays
Yea	Nay		Yeas	Nays	Yeas	Nays				
/		<del>Chair?</del> Asencio								
/		Burton								
/		Byrd								
/		Donalds								
/		Jones								
/		Mariano								
	/	Massullo								
/	/	Mercado								
	/	Newton								
/		Perez								
/		Pigman								
/		Plasencia								
/		Silvers								
/		Stevenson								
/		Grant, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	2									





# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 675 : Pharmacies**

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton	X				
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton	X				
Daniel Perez	X				
Cary Pigman	X				
Rene Plasencia	X				
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)			X		
<b>Total Yeas: 14</b>		<b>Total Nays: 0</b>			

**Appearances:**

HB 675

Fuller, Heather (General Public) - Proponent

FSHP

402 E Palmer Ave

Tallahassee FL 32301

Phone: (386) 405-1968

HB 675

Montgomery, Richard (General Public) - Waive In Support

Adventist Health - Florida Hospital

Contract/Operatime Manager - Pharmacy

900 Hope Way

Altamonte Springs FL 32714

Phone: (407) 357-2123

HB 675

McQuone, Michael (Lobbyist) - Waive In Support

McQuone Consulting

President

1520 Oldfield Dr

Tallahassee FL 32308

Phone: (850) 284-9130

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM

## House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality  
 Meeting Date: 11/16/18  
 Place: 306 HOB  
 Time: 11:30 - 2:30

Bill Number: 675  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Pharmacies

**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 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	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
Yea	Nay									
/		Asencio								
/		Burton								
/		Byrd								
/		Donalds								
/		Jones								
/		Mariano								
/		Massullo								
/		Mercado								
/		Newton								
/		Perez								
/		Pigman								
/		Plasencia								
/		Silvers								
/		Stevenson								
		Grant, Chair								
		↙ vice chair Plasencia								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
14	0									

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

### HB 679 : Telepharmacy

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton	X				
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton	X				
Daniel Perez	X				
Cary Pigman	X				
Rene Plasencia	X				
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
<b>Total Yeas: 15</b>		<b>Total Nays: 0</b>			

### HB 679 Amendments

#### Amendment 422357

Adopted Without Objection

### Appearances:

HB 679

Baldwin, Kathy (General Public) - Waive In Opposition

Florida Society of Health System Pharmacists

Immediate Past President

6117 Bartram Dr

Jacksonville FL 32258

Phone: (904) 753-2335

HB 679

Bradfield, Christie (General Public) - Proponent

Self

Pharmacist

4040 NE SR 6

Lee FL 32059

Phone: (850) 464-4253

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 679 : Telepharmacy (continued)**

**Appearances: (continued)**

HB 679

Mone, Micheal A. (General Public) - Proponent

Cardinal Health

VP Associate General Counsel - Regulatory

7000 Cardinal Pl

Dublin OH 43065

Phone: (614) 757-5104

HB 679

Brown, Audrey (Lobbyist) - Proponent

Florida Association of Health Plans

President & CEO

200 W College Ave

Tallahassee FL 32301

Phone: (850) 386-2904

HB 679

Jackson, Michael (Lobbyist) - Opponent

Florida Pharmacy Association

Executive Vice President and CEO

610 North Adams Street

Tallahassee Florida 32301

Phone: (850) 222-2400

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM



# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 689 : Pharmacy**

*Favorable With Committee Substitute*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton			X		
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones			X		
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton		X			
Daniel Perez			X		
Cary Pigman	X				
Rene Plasencia	X				
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
<b>Total Yeas: 11</b>		<b>Total Nays: 1</b>			

### HB 689 Amendments

#### Amendment 215911

*Adopted Without Objection*

### Appearances:

HB 689

Buffington, Dr. Dan (State Employee) - Proponent  
American Institute of Pharmaceutical Science  
President  
6285 E Fowler Ave.  
Tampa FL 33617  
Phone: (813) 983-1500

HB 689

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

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 689 : Pharmacy (continued)**

**Appearances: (continued)**

HB 689

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

HB 689

Lyon, Aimee Diaz (Lobbyist) - Waive In Opposition  
Florida Academy of Family Physicians  
119 South Monroe Street, Ste 200  
Tallahassee FL 32301  
Phone: (850) 205-9000

HB 689

Ramba, Melissa (Lobbyist) - Waive In Support  
Florida Retail Federation  
VP of Government Affairs  
227 S Adams St  
Tallahassee FL 32301  
Phone: (850) 570-0269

HB 689

Kjelson Pharm. D. CPH., Scott (General Public) - Waive In Support  
Nova Southeastern University College of Pharmacy  
Director / Asst. Professor  
200 S. Birch Rd  
Fort Lauderdale FL 33316  
Phone: (786) 301-1483

HB 689

McQuone, Michael (Lobbyist) - Waive In Support  
McQuone Consulting  
President  
1520 Oldfield Dr  
Tallahassee FL 32308  
Phone: (850) 284-9130

HB 689

Wise, Susie (General Public) - Waive In Support  
Florida Pharmacy Association  
President  
1740 Via Venetia  
Winter Park FL 32789  
Phone: (407) 234-1829

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 689 : Pharmacy (continued)**

**Appearances: (continued)**

HB 689

Block, Dr. Jeffrey (General Public) - Proponent

Florida Society of Health - System Pharmacists

M.D., Physician

7299 SW 79th Court

Miami FL 33143

Phone: (305) 793-9222

HB 689

Sando, Karen (General Public) - Proponent

Florida Society of Health - System Pharmacists

Associate Professor, Nova Southeastern University College of Pharmacy

510 NW 84th Ave., Apt 616

Plantation FL 33324

Phone: (727) 278-8351

HB 689

Baldwin, Kathy (General Public) - Waive In Support

Florida Society of Health System Pharmacists

Immediate Past President

6117 Bartrem Village Dr

Jacksonville FL 32258

Phone: (904) 755-2335

HB 689

Norse M.D., Ashley (General Public) - Opponent

FMA

Vice Speaker FMA

119 South Monroe St

Tallahassee FL 32301

HB 689

Large, Toni (Lobbyist) - Opponent

Florida Society of Rheumatology

519 E Park Ave

Tallahassee FL 32308

Phone: (850) 556-1461

HB 689

Jackson, Michael (Lobbyist) - Proponent

Florida Pharmacy Association

Executive Vice President and CEO

610 North Adams Street

Tallahassee Florida 32301

Phone: (850) 222-2400

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM



# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 689 : Pharmacy (continued)**

**Appearances: (continued)**

Amendment 215911

HB 689

Jackson, Michael (Lobbyist) - Proponent

Florida Pharmacy Association

Executive Vice President and CEO

610 North Adams Street

Tallahassee Florida 32301

Phone: (850) 222-2400

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

Committee/Subcommittee: Health Quality  
 Meeting Date: 1/16/18  
 Place: 306 HOB  
 Time: 11:30 - 2:30

Bill Number: 689  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Pharmacy

**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	#215911 Amendment 1							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
/		Asencio								
		Burton								
/		Byrd								
/		Donalds								
		Jones								
/		Mariano								
/		Massullo								
/		Mercado								
	/	Newton								
		Perez								
/		Pigman								
/		Plasencia								
/		Silvers								
/		Stevenson								
/		Grant, Chair								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
11	1									

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 1009 : Closing Gap Grant Program**

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Robert Asencio	X				
Colleen Burton			X		
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton	X				
Daniel Perez	X				
Cary Pigman	X				
Rene Plasencia	X				
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
<b>Total Yeas: 14</b>		<b>Total Nays: 0</b>			

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM

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

Committee/Subcommittee: Health Quality  
 Meeting Date: 1/16/18  
 Place: 306 HOB  
 Time: 11:30 - 2:30

Bill Number: 1009  
 Date Received: \_\_\_\_\_  
 Date Reported: \_\_\_\_\_  
 Subject: Closing Gap Grant Program

**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 type="checkbox"/>            | Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> | Temporarily Postponed        |
| <input type="checkbox"/>            | Other Action: _____                           | <input type="checkbox"/> | Unfavorable                  |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Asencio								
		Burton								
✓		Byrd								
/		Donalds								
/		Jones								
/		Mariano								
/		Massullo								
/		Mercado								
/		Newton								
/		Perez								
/		Pigman								
/		Plasencia								
/		Silvers								
/		Stevenson								
/		Grant, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
17	0									

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 1099 : Advanced Birth Centers**

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton	X				
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton		X			
Daniel Perez	X				
Cary Pigman			X		
Rene Plasencia			X		
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
<b>Total Yeas: 12</b>		<b>Total Nays: 1</b>			

### HB 1099 Amendments

#### Amendment 843599

Adopted Without Objection

### Appearances:

HB 1099

Thomas, Mary (Lobbyist) - Waive In Support

Florida Medical Association

1430 Piedmont Dr E

Tallahassee FL 32308

Phone: (850) 224-6496

HB 1099

De Castro, Martha (Lobbyist) - Waive In Opposition

Florida Hospital Association

VP for Nursing & Clinical Care Policy

306 E College Ave

Tallahassee FL 32301

Phone: (850) 222-9800

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 1099 : Advanced Birth Centers (continued)**

**Appearances: (continued)**

HB 1099

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

HB 1099

Watson, Ronald (Lobbyist) - Information Only  
Midwives Association of Florida  
Lobbyist  
3738 Mundon Way  
Tallahassee FL 32309  
Phone: (850) 567-1202

HB 1099

Gorrie, Jan (Lobbyist) - Opponent  
Safety Net Hospital Alliance of Florida  
1726 East 7th Avenue Suites 13 - 15  
Tampa FL 33605  
Phone: (813) 374-6007

HB 1099

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

HB 1099

Mintz, Andrew (General Public) - Proponent  
Women's Care Florida  
CEO  
5002 W Lemon St  
Tampa FL 33609  
Phone: (813) 407-7821

HB 1099

Snow MD, Stephen P. (General Public) - Waive In Support  
Women's Care Florida  
Board of Directors  
525 S Magnolia Ave  
Orlando FL 32801  
Phone: (407) 316-8550

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM

# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 1099 : Advanced Birth Centers (continued)**

**Appearances: (continued)**

HB 1099

Yelverton, Robert Dr. (General Public) - Proponent

Women's Care Florida

OB-GYN Physician

2526 Jetton Ave

Tampa FL 33629

Phone: (850) 245-6910





# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

**HB 1101 : Pub. Rec./Advanced Birth Centers**

Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton	X				
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				
Ralph Massullo, MD	X				
Amy Mercado	X				
Wengay Newton	X				
Daniel Perez	X				
Cary Pigman			X		
Rene Plasencia	X				
David Silvers	X				
Cyndi Stevenson	X				
James Grant (Chair)	X				
<b>Total Yeas: 14</b>		<b>Total Nays: 0</b>			

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM



# COMMITTEE MEETING REPORT

## Health Quality Subcommittee

1/16/2018 11:30AM

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

### Actionable Items

Passed motion to extend for 10 minutes

Committee meeting was reported out: Tuesday, January 16, 2018 6:30PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>431</u>	
Amendment Number: _____	

Name: Griff C. Danheim

Representing: Dundel

Title: Director Specialty Markets

Address: 6911 Mossing Dr

City: Houston State/Zip: TX 77069

Phone Number: 713 560 0047 Meeting Date: 1/10/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Test + Treat

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Waive 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>HB 431</u>	
Amendment Number: _____	

Name: Cheryl Miller

Representing: Quidel

Title: SR. Director + General Manager

Address: 12544 High Bluff Dr.

City: Sandiego State/Zip: CA, 92130

Phone Number: 847-226-7744 Meeting Date: 1/6/2018

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: test + treat flu + strep.

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

*Waive in Support*



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>431</u>	
Amendment Number: _____	

Name: Michael Klepser

Representing: Ferris State University

Title: Pharm D

Address: 1000 Oakland Dr.

City: Kalamazoo State/Zip: MI 49008

Phone Number: 269 337 6480 Meeting Date: 1/10/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Test & Treat

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	431		
Amendment Number:	_____		

Name: Dr. John Tamerius

Representing: Quidel

Title: SVP, Strategic & External Affairs

Address: 12544 High Bluff

City: San Diego State/Zip: CA 92130

Phone Number: 858-552-1100 Meeting Date: 1/16/12

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Test & Treat

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>HB 431</u>			
Amendment Number: _____			

Name: Aimee Diaz Lyon

Representing: Florida Academy of Family Physicians

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

Address: 119 South Monroe Street Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: 1/16/18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: testing for + treatment of influenza

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Waive<sup>m</sup> Opposition





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	431		
Amendment Number:	_____		

Name: MELISSA Ramba

Representing: Florida Retail Federation

Title: VP of Government Affairs

Address: 227 S. Adams St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-570-0269 Meeting Date: 11/16/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

*Waive in Support*



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	431		
Amendment Number:	_____		

Name: Mary Thomas

Representing: Florida Medical Association

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

Address: 1430 Piedmont Dr E

City: FLA State/Zip: FL 32308

Phone Number: 850 229 6496 Meeting Date: 1/16/15

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

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

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

*waive opposition*



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

306-H  
11:30

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 431</u>	
Amendment Number: _____	

Name: STEPHEN R. WINN

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2455 BLAIRSTONE PINES DRIVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 1-16-2018

Committee/Subcommittee: HOUSE HEALTH QUALITY SUB

Presentation/Workshop Topic: TESTING FOR AND TREATMENT OF INFLUENZA & STREPTOCOCCUS

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

(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

Waive in opposition



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>431</u>	
Amendment Number: _____	

Name: Chris Noland

Representing: Florida Chapter, American College of Physicians

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

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32209

Phone Number: 904-233-3051 Meeting Date: 1/16/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

*Waive in opposition*



25629170



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 431 : Testing for and Treatment of Influenza and Streptococcus</b> Amendment: N/A
--

Name: **Jackson, Michael**

---

Representing: **Florida Pharmacy Association**

---

Title: **Executive Vice President and CEO**

---

Address: **610 North Adams Street**

---

City: **Tallahassee** State/Zip: **Florida 32301**

---

Phone Number: **8502222400** Meeting Date: **January 16, 2018 11:30 AM**

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Committee/Subcommittee: **Health Quality Subcommittee**

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

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- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Proponent
<u>Amendment</u>
N/A

*Waive in support*



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: AR 431
Amendment Number: [ ]

Name: Suzie Wise

Representing: Florida Pharmacy Association

Title: President

Address: [ ]

City: Winter Park State/Zip: FL

Phone Number: [ ] Meeting Date: [ ]

Committee/Subcommittee: House Health Quality Subcommittee

Presentation/Workshop Topic: Test and treat Flu and steps

Registered Lobbyist: YES [ ] NO [X]

State Employee: YES [ ] NO [ ]

- I wish to speak [X]
Appearing in response to an inquiry for information made by member, committee, or staff [X]
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 [X] Opponent [ ] Info only [ ]



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill  Amendment 
Bill/PCS/PCB Number: 431
Amendment Number: \_\_\_\_\_

Name: Tamar Caraballo, MD

Representing: Florida College of Emergency Physicians

Title: MD, FACEP

Address: ~~4400 MacDill Ave~~ 3717 S Conway Rd

City: ~~Orlando~~ State/Zip: FL ~~32817~~ 32812

Phone Number: 813-541-4342 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Flu/Strain testing & treatment

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill/PCB Number: HB 675
Amendment Number:
Bill Amendment

Name: Heather Fuller HEATHER FULLER

Representing: FSHP

Title:

Address: 402 E Palmer Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 386 405 1968 Meeting Date:

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: 1

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>675</u>	
Amendment Number: _____	

Name: RICHARD MONTGOMERY

Representing: ADVENTIST HEALTH - FLORIDA HOSPITAL

Title: Contract /operztime MANAGER - PHARMACY

Address: 900 Hope Way

City: ALTAMONTE SPRINGS State/Zip: 32714

Phone Number: 407 357 2123 Meeting Date: 1/16/2018

Committee/Subcommittee: Health & Quality Subcommittee

Presentation/Workshop Topic: Central fill Pharmacy - Institutional III period

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

*Waive 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>675</u>	
Amendment Number: _____	

Name: MICHAEL McQUONE (MCQ-ONE)

Representing: McQUONE CONSULTING

Title: PRESIDENT

Address: 1520 OULDFIELD DRIVE

City: TALLAHASSEE State/Zip: FL 32308

Phone Number: (850) 284-9130 Meeting Date: 16 JAN 18

Committee/Subcommittee: HEALTH QUALITY

Presentation/Workshop Topic: CLASS III INSTITUTIONAL PHARMACY PERMIT

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

*Waive 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>679</u>	
Amendment Number: _____	

Name: Kathly Baldwin

Representing: Florida Society of Health System Pharmacists

Title: Immediate Past President

Address: 6117 Bartrom Dr.

City: Jacksonville, FL

State/Zip: 32258

Phone Number: 904-753-7235

Meeting Date: 01/16/18

Committee/Subcommittee: Health care 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

*Waive in opposition*



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	<u>679</u>		
Amendment Number:	<u>422357</u>		

Name: CHRISTIE BRADFORD

Representing: Myself

Title: Pharmacist

Address: 4040 NE SR 6

City: LEE State/Zip: FL 33059

Phone Number: 850 464-4253 Meeting Date: 1-16-18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: HB 679 - Telepharmacy

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number: <u>679</u>			
Amendment Number: <u>422357</u>			

Name: Michael A. Mané

Representing: Cardinal Health

Title: Vice President Associate General Counsel - Regulatory

Address: 7000 Cardinal Pl

City: Dublin State/Zip: OH 43065

Phone Number: 614-757-5104 Meeting Date: 1/16/2018

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: HB679 - Telepharmacy

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill [checked] Amendment [ ]
Bill/PCS/PCB Number: 679
Amendment Number: [ ]

Name: Audrey Brown

Representing: Florida Association of Health Plans

Title: President + CEO

Address: 206 W. College Ave.

City: Tallahassee, State/Zip: FL 32301

Phone Number: (850) 386-2904 Meeting Date: 1-16-18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Telepharmacy

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 [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [ ] Opponent [ ] Waive in Support [ ] Waive in Opposition [ ] Info only [ ]



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### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 679 : Telepharmacy</b> Amendment: <b>N/A</b>
---

Name: **Jackson, Michael**

---

Representing: **Florida Pharmacy Association**

---

Title: **Executive Vice President and CEO**

---

Address: **610 North Adams Street**

---

City: **Tallahassee** State/Zip: **Florida 32301**

---

Phone Number: **8502222400** Meeting Date: **January 16, 2018 11:30 AM**

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Committee/Subcommittee: **Health Quality Subcommittee**

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

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- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill  Amendment 
Bill/PCS/PCB Number: 689
Amendment Number: \_\_\_\_\_

Name: Dr Dan Buffington

Representing: Am. Institute of Pharmaceutical Sciences

Title: President

Address: 6285 E. Fowler Ave

City: Tampa State/Zip: FL 33617

Phone Number: 813-983-1500 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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	689		
Amendment Number:	_____		

Name: Chris Noland

Representing: Florida Chapter, American College of Physicians

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

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051 Meeting Date: 1/16/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

306-H  
11:30



### 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 689</u>	
Amendment Number: _____	

Name: STEPHEN R. WINN

Representing: FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION

Title: EXECUTIVE DIRECTOR

Address: 2544 BLAIRSTONE PINES DRIVE

City: TALAHASSEE State/Zip: FL 32301

Phone Number: 878-7364 Meeting Date: 1-16-2018

Committee/Subcommittee: HEALTH QUALITY SUB

Presentation/Workshop Topic: PHARMACY

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

(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

waive in opposition



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		HB 689	
Amendment Number:		_____	

Name: Aimee Diaz Lyon

Representing: Florida Academy of Family Physicians

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

Address: 119 South Monroe Street, Suite 200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: 1/16/18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Pharmacy

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

*Waive in opposition*



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>489</u>			
Amendment Number: _____			

Name: Melissa Ramba

Representing: Florida Retail Federation

Title: Business Administrator VP of Government Affairs

Address: 227 S. Adams St.

City: Tallahassee State/Zip: FL 32304

Phone Number: 850-570-0269 Meeting Date: 1/16/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

*waive 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>NB 689</u>	
Amendment Number: _____	

Name: Scott Reinson Pharm D. CPh

Representing: Nova Southeastern University College of Pharmacy

Title: Director / Asst. Professor

Address: 200 S. Birch Rd

City: Fort Lauderdale State/Zip: FL

Phone Number: 786-301-1493 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Collaborative Practice (Physician/Pharmacist)

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

*Waive 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>689</u>	
Amendment Number: _____	

Name: MICHAEL MCQUONE (MCQ - ONE)

Representing: MCQUONE CONSULTING

Title: PRESIDENT

Address: 1520 OLDFIELD DRIVE

City: TALLAHASSEE State/Zip: FL 32308

Phone Number: (850) 284-9130 Meeting Date: 16 JAN 18

Committee/Subcommittee: HEALTH QUALITY

Presentation/Workshop Topic: COLLABORATIVE PRACTICE

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

*waive 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>689</u>	
Amendment Number: _____	

Name: Susie Wise

Representing: Florida Pharmacy Association

Title: President

Address: 1740 Via Venetia

City: Winter Park State/Zip: FL 32789

Phone Number: 4072341829 Meeting Date: 1/16/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Collaborative Practice

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  waive in support

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 689</u>	
Amendment Number: _____	

Name: Dr. Jeffrey Block

Representing: Florida Society of Health-system Pharmacists

Title: M.D. Physician

Address: 7299 SW 79 Court

City: Miami State/Zip: FL 33143

Phone Number: 305-793-9222 Meeting Date: 1-16-18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: physician's collaborative team practice with pharmacists.

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: 689
Amendment Number: [ ]

Name: Karen Sando

Representing: Florida Society of Health-System Pharmacists

Title: Associate Professor, Nova Southeastern University College of Pharmacy

Address: 510 NW 84th Ave, Apt. 606

City: Plantation State/Zip: FL, 33324

Phone Number: 727-278-8351 Meeting Date: 1/16/18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: physician-pharmacist collaborative practice

Registered Lobbyist: YES [ ] NO [X]

State Employee: YES [ ] NO [X]

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

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

Bill: Proponent [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>689</u>	
Amendment Number: _____	

Name: Kathy Baldwin

Representing: Florida Society of Health System Pharmacists

Title: Immediate Past President

Address: 6117 Barton Village Dr.

City: Jacksonville State/Zip: FL 32258

Phone Number: 904-755-4335 Meeting Date: 01/16/18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Physician - Pharmacist Collaborative

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

*walk in support*



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	689		
Amendment Number:	215911		

Name: Ashley Morse, MD

Representing: FMA

Title: Vice-Speaker FMA

Address: 119 South Monroe St

City: Tallahassee, FL State/Zip: 32301

Phone Number: \_\_\_\_\_ Meeting Date: 1/16/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: 689

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	<u>689</u>		
Amendment Number:	<u>215911</u>		

Name: Toni Large

Representing: FI Society of Rheumatology

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

Address: 519 E. Park Ave

City: Tallahassee, FL State/Zip: 32308

Phone Number: (850) 556-1461 Meeting Date: Jan 16, '18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Practice of Pharmacy

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



70225734



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input checked="" type="checkbox"/> Amendment Bill Number: <b>HB 689 : Pharmacy</b> Amendment: <b>N/A</b>
--

Name: **Jackson, Michael**

---

Representing: **Florida Pharmacy Association**

---

Title: **Executive Vice President and CEO**

---

Address: **610 North Adams Street**

---

City: **Tallahassee** State/Zip: **Florida 32301**

---

Phone Number: **8502222400** Meeting Date: **January 16, 2018 11:30 AM**

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Committee/Subcommittee: **Health Quality Subcommittee**

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

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- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Proponent
<u>Amendment</u>
N/A



70225734



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input checked="" type="checkbox"/> Amendment
Bill Number: <b>HB 689 : Pharmacy</b>
Amendment: <b>N/A</b>

Name: **Jackson, Michael**

---

Representing: **Florida Pharmacy Association**

---

Title: **Executive Vice President and CEO**

---

Address: **610 North Adams Street**

---

City: **Tallahassee** State/Zip: **Florida 32301**

---

Phone Number: **8502222400** Meeting Date: **January 16, 2018 11:30 AM**

---

Committee/Subcommittee: **Health Quality Subcommittee**

---

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

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- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

<u>Bill</u>
Proponent
<u>Amendment</u>
N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill  Amendment 
Bill/PCS/PCB Number: 1079
Amendment Number:

Name: Mary Thomas

Representing: Florida Medical Association

Title:

Address: 1430 Piedmont Dr E

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 224 6496 Meeting Date: 1/16/18

Committee/Subcommittee:

Presentation/Workshop Topic:

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Waive in support



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill       Amendment

Bill/PCS/PCB Number: 1099

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

Name: MARTHA De CASTRO

Representing: FLORIDA HOSPITAL ASSOC.

Title: VP FOR NURSING & CLINICAL CARE POLICY

Address: 306 E. COLLEGE AVENUE

City: TALLAHASSEE      State/Zip: FL 32301

Phone Number: 850 222 9800      Meeting Date: 01-16-18

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

*waive in opposition*





COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill  Amendment

Bill/PCS/PCB Number: 1099

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

Name: Chris Ouland

Representing: Florida Chapter, American College of Surgeons

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

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32209

Phone Number: 904-233-3051 Meeting Date: 1/16/18

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  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

*Waive in support*



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:	1099		
Amendment Number:	_____		

Name: Ron Watson

Representing: Midwife Association of Florida

Title: Lobbyist

Address: 3738 Morden Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 1/16/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Advanced Birth Centers

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



64564549



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

<input checked="" type="checkbox"/> Bill <input type="checkbox"/> Amendment Bill Number: <b>HB 1099 : Advanced Birth Centers</b> Amendment: <b>N/A</b>
--

Name: **Gorrie, Jan**

---

Representing: **Safety Net Hospital Alliance of Florida**

---

Title:

---

Address: **1726 East 7th Avenue, Suites 13 - 15**

---

City: **Tampa** State/Zip: **FL**

---

Phone Number: **(813) 374-6007** Meeting Date: **January 16, 2018 11:30 AM**

---

Committee/Subcommittee: **Health Quality Subcommittee**

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

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- Registered Lobbyist
- State Employee
- I Wish To Speak
- Appearing in response to subpoena
- Appearing in response to an inquiry for information made by member, committee or staff
- Appearing at the written request of the chair
- Judge or elected officer appearing in official capacity
- Lobbyist Appearance Form Submitted

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

306-H  
11:30

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 1099</u>	
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: 1-16-2018

Committee/Subcommittee: HEALTH QUALITY SUB

Presentation/Workshop Topic: ADVANCED BIRTH CENTERS

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Info only

Amendment: Proponent  Opponent  Info only

Waive in support



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill  Amendment 
Bill/PCS/PCB Number: HB1099
Amendment Number: \_\_\_\_\_

Name: ANDREW MINTE

Representing: WOMEN'S CARE FLORIDA

Title: CEO

Address: 5002 W. Lemon St

City: Tampa State/Zip: FL

Phone Number: 813-407-7821 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: ADVANCED BIRTHING CENTER

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number:	4B 1099		
Amendment Number:	_____		

Name: STEPHEN P. SNOW MD

Representing: WOMENS CARE FLORIDA

Title: BOARD OF DIRECTORS

Address: 575 S. MAGNOLIA AVE

City: ORLANDO State/Zip: FL 32801

Phone Number: 407 316 8550 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: HOUSE HEALTH POLICY SUB COMMITTEE

Presentation/Workshop Topic: ADVANCED PARTHING CENTER

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

*waive in support*



### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input type="checkbox"/>	Amendment	<input checked="" type="checkbox"/>
Bill/PCS/PCB Number: <u>1099</u>			
Amendment Number: _____			

Name: Robert W. Yoder, M.D.

Representing: Common Sense Florida

Title: Ob-Gyn Physician

Address: 2826 Sattler Ave

City: Tampa State/Zip: FL - 33629

Phone Number: 813-245-6910 Meeting Date: \_\_\_\_\_

Committee/Subcommittee: House Health <sup>Policy</sup> Subcommittee

Presentation/Workshop Topic: Advanced Birthing Center

Registered Lobbyist: YES  NO

State Employee: YES  NO

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

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

Bill: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only

Amendment: Proponent  Opponent  Waive in Support  Waive in Opposition  Info only