

## **Health Quality Subcommittee**

Monday, January 29, 2018 3:00 PM - 6:00 PM Mashburn Hall (306 HOB)

## **Action Packet**

## Health Quality Subcommittee 1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

Summary:

### **Health Quality Subcommittee**

Monday January 29, 2018 03:00 pm

HB 291 Favorable With Committee Substitute	Yeas: 13	Nays: 0
Amendment 355695 Adopted Without Objection		
HB 425 Favorable With Committee Substitute	Yeas: 14	Nays: 0
Amendment 822687 Adopted Without Objection		•
HB 657 Favorable With Committee Substitute	Yeas: 12	Nays: 0
Amendment 223369 Adopted Without Objection	70007 12	ilaysi o
UR CO2 - Favorable With Conscious C bathate	V	
HB 683 Favorable With Committee Substitute	Yeas: 9	Nays: 6
Amendment 825687 Adopted	Yeas: 8	Nays: 7
HB 1165 Favorable With Committee Substitute	Yeas: 15	Nays: 0
Amendment 974201 Adopted Without Objection		
HB 1185 Favorable	Yeas: 12	Nays: 0
HB 1337 Favorable With Committee Substitute	Yeas: 14	Nays: 0
Amendment 260489 Adopted Without Objection		

## Health Quality Subcommittee 1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

### Attendance:

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



# HOUSE OF REPRESENTATIVES <u>COMMITTEE/SUBCOMMITTEE</u> <u>ATTENDANCE ROLL CALL</u>

The Committee/Subcommittee on	Health Quality						
met at 3 (X) o'clock on	1/29/18	with the following attendance:					
<u>Member</u>	Present	<u>Absent*</u>	Excused				
Grant, Chair	/						
Asencio							
Burton	/						
Byrd							
Donalds	/						
Jones							
Mariano							
Massullo							
Mercado	/						
Newton							
Perez							
Pigman	/						
Plasencia							
Silvers							
Stevenson							
	Cran- Chair	t, J.	,				

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

### **Health Quality Subcommittee**

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

**HB 291: Prescription Drug Donation 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 Massulio, 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: 13	Total Nays: 0	)		

#### **HB 291 Amendments**

### Amendment 355695

X Adopted Without Objection

#### **Appearances:**

Henderson, Jasmyne (Lobbyist) - Proponent Florida Health Care Association Attorney 1028 E Park Ave Tallahassee FL 32308 Phone: (850) 216-1002

Baker, Steve (General Public) - Waive In Support Polaris Pharmacy Services Cheif Operating Officer 2900 NW 60th Street Ft Lauderdale FL 33309

Phone: (850) 589-9747 xt 9023

Print Date: 1/29/2018 7:28 pm Leagis ® Page 3 of 17

## House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality  Meeting Date: 12918  Place: 306 H0B  Time: 3:00 - 6:00  Committee/Subcommittee Action:  Favorable Favorable w/ amendments  Favorable w/Committee/Subcommittee Subst  Other Action:					Date Re Date Re	eceived: eported: Subject: (  Re Re	Presert Progro tained for consider	or Recons ed ly Postpo	sideratio	Donation n
	ıl Vote		3556	95						
	a Bill	MEMBERS	Amendo	rentl	<b>T</b> 7	NT.	17	NT	*7	NY
Yea	Nay	Asencio	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
<b>'</b>	<u> </u>	Burton	1000							
		Byrd	THC.		<del></del>					
1		Donalds	C5, 3	6						
***************************************		Jones	1601	10						
		Mariano	77	0,_						
<i>&gt;</i> '		Massullo		7						
, parte and the		Mercado								
		Newton								
1		Perez								
/		Pigman								
		Plasencia								
		Silvers								
/	<del></del>	Stevenson					•			
	ļ	Grant, Chair								
				<u> </u>						
<u></u>							!			
	-									
<u> </u>	ļ									

Nays

Yeas

Yeas

13

Nays

TOTALS

Yeas

Nays

Yeas

Nays

Yeas

Nays

## Health Quality Subcommittee 1/29/2018 3:00PM

**Location:** Mashburn Hall (306 HOB) **HB 425: Physician Fee Sharing** 

X 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 425 Amendments**

#### Amendment 822687

X Adopted Without Objection

#### Appearances:

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

Phone: (407) 357-2493

## House of Representatives

		COMMITTEE/	SUBCOMM	ITTEE	BILL A	CTION V	WORKS	HEET		
	M ittee/Sub Favorab Favorab	le w/ an le w/Committee/Su	9   18   HOB   0 - 6 : 00	5	Date Re	Re Te	hysical for the consider	or Recon red ly Postpo	sideratio	
	Final Vote On Bill MEMBER		81268							
Yea	Nav	MEMBERS	Amenda Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
/		Asencio	11/							•
1		Burton	1000	j.						
		Byrd	1/	e						
		Donalds	1000	,						
		Jones		10						
		Mariano		K						
		Massullo		, ,						
		Mercado			/					
		Newton								
		Perez					-	ļ		
		Pigman								
		Plasencia								
		Silvers				1			1	1

Stevenson Grant, Chair

## **Health Quality Subcommittee**

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

**HB 657: Licensure of Internationally Trained Physicians** 

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X				
Colleen Burton	X	<del></del>			
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 657 Amendments**

#### Amendment 223369

X Adopted Without Objection

#### **Appearances:**

Cuevas, Rene (General Public) - Proponent Solidaridad Sin Fronteras (SSF) 5600 NE 4th Avenue Apt 803 Miami Florida 33137 Phone: (786) 294-7592

Orostegui, Iutzi (General Public) - Proponent Solidaridad Sin Fronteras (SSF) 2327 Center Stone Lane Riviera Beach Florida 33404 Phone: (561) 229-9026

Alfonso, Julio (General Public) - Waive In Support Solidaridad Sin Fronteras (SSF) 6261 SW 157th Place Miami Florida 33193

Phone: (786) 387-8484

## Health Quality Subcommittee 1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 657: Licensure of Internationally Trained Physicians (continued)

Appearances: (continued)

Hernandez, Aracelys (General Public) - Waive In Support Solidaridad Sin Fronteras (SSF) 1000 NW 1st Avenue Apt 1110 Miami Florida 33136

Phone: (786) 468 3317

Torrejon, Arianna (General Public) - Waive In Support Solidaridad Sin Fronteras (SSF) 6261 SW 157th Place Miami Florida 33193

Phone: (786) 387-0019

Martinez, Carlos (General Public) - Proponent Solidaridad Sin Fronteras (SSF) 4550 NW 9th Street Apt 718 Miami Florida 33126

Phone: (786) 803-0132

## House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Commit	M ttee/Sub Favorab Favorab	ole w/ am ole w/Committee/Sul	118 H0B -6:00		Date Re Date Re	eported: Subject: (  Re Re Te	CENSI rained for consider	Physor Reconnected	sideratio	
Final	Vote		L1336	4						***
On	Bill	MEMBERS	Amendon	entl						
Yea	Nay	Chair!	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Asencio	D/							
		Burton	10001							
		Byrd	4/6							
		Donalds	10							
		Jones	95							
		Mariano	) ジ	~ _						
		Massullo		CX,						
		Mercado		6						
		Newton		7						
		Perez								
		Pigman								
		Plasencia								
		Silvers								
1		Stevenson								
		Grant, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays

## Health Quality Subcommittee 1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 683 : Dentistry

X 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: 9	Total Nays: 6	5		

### **HB 683 Amendments**

#### Amendment 825687

X Adopted

	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: 8	Total Nays:	7		

## **Health Quality Subcommittee**

1/29/2018 3:00PM

**Location:** Mashburn Hall (306 HOB) **HB 683 : Dentistry (continued)** 

**Appearances:** 

Eason, Andrew (Lobbyist) - Waive In Opposition

Florida Dental Association

Executive Director 545 John Knox Rd Tallahassee FL 32303 Phone: (850) 350-7109

Amendment 825687

Eason, Andrew (Lobbyist) - Waive In Opposition

Florida Dental Association

Executive Director 545 John Knox Rd Tallahassee FL 32303 Phone: (850) 350-7109

Keeney, RDH, Janet (General Public) - Waive In Opposition

Self

Registered Dental Hygienist

630 Ball St

New Smyrna Beach FL 32168 Phone: (321) 277-6030

Amendment 825687

Keeney, RDH, Janet (General Public) - Opponent

Self

Registered Dental Hygienist

630 Ball St

New Smyrna Beach FL 32168 Phone: (321) 277-6030

D'Aiuto, DDS, Charles (General Public) - Waive In Opposition

Self Dentist

503 North Causeway

New Smyrna Beach FL 32169

Phone: (321) 695-1775

Amendment 825687

D'Aiuto, DDS, Charles (General Public) - Opponent

Self

Dentist

503 North Causeway

New Smyrna Beach FL 32169

Phone: (321) 695-1775

Paramore, Dr. Jolene (General Public) - Waive In Opposition

Florida Dental Association

Dentist

2240 West 24th Street Panama City FL 32405

Phone: (850) 769-8277

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

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## **Health Quality Subcommittee**

1/29/2018 3:00PM

**Location:** Mashburn Hall (306 HOB) **HB 683 : Dentistry (continued)** 

Appearances: (continued)

Amendment 825687

Paramore, Dr. Jolene (General Public) - Opponent

Florida Dental Association

Dentist

2240 West 24th Street Panama City FL 32405 Phone: (850) 769-8277

Garraway, DMD, Chinara (General Public) - Waive In Opposition

Self

General Dentist

1898 Raa Ave

Tallahassee FL 32303

Phone: (352) 219-2237

Amendment 825687

Garraway, DMD, Chinara (General Public) - Opponent

Self

General Dentist

1898 Raa Ave

Tallahassee FL 32303

Phone: (352) 219-2237

Hughes, Bertram (General Public) - Waive In Opposition

Self

Dentist

316 SW 16th Ave

Gainesville FL 32601

Phone: (352) 665-3587

Amendment 825687

Hughes, Bertram (General Public) - Opponent

Self

Dentist

316 SW 16th Ave

Gainesville FL 32601

Phone: (352) 665-3587

Ebert, Dr Suzanne (General Public) - Waive In Opposition

Self

Dentist

172 Garden Wood Dr

Ponte Verda FL 32081

Phone: (904) 545-5209

## **Health Quality Subcommittee**

1/29/2018 3:00PM

**Location:** Mashburn Hall (306 HOB) **HB 683 : Dentistry (continued)** 

Appearances: (continued)

Amendment 825687

Ebert, Dr Suzanne (General Public) - Opponent

Self Dentist 172 Garden Wood Dr Ponte Verda FL 32081 Phone: (904) 545-5209

Amendment 825687

Hart, Joe Ann (Lobbyist) - Opponent

Florida Dental Association Chief Legislative Officer 118 E. Jefferson St. Tallahassee FL 32301 Phone: (850) 224-1089

Hart, Joe Ann (Lobbyist) - Waive In Opposition

Florida Dental Association Chief Legislative Officer 118 E. Jefferson St. Tallahassee FL 32301 Phone: (850) 224-1089

Byrne, DMD, Susan (General Public) - Waive In Opposition

Self Dentist 10135 Wadesboro Road Tallahassee FL 32307 Phone: (850) 766-3048

Amendment 825687

Byrne, DMD, Susan (General Public) - Waive In Opposition

Self Dentist 10135 Wadesboro Road Tallahassee FL 32307 Phone: (850) 766-3048

Hunt, Brittney (Lobbyist) - Waive In Support

Florida Chamber of Commerce 136 S Bronough St

136 S Bronough St Tallahassee FL

Phone: (850) 521-1200

Smith, Becky (General Public) - Waive In Support

Florida Dental Hygienists' Association

14453 SW 137 PL Miami Florida 33186 Phone: (305) 815-5599

## **Health Quality Subcommittee**

1/29/2018 3:00PM

**Location:** Mashburn Hall (306 HOB) **HB 683 : Dentistry (continued)** 

Appearances: (continued)

Zinser, Nancy (State Employee) - Proponent

Palm Beach State College

1 Aiden Court

Palm Beach Gardens Florida 33418

Phone: (561) 254-8728

Catalanotto, Frank (State Employee) - Proponent

Myself

10302 SW 23rd Avenue

Gainesville FL 32607

Phone: (352) 256-5909

Robinson, MD, Temple (General Public) - Proponent

Bond Community Health Center, Inc.

Chief Executive Officer

1720 S Gadsden St

Tallahassee FL 32301

Phone: (850) 591-5946

Nuzzo, Sal (General Public) - Proponent

The James Madison Institute

Vice President of Policy

100 N Duval St

Tallahassee FL 32301

Phone: (850) 322-9941

Lipson, Chistopher (Lobbyist) - Proponent

The Pew Charitable Trusts

901 E St NW

Washinton, DC 20004

Phone: (202) 540-6378

De La Rosa, Rebecca (Lobbyist) - Waive In Support

Palm Beach County

Legislative Affairs Director

301 N Olive Ave, 1101.3

West Palm Beach FL 33401

Phone: (850) 284-2235

Dransfield, DMD, Alan Dr. (General Public) - Waive In Opposition

Self

Dentist

3064 Hawks Landing Dr

Tallahassee FL 32389

Phone: (850) 510-4936

## Health Quality Subcommittee 1/29/2018 3:00PM

**Location:** Mashburn Hall (306 HOB) **HB 683 : Dentistry (continued)** 

**Appearances: (continued)** 

Phone: (850) 510-4936

Amendment 825687

Dransfield, DMD, Alan Dr. (General Public) - Waive In Opposition Self

Dentist

3064 Hawks Landing Dr

Tallahassee FL 32389

## House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Commi	M ittee/Sub Favorab Favorab	ole w/ an ole w/Committee/Su	HoB 0 - 6:00		Date Re Date Re S	ported: Subject: Re Re	DUNTY tained fo	or Reconsed y Postpo		γn
1	l Vote Bill	MEMBERS	AMOUNT	Ment						
Yea	Nay	Chair?	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	/	Asencio	2.045	1.495	1005	11495	1045	1100 3 5	1000	11.1.5
1		Burton		1						
1		Byrd	1							<del></del>
		Donalds	1							-
	1	Jones		1						
		Mariano	**							
		Massullo								
	1	Mercado								
	1	Newton		1						
		Perez	1	/						
1		Pigman	+ //							
		Plasencia	1							
	/	Silvers		1					<u> </u>	
	1	Stevenson								
1		Grant, Chair								
/		,	7		-					
	<u> </u>									
					***************************************					
Yeas	Nays	TOTALS	Yeas 8	Nays 7	Yeas	Nays	Yeas	Nays	Yeas	Nays
	<u> </u>	<u></u>		7		L		l		L

## Health Quality Subcommittee

1/29/2018 3:00PM

**Location:** Mashburn Hall (306 HOB) **HB 1165:** Allocation of Trauma Centers

X 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 1165 Amendments**

## Amendment 974201

X Adopted Without Objection

### **Appearances:**

Ecenia, Steve (Lobbyist) - Proponent HCA Healthcare Attorney P.O. Box 551 Tallahassee FL 32302 Phone: (850) 681-6788

Delegal, Mark (Lobbyist) - Opponent Safety Net Hospital Alliance of Florida General Counsel 315 South Calhoun St Tallahassee FL 32301 Phone: (850) 425-5685

## Health Quality Subcommittee 1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 1165: Allocation of Trauma Centers (continued)

**Appearances: (continued)** 

Phone: (727) 519-1885

Amendment 974201 Shouppe, Clinton (Lobbyist) - Opponent BayCare State Government Relations Manager 2985 Drew St Clearwater FL 33759

## House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

		COMMITTEE/S	SUBCOMM	IITTEE	BILL A	CTION '	WORKS	HEET		
Comn	Committee/Subcommittee: Health Quality  Meeting Date: 1 2918  Place: 306 HOB  Time: 3:00 - 6:00				Date R	norted.				na Certor
	Committee/Subcommittee Action:  Favorable Favorable w/ amendments Favorable w/Committee/Subcommittee Substitute Other Action: Unfavorable									
	l Vote Bill	MEMBERS	97420 Amunda							
Yea	Nav	MENIDERS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
/	1,4,5	Asencio	M	Itays	1003	1143	1003	1143	1 cas	Itays
/		Burton	700							
/		Byrd	PI							<del> </del>
		Donalds	06:	c/						
/		Jones	10	4.					·	
1		Mariano		1						
/		Massullo		X,				-		
1		Mercado		C						
		Newton		1						
		Perez								
/		Pigman								
/		Plasencia								
7		Silvers								
		Stevenson								
		Grant, Chair								
		1	1	1		ļ		!		

Nays

Yeas

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas 15 Nays

TOTALS

## **Health Quality Subcommittee**

1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

HB 1185: Use of Stem Cells in a Clinic Setting

X 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: 12	Total Nays: 0			

## House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Commi	M ittee/Sub Favorab Favorab	ole w/ ame ole w/Committee/Sub	h Quality  1   18  HOB  -6:00		Bill N Date Re Date Re	Subject: \ Records Records Records Records	KL Of Setfive tained fo	) or Reconsted ly Postpo	sideratio	a Clini
	l Vote									
Yea	Bill	MEMBERS	Vess	Name	Vaca	Nava	Vees	Navia	Vecc	Nove
Yea	Nay	Asencio	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
		Burton								
1		Byrd								
		Donalds	-	-						
./		Jones								
		Mariano								
/		Massullo								
/		Mercado								
		Newton								
1		Perez								
1		Pigman								
1		Plasencia								
1		Silvers								
		Stevenson								
		Grant, Chair								
			-							ļļ
			ļ							<del> </del>

Nays

Yeas

Nays

Yeas

Nays

Yeas

Nays

Yeas

Yeas

Nays

TOTALS

## Health Quality Subcommittee 1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB)

**HB 1337 : Nursing** 

X Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Robert Asencio	X		; <del>-</del>		
Colleen Burton	X				
Cord Byrd	X				
Byron Donalds	X				
Shevrin Jones	X				
Amber Mariano	X				<del></del>
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 1337 Amendments**

### Amendment 260489

X Adopted Without Objection

#### **Appearances:**

Reilly, Andrea (Lobbyist) - Waive In Support National Council of State Boards of Nursing Consultant 311 E Park Ave Tallahassee FL 32301 Phone: (850) 224-5081

Carvajal, Allison (Lobbyist) - Waive In Support

Florida Nurse Practitioner Network

Consultant 120 S Monroe St Tallahassee FL 32301 Phone: (850) 727-7087

DeCastro, Martha (Lobbyist) - Waive In Support

Florida Hospital Association

Vice President for Nursing & Clinical Care Policy

306 E College Ave Tallahassee FL 32301 Phone: (850) 222-9800

Committee meeting was reported out: Monday, January 29, 2018 7:28PM

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## **Health Quality Subcommittee** 1/29/2018 3:00PM

Location: Mashburn Hall (306 HOB) HB 1337 : Nursing (continued)

Appearances: (continued)

Spencer, Chris (Lobbyist) - Waive In Support Florida Nurses Association Government Consultant 401 E Jackson St 2700 Tampa FL 33602

Phone: (813) 273-5000

Lyon, Chris (Lobbyist) - Waive In Support Fl Association of Nurse Anesthetists Attorney 315 S. Calhoun St Tallahassee Fl 32301

Floyd, Chris (Lobbyist) - Waive In Support FL Association of Nurse Practitioners Consultant 101 E College Ave, Ste 302 Tallahassee FL 32301

Phone: (813) 624-5117

Phone: (850) 222-5702

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## House of Representatives COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Health Quality  Meeting Date: 1/24/17  Place: 306 HOB  Time: 3:00 - 6:00  Committee/Subcommittee Action:  Favorable Favorable w/ amendments  Favorable w/Committee/Subcommittee Substitute Other Action:				Substitu	Bill Number: 1337  Date Received: Date Reported: Subject: NUYSIM  Retained for Reconsideration Reconsidered Temporarily Postponed Unfavorable					
	l Vote	MEMBERS	260El	84						
Yea	Bill Nay	MEMBERS	HWUNOM Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	riay	Asencio		rays	Itas	rays	icas	1143	1 (45	riays
<u> </u>		Burton	TOOD							
· · · · · · · · · · · · · · · · · · ·		Byrd	Mr. PT	0						
		Donalds	05	,						
		Jones	1							
/		Mariano		(7)						
		Massullo		70_	h					
		Mercado								
in comment to the		Newton								
		Perez								
/	0	Pigman				-				
1011	VIII 1/12	Plasencia								
/		Silvers								
/		Stevenson								
/		Grant, Chair								
			ļ							
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays



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

Bill Amendment  Bill/PCS/PCB Number: 29  Amendment Number:
Name: Jamy no Hunderson
Representing: Florida Heath (ave flosociation
Title: AHDMU
Address: 1028 East Park Almue
City: Tallahasse State/Zip: Florida 32309)
Phone Number: (950) 216 + 100 2 Meeting Date: 1129 119
Committee/Subcommittee: Heath Duality Sun wmmittle
Presentation/Workshop Topic:
Registered Lobbyist: YES NO
State Employee: YES NO
State Employee. TES 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

maire in support



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

*LORIDA	
	Bill $\mathcal{J}$ Amendment $\mathcal{Q}$ Bill/PCS/PCB Number: $\mathcal{Q}\mathcal{Q}$
	Amendment Number:
Name: Steve Bather	
Representing: <u>Voldes Phace</u>	macy Services
Title: Met Operation	y O'Ricer
Address: <u>2900 NW 60</u>	M St.
city: Fort Lauderdale	State/Zip: 12, 33309
Phone Number: 800 - 589	-9747 lxt. 9023 Meeting Date: 1/29/18
Committee/Subcommittee: $\_$	ealth Guality
Presentation/Workshop Topic:	· · · · · · · · · · · · · · · · · · ·
Regist	ered Lobbyist: YES NO 🗹
State	Employee: YES NO
I wish to speak  Appearing in response to an inc	quiry for information made by member, committee, or staff
Appearing in response to subpose	
Appearing at the written reque  Judge or elected officer appear	
Lobbyist Appearance form sub	
(If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
11.446 (Pavian d.14/20/2047)	Ware in support

H-116 (Revised 11/28/2017)



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

	Bill Amendment
	Bill/PCS/PCB Number: 4 35
	Amendment Number: 822687
Name: David Chr	154,7
Representing: Adventis	1 Wen 142 / Florida Waspides
Title: Dicitor 06	ov't Relations
Address: 900 Nope	Way
City: Altemonic Sprin	
Phone Number: 407/357	-2453 Meeting Date: 1/28/18
Committee/Subcommittee: //	etth Quelity
Presentation/Workshop Topic: $\frac{1}{1}$	
	ered Lobbyist: YES NO
State	Employee: YES NO
Jwish to speak	
Appearing in response to an in-	quiry for information made by member, committee, or staff
Appearing in response to subp	oena
Appearing at the written reque	
Judge or elected officer appear	
Lobbyist Appearance form sub	mitted online
If you are testifying on an amendment, pla	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
H-116 (Revised 11/28/2017)	did not speak

H-116 (Revised 11/28/2017)





## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

		V	Bill 🗆 Amendment					
			: HB 657 : Licensure of					
		İ	y Trained Physicians					
<b>&gt;</b> 7	Cuavas Pana	Amendment	: N/A					
Name:	Cuevas, Rene							
Representing:	Solidaridad Sin Fronteras (SSF	)						
Title:								
Address:	5600 NE 4th Avenue, Apt 803							
City:	Miami	State/Zip:	Florida 33137					
Phone Number:	7862947592	Meeting Date:	January 29, 2018 3:00 PM					
Committee/Sub	committee: Health Quality	Subcommittee						
Presentation/Wo	orkshop Topic: N/A							
Registered Lo	<u> </u>		Bill					
State Employ			Proponent					
🗹 I Wish To Sp			Amendment					
Appearing in response to subpoena N/A								
Appearing in	response to an inquiry for inf	ormation made by	member, committee or staff					
☐ Appearing at	the written request of the chair	r						
☐ Judge or elec	ted officer appearing in officia	al capacity						
🗆 Lobbyist App	Lobbyist Appearance Form Submitted							





## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

The state of the s			
		V	Bill   Amendment
			HB 657: Licensure of
			y Trained Physicians
		Amendment:	N/A
Name:	Alfonso, Julio		
Representing:	Solidaridad Sin Frontei	ras (SSF)	
Title:			
Address:	6261 SW 157th Place		
City:	Miami	State/Zip:	Florida 33193
Phone Number:	7863878484	Meeting Date:	January 29, 2018 3:00 PM
Committee/Subo	committee: Health	Quality Subcommittee	
Presentation/Wo	orkshop Topic: N/A		
Registered Lo	obbyist		Bill
☐ State Employ	•		Waive In Support
☑ I Wish To Sp			Amendment
	response to subpoena		N/A
		for information made by	member, committee or staff
	the written request of		
☐ Judge or elec	ted officer appearing in	n official capacity	
	pearance Form Submitt	ted	
		maive in s	10000 FH





## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

CORIUM							
	☑ Bill ☐ Amendment						
	Bill Number: HB 657: Licensure of Internationally Trained Physicians						
		•	•				
Managa	Orostegui, Iutzi	Amendment:	N/A				
Name:	Orostegui, Iutzi						
Representing:	Solidaridad Sin Fron	iteras (SSF)					
Title:							
Address:	2327 Center Stone L	ane					
City:	Riviera Beach	State/Zip:	Florida 33404				
Phone Number:	5612299026	Meeting Date:	January 29, 2018 3:00 PM				
Committee/Sub	committee: Heal	th Quality Subcommittee					
Presentation/Wo	orkshop Topic: N/A						
☐ Registered Lo	•		$\frac{\text{Bill}}{\text{Bill}}$				
☐ State Employ			Proponent				
☑ I Wish To Sp			Amendment				
<b>—</b> **	response to subpoer		N/A				
	= = = = = = = = = = = = = = = = = = = =		member, committee or staff				
	the written request						
	• • • • • • • • • • • • • • • • • • • •	g in official capacity					
☐ Lobbyist App	pearance Form Subn	nitted					





## COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

		<b>✓</b>	Bill Amendment
			: HB 657 : Licensure of y Trained Physicians
		Amendment:	<del>,</del>
Name:	Hernandez, Aracelys		
Representing:	Solidaridad Sin Fronteras (SSF	)	
Title:			
Address:	1000 NW 1st Avenue, Apt 1110		
City:	Miami	State/Zip:	Florida 33136
Phone Number:	7864683317	Meeting Date:	January 29, 2018 3:00 PM
Committee/Subo	committee: Health Quality	Subcommittee	
Presentation/Wo	orkshop Topic: N/A		
Registered Lo	obbyist		Bill
☐ State Employee			Waive In Support
☐ I Wish To Speak			Amendment
Appearing in response to subpoena			N/A
Appearing in	response to an inquiry for inf	ormation made by	member, committee or staff
Appearing at	the written request of the cha	ir	
$\square$ Judge or elect	ted officer appearing in officia	al capacity	
∐ Lobbyist App	pearance Form Submitted		
		4 /A) a	·

Waire in support





Please fill out the  $\frac{\text{entire}}{\text{administrative}}$  form and submit two copies to the committee/subcommittee

LORIDA			
		V	Bill Amendment
			HB 657: Licensure of
		1	Trained Physicians
N.T	Toursian Anionna	Amendment:	N/A
Name:	Torrejon, Arianna		
Representing:	Solidaridad Sin Fronte	ras (SSF)	
Title:			
Address:	6261 SW 157th Place		
City:	Miami	State/Zip:	Florida 33193
Phone Number:	7863870019	Meeting Date:	January 29, 2018 3:00 PM
Committee/Subo	committee: Health	Quality Subcommittee	
Presentation/Wo	orkshop Topic: N/A		
Registered Lo	obbyist		Bill
☐ State Employee			Waive In Support
🗆 I Wish To Sp	eak		Amendment
Appearing in	response to subpoena		N/A
<del></del>		for information made by	member, committee or staff
☐ Appearing at	the written request of	the chair	
	ted officer appearing in		
	earance Form Submit	<u> </u>	
		1	in support





ORID					
		✓	Bill 🗆 Amendment		
			: HB 657 : Licensure of		
			y Trained Physicians		
<b>3</b> T	M. C. O. L.	Amendment:	N/A		
Name:	Martinez, Carlos				
Representing:	Solidaridad Sin Fronteras (SS	<b>5F</b> )			
Title:					
Address:	4550 NW 9th Street, Apt 718				
City:	Miami	State/Zip:	Florida 33126		
Phone Number:	7868030132	Meeting Date:	January 29, 2018 3:00 PM		
Committee/Sub	committee: Health Qualit	ty Subcommittee			
Presentation/Wo	orkshop Topic: N/A				
☐ Registered Le	obbyist		Bill		
☐ State Employ	ree		Proponent		
☑ I Wish To Sp	eak		Amendment		
☐ Appearing in	response to subpoena		N/A		
		nformation made by	member, committee or staff		
☐ Appearing at	the written request of the ch	ıair			
Judge or elected officer appearing in official capacity					
	pearance Form Submitted	_ <del>-</del>			



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment  Bill/PCS/PCB Number: 683  Amendment Number: 825687			
Name: Andrew Eason				
Representing: Florida Dentel Association				
Title: Executive Director	volte 3 cyt. date			
Address: SYS John Knok Rd				
City: Tallahussee	State/Zip: FI 3a303			
Phone Number: 850 350 7109	Meeting Date: )   29/18			
Committee/Subcommittee: Health Qu	· • • · · · · · · · · · · · · · · · · ·			
Presentation/Workshop Topic: Dentistry				
<i>'</i>				
Registered Lobbyist: YES				
State Employee: YES	S 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	Info only			
Amendment: Proponent Opponent	Info only			

maile in opp



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

ORIGINAL		
	Bill 🔀 Am	endment
	Bill/PCS/PCB Number:6	83
	Amendment Number:	
Name: Andrew Eason		
Representing: Florida De	ntal Mssociation	
Title: Executive Direc	forz	
Address: 545 John	CNOK Rd	
City: Tallahessee	Sta	te/Zip: FL 33303
Phone Number: 850 350	7109 Me	eeting Date: 1125/13
Committee/Subcommittee:	tealth Quality	
Presentation/Workshop Topic:	Dentistry	
Regist	ered Lobbyist: YES NO	
State I	Employee: YES NO	<u> </u>
I wish to speak		
Appearing in response to an inc	quiry for information made by memb	er, committee, or staff
Appearing in response to subpo	pena	
Appearing at the written reque	st of the chair	
Judge or elected officer appear	ing in official capacity	
Lobbyist Appearance form sub	mitted online '	
(If you are testifying on an amendment, ple	ase also indicate your position as a prop	onent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Wa	aive in Opposition X Info only
Amendment: Proponent Oppor		aive in Opposition Info only
11 116 (Davised 11/20/2017)	waire 1	n opposition

H-116 (Revised 11/28/2017)



		Bill ill/PCS/PCB Number:	Amendment (693
1000 HOO			
Name: JANCT PEC	ney RDH		<u></u>
Representing: Self	<u> </u>		
Title: Registered De	Mal Likia	R	
	St.	<u>(C_p</u>	
Address: <u>(BO BOLL</u>			
city: NEWSHYPHU?	ech	State/Zip:	2168
Phone Number: 321-27	7-6030	Meeting Date:	
	tealth au	<u> </u>	
Committee/Subcommittee:	icaring ac	rath 9	
Presentation/Workshop Topic: $\int$	JEHBY -		
Regist	ered Lobbyist: YES	NO 🛱	
State	Employee: YES	NOUZ	
<b>□</b> √̂			
I wish to speak			
Appearing in response to an in		e by member, committee, o	r st <b>aff</b>
Appearing in response to subp			
Appearing at the written reque			
Judge or elected officer appear  Lobbyist Appearance form sub			
2000yist Appearance form sub	meted omme		
(If you are testifying on an amendment, pla	ase also indicate your positi	on as a proponent or opponen	t on the bill as a whole.)
Bill: Proponent	Opponent V	Info only	
Amendment: Proponent	Opponent	Info only	
Amenument. Froponent	— Opponent []	IIIO OINY	- annositio
		7 1	



	Bill Amendment  Bill/PCS/PCB Number: 683  Amendment Number: 525654
Name: JAnet Keeney RDH	<u>-</u>
Representing:	
Title: Registered Der Hal	Yyarenist
Address: 630 Ball St	
city: New Smyrna Beac	1 State/Zip: A 32168
Phone Number: 32 - 277-603	Meeting Date:
Committee/Subcommittee: Health	avality
Presentation/Workshop Topic:	-()
Registered Lobbyist: YE	s No D
State Employee: YE	s No No
I wish to speak  Appearing in response to an inquiry for informatio  Appearing in response to subpoena  Appearing at the written request of the chair  Judge or elected officer appearing in official capac  Lobbyist Appearance form submitted online	
If you are testifying on an amendment, please also indicate you	r position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only



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

	Bill Amendment  Bill/PCS/PCB Number: 6 + 3
	Amendment Number:
Name: CHARLES WILLIAM	D'Heuto DOS
Representing:	
Title: Dentist	
Address: 503 North CAU	Se WAY
City: New Smy RNA Beite	, ,
Phone Number: 321-695-1775	
Committee/Subcommittee: HeAL44	Quality Subcommitter
Presentation/Workshop Topic:	
Registered Lobbyist: YES	
State Employee: YES	NO NO
I wish to speak  Appearing in response to an inquiry for information  Appearing in response to subpoena  Appearing at the written request of the chair  Judge or elected officer appearing in official capacit  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 []
H-116 (Revised 1-4-2016)	Wark in opposition



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

	× 4/2 0 1 -	A	Bill Amendment  ill/PCS/PCB Number: 625687
Name:	MRLES	Willia	in D'A: ute pos
Representing:	Self		
Title:	Deltis	7	
	503 No	nth (by	useway
			State/Zip: 32/69
	/		Meeting Date: 129/18
	/		
	. ,		Quentity Subcommitte
Presentation/Works	shop Topic:	Dent.	STAY
		obbyist: YES	NO D
	State Emplo	yee: YES	NO NO
I wish to speak			
Appearing in res	ponse to an inquiry fo	or information made	e by member, committee, or staff
Appearing in res	ponse to subpoena		
Appearing at the	e written request of th	ne chair	
Judge or elected	officer appearing in	official capacity	
Lobbyist Appear	ance form submitted	online	
If you are testifying on an	amendment, please als	o indicate your positic	on as a proponent or opponent on the bill as a whole.)
Bill:	Proponent	Opponent 🔄	Info only
Amendment:	Proponent	Opponent 🔀	Info only
		<del></del> ,	wall in opp

H-116 (Revised 1-4-2016)



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

Bill Amendment  Bill Amendment  Bill/PCS/PCB Number: 683  Amendment Number: 92-5687  Name: Jolene Pavamove, DMD	
Representing: Fonda Dental Association	
Title: Dentst	
Address: 2240 W 24 St	
City: Panama City State/Zip: Pa 32405	
Phone Number: 850769827 Meeting Date: 1/29/18	
Committee/Subcommittee: Health Quality Subcommittee	Ü
Presentation/Workshop Topic: Den TISty	
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	



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

				Bill/P	Bill CS/PCB Numb	Amendment  Der: 683	
- صديم.					ndment Numb	oer:	
Name:	Jolei	ne to	vame	ove	JDM	(P	
Representi	ng: Pl	vida_	Dent	$\mathcal{A}_{\perp}$	ASSO	ociation	
Title:	Dev	n+ist					
Address:	22	40 N	124	th.	St		
City:	anar	na Cit	4		State/Zip:_	PZ 32405	
Phone N	umber: K	50-760	7-82	77	Meeting Da	ate: 1/29/18	
	tee/Subcom	mittee: Hea	Hh 6	Juai	IM S	LD Committe	Q
	ation/Works	7	ent	151	N		
		Registered L	obbyist: YES		NO 🏹		
		State Emplo			NO 📉		
					<del>/</del> /		
$\overline{A}$	sh to speak						
		oonse to an inquiry fo	or information	made by	member, comn	nittee, or staff	
		onse to subpoena	an chair				
	_	written request of the officer appearing in (		<i>(</i>			
		nce form submitted					
If you are tes	tifying on an a	mendment, please als	o indicate your p	oosition as	a proponent or o	opponent on the bill as a whole.)	ı
Bill:		Proponent	Opponent Opponent	× ×	Info only		
Ame	endment:	Proponent	Opponent	Image: Control of the	Info only		
				1	laid 1	10 200	

H-116 (Revised 1-4-2016)



Bill Amendment  Bill/PCS/PCB Number: 653  Amendment Number: 825657
Name: CHINARA GARRAWAY OMO
Representing: SELF
Title: GENERAL DENTIST
Address: 1898 RAA AUE
City: TALLAHASSEE State/Zip: FL 32303
Phone Number: (352) 219 - 2 2 3 7 Meeting Date:
Committee/Subcommittee: Health Quality
Presentation/Workshop Topic: Dentisty
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 Info only
Amendment: Proponent Opponent Info only



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

Bill Amendment  Bill/PCS/PCB Number:  Amendment Number:
Name: CHINARA GARRAWAY DMD
Representing: SELF
Title: GENERAL DENTIST
Address: 1898 RAA AUE
City: TALLA HASSEE State/Zip: FL 32303
Phone Number: (352) 219 - 2237
Committee/Subcommittee: Health Quality
Presentation/Workshop Topic: Denistry
Registered Lobbyist: YES NO X
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

water in opp



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	)r.					Ame per: <u>&amp;</u> per: <u></u> 2.5		
Name	: Ber	tiam r	Nynes					
Repre	senting:		SeIF				-	
	e: De							
		0 500 11	S TO QUE	Ŀ				
	ress: <u>510</u>	zsû.Ne	<u> </u>		tate/Zip:_	FL 3	52601	
		52 <del>378</del> -	3567 <del>3373</del>	N	leeting D	ate:		
Cor	nmittee/Subcom	mittee: <u>Hca</u>	Ith Ou	ytile	Subc	enith	<u>c</u>	
		shop Topic:		,				
			obbyist: YES					
			,					
		State Emplo	yee: YES [	NO				
ΧÏ	I wish to speak							
	Appearing in resp	ponse to an inquiry fo	or information r	made by mem	nber, comr	mittee, or staff	F	
	Appearing in resp	ponse to subpoena						
	Appearing at the	written request of th	ne chair					
	Judge or elected	officer appearing in o	official capacity					
	Lobbyist Appeara	ance form submitted	online					
If you a	are testifying on an a	amendment, please also	o indicate your p	osition as a pro	ponent or	opponent on th	ne bill as a whole.)	
,	Bill:	Proponent	Opponent [	<del></del>	fo only			
	Amendment:	Proponent	Opponent	X In	fo only			



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment  Bill/PCS/PCB Number: HB 683  Amendment Number: HB 683
Name: Dr. Bertram Huc	iks
Representing: Self	
Address: 316 560 16 Th A	
City: (James ville	
_	
Phone Number: 352665358	
Committee/Subcommittee: 14ealth @	uclity Subcommittee
Presentation/Workshop Topic:	
Registered Lobbyist: YES	□ NO ⊠
State Employee: YES	□ NO 区
I wish to speak  Appearing in response to an inquiry for information  Appearing in response to subpoena  Appearing at the written request of the chair  Judge or elected officer appearing in official capacit  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
	h 100 1 00 1

H-116 (Revised 1-4-2016)



			·	Bill Amendment  S/PCB Number: 683  ment Number: 525657
Name:	SUZANN	E E	bert	
Representing:	elt			
Title: Denti	ST			
Address: 172	Garden	wo	od I	)r
city: Ponte	VeckA			State/Zip: FL 32081
Phone Number: <u></u>	04-545.	5209		Meeting Date:
Committee/Subcomr	mittee: Heal+	h Ou	41:44	Subcommittee
Presentation/Worksh	nop Topic: Do	ntistr	ب	
	Registered Lo	obbyist: YES	N <sub>1</sub>	o [X]
	State Employ	vee: YES	N	o 💢
Appearing in resp Appearing at the v Judge or elected of		e chair É		ember, committee, or staff
If you are testifying on an a	mendment, please also	o indicate vour	position as a	proponent or opponent on the bill as a whole.)
Bill:	Proponent	Opponent	<u>~</u>	Info only
Amendment:	Proponent	Opponent	$\square$	Info only



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

Bill Amendment  Bill/PCS/PCB Number: 6 S 3  Amendment Number:
Name: De SuzanuE Ebert
Representing: Se IF
Title: Dentist
Address: 172 Garden Wood DV.
city: Ponte Vedra State/Zip: FL 32081
Phone Number: 904-545-5209 Meeting Date: 1-29-18
Committee/Subcommittee: Health Quality Subcommittee
Presentation/Workshop Topic: Dentisticy
Registered Lobbyist: YES NO
State Employee: YES NO X
I wish to speak
Appearing in response to an inquiry for information made by member, committee, or staff
Appearing in response to subpoena
Appearing at the written request of the chair
Judge or elected officer appearing in official capacity
Lobbyist Appearance form submitted online
(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
Auf

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	Bill Amendment
	Bill/PCS/PCB Number: <u>683</u>
	Amendment Number: 825687
Name: <u>Joe Anne</u>	Hart
Representing: Florida	Dental Association
Title: Chief L	egislative Officer
	Tetterson Street
City: Tallabasse	State/Zip: F 32301
Phone Number: (850) Z	24.1089 Meeting Date: 1/29/18
Committee/Subcommittee:	
Presentation/Workshop Topic: _	Duticha
Regist	ered Lobbyist: YES NO
	Employee: YES NO
I wish to speak	
Appearing in response to an inc	quiry for information made by member, committee, or staff
Appearing in response to subpo	pena
Appearing at the written reque	st of the chair
Judge or elected officer appear	ing in official capacity
Lobbyist Appearance form sub	nitted online
If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppor	nent Waive in Support Waive in Opposition Info only



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment
	Bill/PCS/PCB Number: <u>HB 683</u>
	Amendment Number:
Name: Voe Anne Hart	
Representing: Florida Dental	Association
Title: Chief Legislatur	Officer
Address: 118 E. Jefferson	Stret
City: Tallahus see	State/Zip: FT 3230/
Phone Number: 850 - 224 · 1089	Meeting Date: 1/29/18
Committee/Subcommittee: Health	Quality
Presentation/Workshop Topic:	tistry
Registered Lobbyist: YES	
State Employee: YES	NO X
I wish to speak	
Appearing in response to an inquiry for information	ı 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 capacit	·y
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

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			1	No.	Amer	ndment
				Bill/PCS/PCB Num	her: 68	ζ
						<u> </u>
				Amendment Num	ber: 825	687
Name	: <u>5</u> u	. San M By	me Dim	. (7).		
Repre	senting:	218				
Titl	e: Denti	5+				
Ado	dress: <u>10135</u>	s wadesber	o boal			
City	1: Tullahe	SS-66		State/Zip:	FL 32	367
Pho	one Number:	850-766-	3048	Meeting [	Date:	
Cor	nmittee/Subcom	mittee: Hee	11th a	w1.74		
		hop Topic: $\underline{\mathcal{D}_0}$		<u> </u>		
			obbyist: YES	] NO		
		State Emplo	yee: YES	NO D		
Ń	I wish to speak					
	Appearing in resp	oonse to an inquiry fo	or information m	ade by member, com	mittee, or staff	
	Appearing in resp	oonse to subpoena				
$\overline{\Box}$	Appearing at the	written request of th	ie chair			
Judge or elected officer appearing in official capacity						
	Lobbyist Appeara	nce form submitted	online			
If you a	are testifying on an a	mendment, please also	o indicate your pos	ition as a proponent o	r opponent on the	e bill as a whole.)
	Bill:	Proponent	Opponent	Info only [		
	Amendment:	Proponent	Opponent D	Info only		
				Wa	ix In	opp



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment  Bill/PCS/PCB Number: 683  Amendment Number:
Name: Susan in Byrne D	in is.
Representing: うらも	
Title: Dentist	
Address: 10135 wodesbern Rocal	
City:Tulla Le i set	State/Zip: FL 32317
Phone Number: 856 - 877 - 0513	Meeting Date:
Committee/Subcommittee: Halth	Quility
Presentation/Workshop Topic: Dent 3	,
Registered Lobbyist:	
State Employee:	· ·
<b>,</b>	
I wish to speak	
Appearing in response to an inquiry for informa	tion 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 cap	acity
Lobbyist Appearance form submitted online	
If you are testifying on an amendment, please also indicate y	our position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppone	ent Info only
Amendment: Proponent Oppone	ent 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.

		7	Bill Amendment
			0683 : Dentistry
		Amendment:	v
Name:	Brittney Hunt	[/ tinenament.	IVA
Representing:	Florida Chamber of Co	mmerce	
Title:			
Address:	136 S Bronough St		
City:	Tallahassee	State/Zip:	FL
Phone Number:	(850) 521-1200	Meeting Date:	January 29, 2018 3:00 PM
Committee/Subo	committee: Health	Quality Subcommittee	
Presentation/Wo	orkshop Topic: N/A		
Registered Lo			Bill
State Employ			Waive In Support
☐ I Wish To Sp			Amendment
	response to subpoena		N/A
_			member, committee or staff
	the written request of		
	ted officer appearing in	ž , ž	
∟Lobbyist App	earance Form Submitt	ted	

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

		lacksquare	Bill 🗆 Amendment
		Bill Number:	0683 : Dentistry
		Amendment:	N/A
Name:	Becky Smith		
Representing:	Florida Dental Hygier	nists' Association	
Title:			
Address:	14453 SW 137 PL		
City:	Miami	State/Zip:	Florida 33186
Phone Number:	3058155599	Meeting Date:	January 29, 2018 3:00 PM
Committee/Subo	committee: Healt	h Quality Subcommittee	
Presentation/Wo	orkshop Topic: Denta	ll therapists	
☐ Registered Lo	obbyist		Bill
☐ State Employ	ee		Proponent
☑ I Wish To Sp	eak		Amendment
Appearing in response to subpoena		N/A	
Appearing in	response to an inquir	ry for information made by	member, committee or staff
Appearing at	the written request or	f the chair	
U Judge or elect	ed officer appearing	in official capacity	
∐Lobbyist App	earance Form Submi	itted	

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# COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

The state of the s			
		V	Bill Amendment
		Bill Number	: HB 683 : Dentistry
		Amendment	: N/A
Name:	Zinser, Nancy		
Representing:	Palm Beach State College		
Title:	Associate Dean Health Sciences		
Address:	1 Aiden Court		
City:	Palm Beach Gardens	State/Zip:	Florida 33418
Phone Number:	561-254-8728	Meeting Date:	January 29, 2018 3:00 PM
Committee/Sub	committee: Health Quality	Subcommittee	
Presentation/Wo	orkshop Topic: N/A		
Registered Lo	<del>-</del>		Bill
☑ State Employ			Proponent
🗹 I Wish To Sp			Amendment
Appearing in response to subpoena			N/A
	response to an inquiry for info		member, committee or staff
	the written request of the chai		
	ted officer appearing in officia	l capacity	
∟ Lobbyist App	pearance Form Submitted		





### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

		<b>2</b>	Bill Amendment
		Bill Number:	0683: Dentistry
		Amendment:	N/A
Name:	Frank Catalanotto		
Representing:	Myself		
Title:			
Address:	10302 SW 23rd Avenue		
City:	Gainesville	State/Zip:	FL 32607
Phone Number:	352-256-5909	Meeting Date:	January 29, 2018 3:00 PM
Committee/Sub	committee: Health Q	uality Subcommittee	
Presentation/Wo	orkshop Topic: Why I su	pport dental therapy	
Registered Lo	obbyist		Bill
State Employ	ree		Proponent
☑ I Wish To Sp			Amendment
Appearing in response to subpoena			N/A
	_		member, committee or staff
<del></del>	the written request of th		
	ted officer appearing in	ž	
∟ Lobbyist App	pearance Form Submitte	d	





### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

		<u> </u>	Bill Amendment
		Bill Number:	
		Amendment:	N/A
Name:	Robinson, MD, Temple		
Representing:	<b>Bond Community Health</b>	Center, Inc.	
Title:	Chief Executive Officer		
Address:	1720 South Gadsden Stree	et	
City:	Tallahassee	State/Zip:	FL 32301
Phone Number:	850-591-5946	Meeting Date:	January 29, 2018 3:00 PM
Committee/Subo	committee: Health Qu	nality Subcommittee	
Presentation/Wo	orkshop Topic: Other Bus	siness: HB 683	
		·	
Registered Lo	obbyist		Bill
State Employ	ee		Proponent
☑ I Wish To Speak			Amendment
Appearing in	response to subpoena		N/A
``	* * *	· · · · · · · · · · · · · · · · · · ·	member, committee or staff
	the written request of the		
	ted officer appearing in c	<u> </u>	
Lobbyist App لـــ	earance Form Submitted		





### COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

			Bill L Amendment
		Bill Number:	N/A 683
		Amendment:	N/A
Name:	nuzzo, sal		
Representing:	the james madison inst	itute	
Title:	vice president of policy	7	
Address:	100 north duval street		
City:	tallahassee	State/Zip:	fl 32301
Phone Number:	8503229941	Meeting Date:	January 29, 2018 3:00 PM
Committee/Subo	committee: Health	Quality Subcommittee	
Presentation/Wo	orkshop Topic: Other	Business	
Registered Lo	-		Bill
State Employ			Proponent
🗹 I Wish To Sp			Amendment
Appearing in response to subpoena			N/A
			member, committee or staff
Appearing at	the written request of	the chair	
$\square$ Judge or elec	ted officer appearing	in official capacity	
Lobbyist App	earance Form Submi	tted	



# LOBBYIST HOUSE APPEARANCE RECORD

To manually submit this form, please print or type and email as an attachment to: LobbyistDisclosure@myfloridahouse.gov

Please use this form only if:

- 1. You are unable to log in to the Lobbyist Disclosure & Information page.
- 2. You do not see a principal listed that you are registered to represent.
- 3. You are having other technical problems with the online version of the Lobbyist House Appearance Record form.

If you need assistance with this form or have any other questions regarding the House lobbyist disclosure rules and guidelines, please contact the House Public Integrity & Ethics Committee at 850-717-4881 or LobbyistDisclosure@mytloridahouse.gov

Lobbyist Name:	Christopher Lipson
Lobbying Firm(s):	N/A
Principal(s):	The Pew Charitable Trusts
Issue Category:	
Issue Discussion Description:	The need for dental therapy in Florida.
Legislative Session:	2018
Bill Number (if Applicable):  Did you request the introduction of the bill?	HB 683
Companion Bill:	SB 114988
Amendment (Name/#):  Did you request the introduction of the amendment(s)?  Note: Committee amendments to filed bills	and proposed bills are listed as a topic. For example: PCB APP16-01.
	1 1 F

proponent



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

Bill Amendment  Bill/PCS/PCB Number:  Amendment Number:	
Amendment Number:	
Ve handa 1/a/a/a/asa.	_
Name: KUUCKIU TIVU WAA	
Representing:	
Title: CAIS DIVO ALTAINS DIVECTOR	
Address: 30 N. Olive Ave. 1101.3	
City: West Parm Block State/Zip: 12 3340/	
CKI 1011 7726 17011V	
Phone Number: W. Co. 7 4 4 Meeting Date: 101 10	
Committee/Subcommittee:	
Presentation/Workshop Topic:	
Registered Lobbyist: YES NO 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 in response to subpoend  Appearing at the written request of the chair  Judge or elected officer appearing in official capacity	
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	•
Sin. Proponent Opponent Into only	
Amendment: Proponent Opponent Info only	

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

Bill/PCS/PCB Number: 683  Amendment Number:	
Name: 132 ALM BRAN SFIELD DIND	
Representing: SERF	
Title: Dent ST	
Address: 3064 HANGS LAWONG DR	
City: TALLAHASSEE State/Zip: FL 32379	
Phone Number: 850 510 4976 Meeting Date: 1/28/2816	
Committee/Subcommittee: Hall Wwt.ty	
Presentation/Workshop Topic: Dentity	
Registered Lobbyist: YES NO	
State Employee: YES NO V	
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 Info only	
Amendment: Proponent Opponent Info only	

Main in opp



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

	Bill Amendment  PCS/PCB Number: 683  endment Number: 826
Name: DR. ALAW DRAWSFIELD,	DuD
Representing: SECF	
Title: Dennst	
Address: 3064 HANGS LAWAND	510
City: TALLANASSEE	State/Zip: FL 37308
Phone Number: 250 510 4936	Meeting Date: 1 / 29 / 29 を
Committee/Subcommittee:	the 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 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	y member, committee, or staff
	as a propoport or oppoport on the bill as a whole \
If you are testifying on an amendment, please also indicate your position  Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only
H-116 (Revised 1-4-2016)	lnfo only [] Ve in opposition

H-116 (Revised 1-4-2016)



	Bill/PCS/PCB Number:Amendment Number:
	Amendment Number:
Name: Steve Ecenia	
Representing: HCA	
Title: Attorney	
Address: P.O. Box 551	
city: Tallahasse	State/Zip: F/ 32302
Phone Number: $850 - 681 - 6$	7 & S Meeting Date:
Committee/Subcommittee: Hea	th Quality Subcommittee
Presentation/Workshop Topic:	
Registered	Lobbyist: YES NO NO
State Emplo	oyee: YES NO
✓ I wish to speak	
Appearing in response to an inquiry f	for information made by member, committee, or staff
Appearing in response to subpoena	
Appearing at the written request of t	
Judge or elected officer appearing in	
Lobbyist Appearance form submitted	online
If you are testifying on an amendment, please al	so indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent	Opponent Info only
Amendment: Proponent	Opponent Info only



CORIDA	
	Bill Amendment
	D:11/DGS /DGD N   1/B 1 / 1
	Bill/PCS/PCB Number: ///// (25
_	Amendment Number:
Name: MARK De le	gal,
Representing: SACHWON	HOSP tal Alliaga D FL
Title: SMEral (a	unsel
Address: 313 South	Calhoun St., Duite 600
City: Ja anassee	State/Zip: <u>FZ 3236</u>
Phone Number: <u>850 - 42</u>	5-5685 Meeting Date: 1-29-2018
Committee/Subcommittee:	Heath Chaling Sublemvittee
۔۔ Presentation/Workshop Topic:	[RAUMA]
Registe	ered Lobbyist: YES NO
State E	mployee: YES NO NO
	Фаль
I wish to speak	
	uiry for information made by member, committee, or staff
Appearing in response to subpo	
Appearing at the written reques	
Judge or elected officer appeari	
Lobbyist Appearance form subn	nitted online
(If you are testifying on an amendment, ple	ase also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppon	ent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppon	ent Waive in Support Waive in Opposition Info only



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

Name: Clint Shouppe  Representing: Bay Case	Bill Amendment  Bill/PCS/PCB Number: 1165  Amendment Number: 115 174201
Title: State Govt Relations Manag	
Address: 2985 Mrcw Street	*
City: Cleanworler	State/Zip: <u>FL 53759</u>
Phone Number: 727 - 519 - 1385	Meeting Date: \(\(\frac{29}{8}\)
Committee/Subcommittee:	uality
Presentation/Workshop Topic:\\6\	5
Registered Lobbyist: YES	NO 🗌
State Employee: YES	□ NO ≿
I wish to speak  Appearing in response to an inquiry for information  Appearing in response to subpoena  Appearing at the written request of the chair  Judge or elected officer appearing in official capacit  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



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

Assistant at the meeting.
Bill Amendment Bill/PCS/PCB Number: 1337
Amendment Number:
Name: Andrea Reilly
Representing: National Council of State Boards of Norsing
Title: Consultant
Address: 311 & Park Que,
City: Tallahassee State/Zip: FZ 32301
Phone Number: 850-274-5081 Meeting Date: 1-29-18
Committee/Subcommittee: Health Quality
Presentation/Workshop Topic:
Registered Lobbyist: YES NO
State Employee: YES NO
I wish to speak available to answer questions
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.)
Proponent Opponent Waive in Support Waive in Opposition Info only
Amendment: Proponent Opponent Waive in Support Waive in Opposition Info only
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H-116 (Revised 11/28/2017)



Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

PLORIDA	•					1
			Bill		Amendment	
		Bill/P	CS/PCB Numbe	r:)	337	
		Amer	ıdment Numbe	r:		
Name: All	SON CARVAJA	L (C	AR-VA-HA	ul)		•
Representing:	Florida Nue	SE P	RAC+17 ions	<u> </u>	letwork	
Title: $C_{\alpha}$	onsultant					
Address:	120 S. Monr	UE 57				
City: TAL	l				State/Zip: Fム	32301
Phone Numb	oer: <u>721-108</u>	7			Meeting Date: 1-	29-18
Committee/	Subcommittee:	Health	Quality	1		
Presentation	/Workshop Topic: _	Nurs	se Peatit	, Jer	u 5	
	Regist	ered Lobl	oyist: YES 🔽	N(	0 🔲	
	State	Employee	: YES	N	0 1	
I wish to	·					
			nformation made	e by m	ember, committee, or st	aff
	ng in response to subp					
	ng at the written reque					
	elected officer appear	_				
Lobbyist	Appearance form sub	mitted onl	ine		,	
(If you are testifyir	ng on an amendm <del>o</del> nt, pl	ease also in	dicate your position	on as a j	proponent or opponent on	the bill as a whole.)
Bill:	Proponent Oppo	nent	Waive in Suppo	t 🗸	Waive in Opposition	Info only
Amendment:	Proponent Oppor	nent 🔲	Waive in Suppo	rt 🔲	Waive in Opposition	Info only
					· ·	

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

	Bill Amendment  Bill/PCS/PCB Number: H337  Amendment Number:
Name:MARTHA DeCASTRO	
Representing: Floring Hospital As	SOUATION
Title: VICE PRESIDENT for No	
Address: 304 E. College Ane	JANIAC STREET
City: TAllAht Sou	T 7.7701
City: 1 ATTAMP YSCC	State/Zip: F2 3230/
Phone Number: 850 222 9800	Meeting Date: 1-29-18
Committee/Subcommittee: Hovse Henry	H Even in Subsemmittee
Presentation/Workshop Topic: Nusing	,
Registered Lobbyist: YES	NO NO
State Employee: YES	NO L
I wish to speak	
Appearing in response to an inquiry for information	n 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 capacit	ty
Lobbyist Appearance form submitted online	
f you are testifying on an amendment, please also indicate your	position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Opponent	Info only
Amendment: Proponent Opponent	Info only
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H-116 (Revised 1-4-2016)



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

CORIDA	
	Dill Amondonant
	Bill Amendment
	Bill/PCS/PCB Number: 1337
	Amendment Number:
Name of the state	Spencer
Representing: Hocid	a Nurses Association
Title: Governm	nat Consultant
Address:40 [ ε	. Jackson Street
City:	State/Zip: FL
Phone Number: 813 27	3 5000 Meeting Date: 1/29/18
Committee/Subcommittee:	Health Quality Gubconnitte
Presentation/Workshop Topic:	9D 1237
Regist	ered Lobbyist: YES 📈 NO 🦳
	Employee: YES NO 📈
State .	improyee. Its No [/]
I wish to speak	
Appearing in response to an inc	quiry for information made by member, committee, or staff
Appearing in response to subpo	oena
Appearing at the written reque	est of the chair
Judge or elected officer appear	ring in official capacity
Lobbyist Appearance form subr	mitted online
a	
(If you are testifying on an amendment, ple	ease also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppon	nent Waive in Support Waive in Opposition Info only
	1.

H-116 (Revised 11/28/2017)

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Please fill out the  $\underline{\text{entire}}$  form and submit  $\underline{\text{both}}$  copies to the Committee Administrative Assistant at the meeting.

	Bill Amendment  Bill/PCS/PCB Number:  Amendment Number:
01-1-1-1-1-1	
Name: Chris Lyon	
Representing: FLASSN. OF NUISE Anes	thetists
Title: Whirney	
Address: 315 S. Calhan St.	
City: Tall	State/Zip:
Phone Number: 950 2225702	Meeting Date: 1 つくしら
Committee/Subcommittee:	
Presentation/Workshop Topic:	
	No []
Registered Lobbyist: YES	NO D
State Employee: YES	NO X
Appearing in response to an inquiry for information Appearing in response to subpoena Appearing at the written request of the chair Judge or elected officer appearing in official capacit 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
	Info only [] Walke in support

H-116 (Revised 1-4-2016)



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

*LORIDA	
	Bill Amendment
	Bill/PCS/PCB Number: 1377
,	Amendment Number:
Name: Chris Mo	jd
Representing: FC ASSO	a of Nuse Practitiones
Title: Consultant	,
. )	Meze Ave. Stc. 302
City: Thlkhhssee	State/Zip: FC
Phone Number: <u>P13-62</u>	4-5//) Meeting Date:
Committee/Subcommittee:	<sup>1</sup> Q
Presentation/Workshop Topic:	
Regist	ered Lobbyist: YES NO NO
State	Employee: YES NO
I wish to speak	
Appearing in response to an inc	quiry for information made by member, committee, or staff
Appearing in response to subpo	pena
Appearing at the written reque	
Judge or elected officer appear	
Lobbyist Appearance form subr	nitted online
(If you are testifying on an amendment, ple	ase also indicate your position as a proponent or opponent on the bill as a whole.)
Bill: Proponent Oppor	nent Waive in Support Waive in Opposition Info only
Amendment: Proponent Oppon	ent Waive in Support Waive in Opposition Info only
H-116 (Revised 11/28/2017)	Walve in Support

H-116 (Revised 11/28/2017)