



Health Quality Subcommittee

Wednesday, January 24, 2018
8:00 AM - 11:00 AM
Mashburn Hall (306 HOB)

Action packet

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

Summary:

Health Quality Subcommittee

Wednesday January 24, 2018 08:00 am

HB 369	Favorable With Committee Substitute Amendment 873525 Adopted Without Objection	Yeas: 14	Nays: 0
HB 579	Favorable With Committee Substitute Amendment 272781 Adopted Without Objection	Yeas: 15	Nays: 0
HB 1045	Favorable With Committee Substitute Amendment 988221 Adopted Without Objection	Yeas: 15	Nays: 0
HB 1047	Favorable With Committee Substitute Amendment 177653 Adopted Without Objection Amendment 406187 Adopted Without Objection	Yeas: 12	Nays: 0
HB 1155	Favorable With Committee Substitute Amendment 506357 Adopted Without Objection	Yeas: 14	Nays: 0
HB 1429	Favorable	Yeas: 9	Nays: 6

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

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		
Totals:	15	0	0

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM



HOUSE OF REPRESENTATIVES
COMMITTEE/SUBCOMMITTEE
ATTENDANCE ROLL CALL

The Committee/Subcommittee on Health Quality

met at 8:00-11:00 o'clock on 1/24/17 with the following attendance:

<u>Member</u>	<u>Present</u>	<u>Absent*</u>	<u>Excused</u>
Grant, Chair	/		
Asencio <i>Will be late</i>	/		
Burton	/		
Byrd	/		
Donalds	/		
Jones	/		
Mariano	/		
Massullo	/		
Mercado	/		
Newton	/		
Perez	/		
Pigman	/		
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

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 369 : Dental Student Loan Repayment Program

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		
Total Yeas: 14		Total Nays: 0			

HB 369 Amendments

Amendment 873525

Adopted Without Objection

Appearances:

HB 369

Swerlick, Anne (General Public) - Waive In Support

Florida Policy Institute

Health Policy Analyst

255 Primera Blvd

Lake Mary FL 32746

Phone: (850) 524-0602

Amendment 873525

HB 369

Hart, Jo Anne (Lobbyist) - Waive In Support

Florida Dental Association

Chief Legislative Officer

118 East Jefferson Street

Tallahassee FL 32301

Phone: (850) 224-1089

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 369 : Dental Student Loan Repayment Program (continued)

Appearances: (continued)

HB 369

Portnof, DMD, MD, FACS, Jason (General Public) - Waive In Support

Florida Society of Oral & Maxillofacial Surgeons

Oral Surgeon

100 SE 15th Avenue

Ft Lauderdale FL 33301

Phone: (954) 983-1899

HB 369

Diaz, Marcos (General Public) - Waive In Support

Florida Society of Oral/Max Surgeons

Oral Surgeon, DDS

2239 N Commerce Parkway #2

Weston FL 33326

Phone: (954) 653-9990

HB 369

Bell, Doug (Lobbyist) - Waive In Support

Florida Chapter American Academy of Pediatrics

119 S Monroe St

Tallahassee Fl 32301

Phone: (850) 205-9000

HB 369

Tejera, DMD, MD, T.J. (General Public) - Waive In Support

Florida Society of Oral/Max Surgeons

Oral Surgeon

8267 College Parkway

Ft Myers FL 33919

Phone: (239) 936-8151

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 579 : Infectious Disease Elimination Pilot Programs

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				
Total Yeas: 15					
		Total Nays: 0			

HB 579 Amendments

Amendment 272781

Adopted Without Objection

Appearances:

HB 579

Lyon, Aimee Diaz (Lobbyist) - Waive In Support

The AIDS Institute
119 South Monroe Street #200
Tallahassee FL 32301
Phone: (850) 205-9000

HB 579

Tookes, MD, MPH, Hansel (General Public) - Waive In Support

University of Miami
Assistant Professor of Medicine
1120 NW 14th Street
Miami FL 33136
Phone: (305) 243-1615

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 579 : Infectious Disease Elimination Pilot Programs (continued)

Appearances: (continued)

HB 579

Winn, Stephen (Lobbyist) - Waive In Support
Florida Osteopathic Medical Association
Executive Director
2544 Blairstone Pines Dr
Tallahassee FL 32301
Phone: (850) 878-3056

HB 579

Gorrie, Jan (Lobbyist) - Waive In Support
Council of Florida Medical School Deans
Lobbyist
201 E Park Ave
Tallahassee FL 32301
Phone: (813) 334-5288

HB 579

Rasmussen, Richard (Lobbyist) - Waive In Support
Florida Hospital Association
Vice President
306 E College Ave
Tallahassee FL 32301
Phone: (850) 222-9800

HB 579

Sainvil, Daphnee (Lobbyist) - Waive In Support
Broward County Government
Policy Advisor
115 S Andrews Ave
Fort Lauderdale FL 33301
Phone: (954) 253-7320

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 1/24/18
 Place: 306 HOB
 Time: 8:00 - 11:00

Bill Number: 574
 Date Received: _____
 Date Reported: _____

Subject: Infectious Disease
 Elimination Pilot Programs

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	272781 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								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 1045 : Immunization Registry

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				
Total Yeas: 15		Total Nays: 0			

HB 1045 Amendments

Amendment 988221

Adopted Without Objection

Appearances:

HB 1045

Thomas, Dr. Danielle (General Public) - Waive In Support

Florida PTA

1747 Orlando Central Parkway

Orlando FL 32809

Phone: (407) 855-7604

HB 1045

Winn, Stephen (Lobbyist) - Waive In Support

Florida Osteopathic Medical Association

Executive Director

2544 Blairstone Pines Dr

Tallahassee FL 32301

Phone: (850) 878-3056

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 1045 : Immunization Registry (continued)

Appearances: (continued)

HB 1045

Runk, Paul (Lobbyist) (State Employee) - Waive In Support
Florida Department of Health
Legislative Affairs Director
4052 Bald Cypress Way
Tallahassee FL 32399
Phone: (850) 245-4444

HB 1045

Callahan, Susan (General Public) - Opponent
Health Freedom Florida
3620 Shinnecock Lane
Green Cove Springs FL 32043
Phone: (904) 504-1334

HB 1045

Krehel, Toni (General Public) - Opponent
National Vaccine Information Center
322 San Juan Drive
Ponte Vedra Beach FL 32082
Phone: (904) 631-6054

HB 1045

Friedman, Claire (General Public) - Opponent
The National Vaccine Information Center
111 Baltic Circle
Tampa FL 33606
Phone: (813) 230-8589

HB 1045

Bell, Doug (Lobbyist) - Waive In Support
Florida Chapter American Academy of Pediatrics
119 S Monroe St
Tallahassee FL 32301
Phone: (850) 205-9000

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality
 Meeting Date: 11/24/18
 Place: 306 H013
 Time: 8:00 - 11:00

Bill Number: 1045
 Date Received: _____
 Date Reported: _____
 Subject: Immunization Registry

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	988221 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								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
15	0									

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 1047 : Department of Health

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		
Total Yeas: 12		Total Nays: 0			

HB 1047 Amendments

Amendment 177653

Adopted Without Objection

Amendment 406187

Adopted Without Objection

Appearances:

HB 1047

Runk, Paul (Lobbyist) (State Employee) - Waive In Support

Florida Department of Health

Legislative Affairs Director

4052 Bald Cypress Way

Tallahassee FL 32399

Phone: (850) 245-4444

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 1047 : Department of Health (continued)

Appearances: (continued)

Amendment 406187

HB 1047

Stapell, Christine (General Public) - Opponent

Florida Academy of Nutrition & Dietetics

Executive Director

2834 Remington Green

Tallahassee FL 32308

Phone: (850) 228-1749

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

Committee/Subcommittee: Health Quality
 Meeting Date: 1/24/18
 Place: 306 HOB
 Time: 8:00 - 11:00

Bill Number: 1047
 Date Received: _____
 Date Reported: _____
 Subject: Department of Health

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	177653 Amendment 1		406187 Amendment 2						
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays	
/		Asencio	<i>Adopted w/o objection</i>	<i>Adopted w/o objection</i>							
/		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	0										

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 1155 : Anatomical Gifts

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		
Total Yeas: 14		Total Nays: 0			

HB 1155 Amendments

Amendment 506357

Adopted Without Objection

Appearances:

HB 1155

Gorrie, Jan (Lobbyist) - Opponent
 Council of Florida Medical School Deans
 Lobbyist
 201 E Park Avenue
 Tallahassee FL 32301
 Phone: (813) 334-5288

Amendment 506357

HB 1155

Christian, David (Lobbyist) - Waive In Support
 Adventist Health System/Florida Hospital
 Director Government Relations
 900 Hope Way
 Altamonte Springs FL 32714
 Phone: (407) 357-2493

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 1155 : Anatomical Gifts (continued)

Appearances: (continued)

Amendment 506357

HB 1155

Vansmith, Jean (Lobbyist) - Waive In Support

Florida Hospital

Director of Government Relations

2520 N Orange Ave Ste 200

Orlando FL 32804

Phone: (407) 303-2850

HB 1155

Ricco, John (General Public) - Waive In Opposition

Florida Cemetery Cremation & Funeral Association

Executive Director

325 John Knox Rd

Tallahassee FL 32303

Phone: (800) 226-3332

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 1429 : Dismemberment Abortion

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				
Total Yeas: 9		Total Nays: 6			

Appearances:

HB 1429

Zehnder, Amelia (General Public) - Waive In Opposition
 824 W Jefferson
 Tallahassee FL 32313
 Phone: (407) 968-2636

HB 1429

Martinez, Carolina (General Public) - Waive In Opposition
 Self
 606 Horseshoe Ct
 Winter Haven FL 33881
 Phone: (863) 221-8647

HB 1429

Mohamed, Mariam (General Public) - Waive In Opposition
 Self
 2019 NW 21st Lane
 Gainesville FL 32605
 Phone: (352) 214-5495

HB 1429

Eng, Lai (General Public) - Opponent
 Florida International University Generation Action
 1590 SW 111 Ave Apt 508B
 Miami FL 33174
 Phone: (786) 212-4240

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 1429 : Dismemberment Abortion (continued)

Appearances: (continued)

HB 1429

Podes-Tolchin, Madison (General Public) - Opponent

Generation Action Florida Atlantic University

1945 NW 4th Avenue

Boca Raton FL 33432

Phone: (561) 350-6106

HB 1429

Roberts, Jaime (General Public) - Waive In Opposition

Self

392 NW 4th Ct

Boca Raton FL 33431

Phone: (239) 989-7320

HB 1429

Fundora, Natalie (General Public) - Waive In Opposition

FSU National Organization for Women

Political Affairs Assistant

1609 Sunset Lane

Tallahassee FL 32303

Phone: (786) 899-8026

HB 1429

Todd, Jamie (General Public) - Waive In Opposition

FSU National Organization for Women

Member LGBTQ, Caucus Chair

9501 Danford Ct

Orlando FL 32826

Phone: (321)440-3025

HB 1429

Delgado, Ingrid (Lobbyist) - Waive In Support

Florida Conference of Catholic Bishops

Associate for Social Concerns & Respect Life

201 W Park Ave

Tallahassee FL 32301

Phone: (850) 222-3803

HB 1429

Gonzalez III, Alberto (General Public) - Opponent

FSU National Organization for Women

Member

808 W Tennessee St

Tallahassee FL 32304

Phone: (941) 979-7798

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 1429 : Dismemberment Abortion (continued)

Appearances: (continued)

HB 1429

Kelly, Amber (Lobbyist) - Proponent

Florida Family Action

Director of Policy

4853 S Orange Avenue

Orlando FL 32806

Phone: (407) 418-0250

HB 1429

Colvin, Patricia C (General Public) - Waive In Opposition

Self

13364 Beach Blvd #229

Jacksonville FL 32224

Phone: (904) 652-7634

HB 1429

Sheklin, Judy (General Public) - Opponent

Self

1985 Brista De Mar Circle

Atlantic Beach FL 32233

Phone: (904) 910-0714

HB 1429

Bruens, Alexander (General Public) - Waive In Opposition

Self

727 Apple Tree Lane

Boca Raton FL 33486

Phone: (561) 451-6217

HB 1429

Dabrowski, Emily (General Public) - Waive In Opposition

Self

1000 W Brevard St

Tallahassee FL 32304

Phone: (813) 892-0424

HB 1429

Werther, Chase (General Public) - Waive In Opposition

Self

1105 Ft. Clarke Blvd Apt 403

Gainesville FL 32606

Phone: (352) 642-3733

HB 1429

Lamb, Hali (General Public) - Waive In Opposition

Myself/ Generation Action at Florida Atlantic University

6519 Columbia Avenue

Lake Worth FL 33467

Phone: (561) 676-5754

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 1429 : Dismemberment Abortion (continued)

Appearances: (continued)

HB 1429

Gentile, Haley (General Public) - Waive In Opposition
Self
2064 Holmes Street
Tallahassee FL 32310

HB 1429

Mayo, Kathy (General Public) - Waive In Opposition
Florida NOW
8955 Forest St
Ft Myers FL 33907
Phone: (239) 565-7988

HB 1429

DeVane, Barbara (Lobbyist) - Waive In Opposition
Florida NOW
625 E Brevard St
Tallahassee FL 32308
Phone: (850) 251-4280

HB 1429

Fausone, Laura (General Public) - Waive In Opposition
Florida National Organization for Women
Vice President
180 Atlantic Avenue
Indialantic FL 32903
Phone: (321) 749-0025

HB 1429

Sanders, Terry (General Public) - Opponent
Florida NOW
President
181 Sand Dollar Rd
Indialantic FL 32903
Phone: (321) 615-1334

HB 1429

Wesolowski, Missy (Lobbyist) - Waive In Opposition
Florida Alliance of Planned Parenthood Affiliates
Director of Public Policy
2300 N Florida Mango Rd
West Palm Beach FL 33409
Phone: (561) 472-9942

HB 1429

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

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

1/24/2018 8:00AM

Location: Mashburn Hall (306 HOB)

HB 1429 : Dismemberment Abortion (continued)

Appearances: (continued)

HB 1429

Gross, Kara (Lobbyist) - Waive In Opposition
American Civil Liberties Union of Florida
Legislative Counsel
PO Box 10788
Tallahassee FL 32302
Phone: (850) 347-6994

HB 1429

Valero, Charo (Lobbyist) - Opponent
Florida Latina Advocacy Network
Florida State Policy Director
8235 NE 82nd Ave
Miami FL 33137
Phone: (786) 442-8199

HB 1429

Thomas, Jordan (General Public) - Waive In Support
Self
2636 Mission Rd Apt 53
Tallahassee FL 32313
Phone: (407) 765-1815

HB 1429

Leonard, Moira (General Public) - Waive In Opposition
Self
3119 Millwood Ter. M240
Boca Raton FL 33431
Phone: (850) 292-3314

Committee meeting was reported out: Wednesday, January 24, 2018 2:25PM



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 369</u>			
Amendment Number: _____			

Name: Anne Swerlick

Representing: Florida Policy Institute

Title: Health Policy Analyst

Address: 255 Primera Blvd.

City: Lake Mary State/Zip: FL 32746

Phone Number: 850-524-0602 Meeting Date: _____

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 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 checked="" type="checkbox"/>
Bill/PCS/PCB Number:	HB 369		
Amendment Number:	873525		

Name: Joe Anne Hart

Representing: Florida Dental Association

Title: Chief Legislative Officer

Address: 118 East Jefferson St

City: Tall State/Zip: FL 32301

Phone Number: (850) 224-1089 Meeting Date: 1/24/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dental Student Loan Repayment Program

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- 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: HB 369

Amendment Number: _____

Name: JASON PORTNOF DMD, MD, FACS

Representing: FLORIDA SOCIETY OF ORAL & MAXILLOFACIAL SURGEONS

Title: ORAL SURGEON

Address: 100 SE 15TH AVE

City: FT LAUDERDALE State/Zip: FL 33301

Phone Number: 954 983 1899 Meeting Date: 1/24/18

Committee/Subcommittee: HEALTH QUALITY

Presentation/Workshop Topic: HB 369 - Dental Student Loan Repayment Program

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- 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:	HB 369		
Amendment Number:	_____		

Name: MARCOS DIAZ

Representing: FLORIDA SOCIETY OF ORAL MAX SURGEONS

Title: ORAL SURGEON, DDS

Address: 2235 N COMMERCIAL PARKWAY #2

City: WESTON State/Zip: FL 33326

Phone Number: 954 653-9990 Meeting Date: 1/24/2013

Committee/Subcommittee: HEALTH QUALITY

Presentation/Workshop Topic: HB 369 - Dental Student Loan Repayment Program

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- 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:	369		
Amendment Number:	_____		

Name: Doug Bell

Representing: Florida Chapter, American Academy of Pediatrics

Title: _____

Address: 119 S. Monroe

City: TLH State/Zip: _____

Phone Number: 205 9000 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

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: HB369

Amendment Number: _____

Name: TJ Tejeral DMD, MP

Representing: Florida Society of ORAC/Max Surgeons

Title: ORAC Surgeon

Address: 8247 College Pkwy

City: Fort Myers State/Zip: FL

Phone Number: 239 9368151 Meeting Date: 1/24/19

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: HB 369 - Hospital Student Loan Repayment Program

Registered Lobbyist: YES NO

State Employee: YES NO

- I wish to speak
- Appearing in response to an inquiry for information made by member, committee, or staff
- 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:	HB 579		
Amendment Number:	_____		

Name: Aimee Diaz Lyon

Representing: The AIDS Institute

Title: _____

Address: 119 South Monroe Street, #200

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-205-9000 Meeting Date: 1/24/18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Infectious Disease Elimination Pilot Programs

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: <u>579</u>			
Amendment Number: _____			

Name: Hansel Tooles, MD, MPH

Representing: University of Miami

Title: Assistant Professor of Medicine

Address: 1120 NW 14th St

City: Miami State/Zip: 33136

Phone Number: 305 243 1615 Meeting Date: 1/24/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: IDEA

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

Waive in support

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

Bill: Proponent Opponent 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>579</u>	
Amendment Number: _____	

Name: Stephen Winn

Representing: Florida Osteopathic Medical Association

Title: Exec. Director

Address: 2544 Blairstone Pines Dr.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-878-3056 Meeting Date: 1/24/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Needle Exchange - IDEA

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: 579

Amendment Number: _____

Name: Jan Goreie Florida

Representing: Florida Council of Medical School Deans

Title: lobbyist

Address: 201 E. Park

City: Tallahassee State/Zip: 32301

Phone Number: 913-334-5288 Meeting Date: 1/24/2018

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Needle exchange

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: 579
 Amendment Number: _____

Name: Rich Rasmussen
 Representing: DIA Hospital Assoc
 Title: vice President
 Address: 306 E. College Ave
 City: Tall State/Zip: FL
 Phone Number: 850-222-9800 Meeting Date: _____
 Committee/Subcommittee: Health Quality
 Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO
 State Employee: YES NO

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

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

Bill: Proponent Opponent 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>579</u>		Amendment Number: _____	

Name: DAPHNEE SAINVIC

Representing: BROWARD COUNTY GOVT

Title: POLICY ADVISOR

Address: 115 S. ANDREWS AVE.

City: FT. LAUDERDALE State/Zip: FL/33301

Phone Number: 954-253-7320 Meeting Date: 1/24/18

Committee/Subcommittee: HEALTH QUALITY

Presentation/Workshop Topic: INFECTIOUS DISEASE ELIMINATION PROJ. PILOT PROGRAMS

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 Amendment
 Bill/PCS/PCB Number: H131045
 Amendment Number: _____

Name: Dr. Danielle Thomas

Representing: Florida PTA

Title: 1

Address: 1747 Orlando Central Parkway

City: Orlando State/Zip: FL

Phone Number: (407) 855-7604 Meeting Date: 1/24/18

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>1045</u>	
Amendment Number: _____	

Name: Stephen Winn

Representing: Florida Osteopathic Medical Association

Title: Exec. Director

Address: 2544 Blairstone Pines Dr

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-878-3056 Meeting Date: 1/24/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Immunization Registry

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: 1045

Amendment Number: _____

Name: Paul Runk

Representing: Florida Dept. of Health

Title: Legislative Affairs Director

Address: 4052 Paul Cypress Way

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-245-4444 Meeting Date: 1-24-18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Immunization Registry

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



52525112



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: 1045 : Immunization Registry Amendment: N/A
--

Name: **Susan Callahan**

Representing: **Health Freedom Florida**

Title:

Address: **3620 Shinnecock Lane**

City: **Green Cove Springs**

State/Zip: **FL 32043**

Phone Number: **904-504-1334**

Meeting Date: **January 24, 2018 8:00 AM**

Committee/Subcommittee: **Health Quality Subcommittee**

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

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



08722264



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: 1045 : Immunization Registry Amendment: N/A
--

Name: **Toni Krehel**

Representing: **National Vaccine Information Center**

Title:

Address: **322 San Juan Drive**

City: **Ponte Vedra Beach** State/Zip: **FL 32082**

Phone Number: **904-631-6054** Meeting Date: **January 24, 2018 8:00 AM**

Committee/Subcommittee: **Health Quality Subcommittee**

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

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



07405961



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: 1045 : Immunization Registry Amendment: N/A
--

Name: **Claire Friedman**

Representing: **The National Vaccine Information Center**

Title:

Address: **111 Baltic Circle**

City: **Tampa** State/Zip: **FL 33606**

Phone Number: **813-230-8589** Meeting Date: **January 24, 2018 8:00 AM**

Committee/Subcommittee: **Health Quality Subcommittee**

Presentation/Workshop Topic: **HB 1045**

- 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>
Opponent
<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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1045</u>			
Amendment Number: _____			

Name: Doug Bell

Representing: Florida Chapter, American Academy of Pediatrics

Title: _____

Address: 119 S Monroe

City: TLH State/Zip: FL

Phone Number: 205-9000 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

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>1047</u>		
Amendment Number:	_____		

Name: Paul Runk

Representing: Florida Dept. of Health

Title: Leg. Affairs Director

Address: 4052 Palmdale Cypress Way

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-245-4444 Meeting Date: 1-24-18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Dept. of Health

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:		1047	
Amendment Number:		402187	

Name: CHRISTINE STAPPELL

Representing: FLORIDA ACADEMY OF NUTRITION & DIETETICS

Title: EXECUTIVE DIRECTOR

Address: 2834 REMINGTON GREEN

City: TALLAHASSEE State/Zip: FL

Phone Number: 850 228 1749 Meeting Date: 1/24/18

Committee/Subcommittee: HEALTH POLICY

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: <u>1155</u>			
Amendment Number: _____			

Name: Jan Gorrie

Representing: Council of Florida Medical School Deans

Title: Lobbyist

Address: 201 E. Park Ave.

City: Tallahassee State/Zip: 32301

Phone Number: 813-334-5288 Meeting Date: 1/24/18

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Anatomical Gifts

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>1155</u>			
Amendment Number: <u>506357</u>			

Name: David Christian

Representing: Advertiser Health System/Florida Hospital

Title: Director - Government Relations

Address: 900 Hope Way

City: Altamonte Springs State/Zip: FL 32714

Phone Number: 407-357-2493 Meeting Date: 1/24/18

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: Anatomical Gifts

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: 1155
 Amendment Number: 506357

Name: Jean Vansmith

Representing: Florida Hospital

Title: Director of Government Relations

Address: 2520 N. Orange Ave., St. Zoo

City: Orlando State/Zip: FL / 32804

Phone Number: 407-303-2850 Meeting Date: 1/24/18

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:		1155	
Amendment Number:		_____	

Name: JOHN RICCO

Representing: FL. CEMETERY CREMATION + FUNERAL ASSOC.

Title: EXEC. DIR.

Address: 325 JOHN KNOX RD

City: TALLAHASSEE State/Zip: FL 32303

Phone Number: 800 226 3332 Meeting Date: 1/24/18

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



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>1429</u>	
Amendment Number: _____	

Name: Amelia Zehnder

Representing: Amelia Zehnder

Title: _____

Address: 824 W. Jefferson

City: Tallahassee State/Zip: FL 32313

Phone Number: 407 968 2636 Meeting Date: 1/24/18

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



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>1429</u>	
Amendment Number: _____	

Name: Carolina Martinez

Representing: Carolina Martinez

Title: _____

Address: 6000 Horseshoe Ct

City: Winter Haven State/Zip: FL 33831

Phone Number: (863) 221-7647 Meeting Date: 1-24-18

Committee/Subcommittee: health quality

Presentation/Workshop Topic: ~~read the constitution~~

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:	1429		
Amendment Number:	_____		

Name: Mariam Mohamed

Representing: self

Title: _____

Address: 2019 NW 21st lane

City: Gainesville State/Zip: FL 32605

Phone Number: (352) 214-5495 Meeting Date: 24 Jan 2018

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



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: HB 1429
Amendment Number: _____

Name: Lai Eng

Representing: Florida International University Generation Action

Title: _____

Address: ~~733 N~~ 1590 SW 111 Ave Apt 508B

City: Miami State/Zip: FL 33174

Phone Number: 786 212 4240 Meeting Date: 01/24/18

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



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>1429</u>			
Amendment Number: _____			

Name: Alexander Bruens

Representing: Alexander Bruens

Title: _____

Address: 727 Apple Tree Lane

City: Boca Raton State/Zip: FL 33486

Phone Number: 561-451-6217 Meeting Date: 1/24/18

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



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: 1429

Amendment Number: _____

Name: BILL BUNKLEY

Representing: FLORIDA ETHICS AND RELIGIOUS LIBERTY COMMISSION

Title: PRESIDENT

Address: PO BOX 341644

City: TAMPA State/Zip: FL 33694

Phone Number: 813.264.2977 Meeting Date: 1/24/18

Committee/Subcommittee: HEALTH QUALITY SUB

Presentation/Workshop Topic: DISMEMBERMENT ABORTION

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

naive 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>1429</u>	
Amendment Number: _____	

Name: Patricia C Colvin

Representing: Self

Title: _____

Address: 13364 Beach Blvd #229

City: Jacksonville FL State/Zip: FL 32224

Phone Number: 904 652 7634 Meeting Date: 1/24/18

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 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: 1429

Amendment Number: _____

Name: emily dabrowski

Representing: emily dabrowski

Title: _____

Address: 1000 w brevard st

City: tallahassee State/Zip: FL 32304

Phone Number: 813-892-0424 Meeting Date: 1/24/18

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 op



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:	1429		
Amendment Number:	_____		

Name: Ingrid Delgado

Representing: Florida Conference of Catholic Bishops

Title: Associate for Social Concerns & Respect Life

Address: 201 W Park Av.

City: Tallahassee State/Zip: FL / 32301

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Abortion

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: <u>1429</u>			
Amendment Number: _____			

Name: Barbara DeVane

Representing: FL NOW

Title: MS

Address: 1625 E Broadway St

City: Tallahassee State/Zip: FL 32308

Phone Number: 251-4280 Meeting Date: 1-24-18

Committee/Subcommittee: Health Security

Presentation/Workshop Topic: Method Abortion

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
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: 1429
Amendment Number: _____

Name: LAURA FAUSONE

Representing: FLORIDA NATIONAL ORGANIZATION FOR WOMEN

Title: Vice President

Address: 180 Atlantic Ave

City: Indialantic State/Zip: FL 32903

Phone Number: 321 749 0025 Meeting Date: 1/24/18

Committee/Subcommittee: _____

Presentation/Workshop Topic: Method Ban HB 1429

Registered Lobbyist: YES [] NO [x]

State Employee: YES [] NO [x]

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

(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 [x] 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>HB 1429</u>	
Amendment Number: _____	

Name: Natalie Fundora

Representing: FSU National Organization for Women

Title: Political Affairs Assistant

Address: 1609 Sunset Ln

City: Tallahassee State/Zip: 32303

Phone Number: 786 899 8026 Meeting Date: 1/24/18

Committee/Subcommittee: Health Quality ~~Care~~ 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 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>1429</u>	
Amendment Number: _____	

Name: Haley Gentle

Representing: myself

Title: _____

Address: 2064 Holmes Street

City: Tallahassee State/Zip: FL 32310

Phone Number: _____ Meeting Date: 1/24/18

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



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: HB 1429

Amendment Number: _____

Name: Alberta Gomez III

Representing: FSU National Organization For Women

Title: Member

Address: 808 W Tennessee ST

City: Tallahassee State/Zip: FL 32304

Phone Number: 941-979-7798 Meeting Date: 1/24/18

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 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 Amendment
Bill/PCS/PCB Number: HB 1429
Amendment Number:

Name: KARA GROSS

Representing: AMERICAN CIVIL LIBERTIES UNION OF FLORIDA

Title: LEGISLATIVE COUNSEL

Address: PO BOX 10788

City: TALLAHASSEE State/Zip: FL 32302

Phone Number: 850-347-6994 Meeting Date: 1/24/18

Committee/Subcommittee: Health Quality Sub.

Presentation/Workshop Topic: Abortion Ban

Registered Lobbyist: YES [X] NO []

State Employee: YES [] NO [X]

- [X] 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 Amendment

Bill/PCS/PCB Number: 1429

Amendment Number: _____

Name: Amber Kelly

Representing: FL Family Action

Title: Director of Policy

Address: 4853 S. Orange Avenue, Ste C

City: Orlando State/Zip: FL 32806

Phone Number: (407) 418-0250 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: <u>1429</u>			
Amendment Number: _____			

Name: Hali Lamb

Representing: Myself / Generation Action at Florida Atlantic University

Title: _____

Address: 6514 Columbia Avenue

City: Lake Worth State/Zip: FL 33467

Phone Number: 561-676-5754 Meeting Date: 1/24/18

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



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:		1429	
Amendment Number:			

Name: Moira Leonard

Representing: Self

Title:

Address: 5119 Millwood Terr. M240

City: Boca Raton State/Zip: FL, 33431

Phone Number: 950-292-3314 Meeting Date: 1/24/18

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



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>1929</u>		
Amendment Number:	_____		

Name: KATHLEEN MAYO

Representing: FL NOW

Title: _____

Address: 8955 FOREST ST.

City: FT. MYERS State/Zip: FL 33907

Phone Number: 239-565-7988 Meeting Date: 1-24-18

Committee/Subcommittee: HEALTH QUALITY SUB.

Presentation/Workshop Topic: DISMEMBERMENT ABORTION

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>H13429</u>			
Amendment Number: _____			

Name: Madison Podes-Tolchin

Representing: Generation Action Florida Atlantic University

Title: _____

Address: 1945 NW 4th Ave #34

City: Boca Raton State/Zip: FL, 33432

Phone Number: 561 350 6102 Meeting Date: 1/24/16

Committee/Subcommittee: Quality Health

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:	14129		
Amendment Number:	_____		

Name: Jaime Roberts

Representing: Jaime Roberts

Title: _____

Address: 392 NW 4th Ct

City: Boca Raton State/Zip: FL 33431

Phone Number: 239 989 7320 Meeting Date: 1/24/13

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



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>1429</u>			
Amendment Number: _____			

Name: Terry Sanders

Representing: Florida Nat'l Org. for Women

Title: President

Address: 181 Sand Dollar Rd.

City: Indianapolis State/Zip: FL 32903

Phone Number: 321-615-1334 Meeting Date: 1/24/17

Committee/Subcommittee: House

Presentation/Workshop Topic: Meyerd Ban

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.

<input checked="" type="checkbox"/> Bill	<input type="checkbox"/> Amendment
Bill/PCS/PCB Number: <u>HB1429</u>	
Amendment Number: _____	

Name: Judy Snelkin

Representing: Myself

Title: _____

Address: 1985 Brista De Mar Cir

City: Atlantic Beach State/Zip: FL 32230

Phone Number: 904 910-0714 Meeting Date: 11/24/18

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 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	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number:		1429	
Amendment Number:		_____	

Name: Jordan Thomas

Representing: Myself

Title: _____

Address: 2436 Mission Rd. #A Apt 56

City: Tallahassee State/Zip: FL 32313

Phone Number: 407-765-1815 Meeting Date: 1/24/18

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



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: HBL429
 Amendment Number: _____

Name: Jamie Todd

Representing: FSU National Organization for Women

Title: member, LGBTQ caucus chair

Address: 4501 Danford Ct

City: Orlando State/Zip: FL, 32826

Phone Number: 321-440-3025 Meeting Date: 1/24/18

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 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 [X] Amendment []
Bill/PCS/PCB Number: 1429
Amendment Number: []

Name: CHARO VALERO

Representing: FL LATINA ADVOCACY NETWORK

Title: DISMEMBERMENT ABORTION FL STATE POLICY DIRECTOR

Address: 8235 NE 82ND AVE

City: MIAMI State/Zip: FL 33137

Phone Number: 786 442 8199 Meeting Date: 1/24/18

Committee/Subcommittee: HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: DISMEMBERMENT ABORTION

Registered Lobbyist: YES [X] NO []

State Employee: YES [] NO [X]

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

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

Bill: Proponent [] Opponent [X] 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>1429</u>			
Amendment Number: _____			

Name: Chase Werther

Representing: myself

Title: ~~#05 Ft. Clarke Blvd~~

Address: 1105 Ft. Clarke Blvd. Apt. 403

City: Gainesville State/Zip: 32606

Phone Number: 352-642-3733 Meeting Date: 1/24/18

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 op



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>1429</u>			
Amendment Number: _____			

Name: Missy Wesolowski

Representing: Florida Alliance of Planned Parenthood Affiliates

Title: Director of Public Policy

Address: 2300 N. Florida Mango Rd.

City: West Palm Beach State/Zip: FL 33409

Phone Number: 561-472-9942 Meeting Date: 1/24/18

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

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

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

Waive in support or opposition