



Health Quality Subcommittee

Wednesday, October 11, 2017
1:00 PM - 3:00 PM
Mashburn Hall (306 HOB)

Action Packet

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/11/2017 1:00PM

Location: Mashburn Hall (306 HOB)

Summary: No Bills Considered

Committee meeting was reported out: Wednesday, October 11, 2017 4:29PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/11/2017 1:00PM

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, October 11, 2017 4:29PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/11/2017 1:00PM

Location: Mashburn Hall (306 HOB)

Presentation/Workshop/Other Business Appearances:

8A

James Johnston (General Public) - Information Only
Weed for Warriors Project
North Florida Chapter President
419 SW Lakeview Ave.
Lake City FL 32025
Phone: (386) 984-7485

8A Implementation

Christian Bax (State Employee) (At Request Of Chair) - Information Only
Florida Department of Health
Director, Office of Medical Marijuana Use
2585 Merchants Row Blvd.
Tallahassee FL 32399
Phone: (850) 245-4657

Medical Cannabis

Lauren Drake (General Public) - Information Only
5472 Camille Garden Cir.
Milton FL 32570
Phone: (850) 261-2850

Medical Marijuana

Jodi James (Lobbyist) - Information Only
Florida Cannabis Action Network
Executive Director
1375 Cypress Ave
Melbourne FL 32935
Phone: (321) 890-7302

Medical Marijuana - 8A

Jennifer Langston (Lobbyist) (State Employee) (At Request Of Chair) - Information Only
DHSMV/FHP
Legislative Affairs Director
2900 Apalachee Pkwy
Tallahassee FL 32312
Phone: (850) 617-3195

Medical Marijuana - 8A

Cory Harrison (Lt.) (State Employee) (At Request Of Chair) - Information Only
DHSMV/FHP
Lieutenant FHP
2900 Apalachee Pkwy.
Tallahassee FL 32312
Phone: (850) 617-3195

Committee meeting was reported out: Wednesday, October 11, 2017 4:29PM

COMMITTEE MEETING REPORT

Health Quality Subcommittee

10/11/2017 1:00PM

Location: Mashburn Hall (306 HOB)

Presentation/Workshop/Other Business Appearances: (continued)

Medical Marijuana Implementation

Ron Watson (Lobbyist) - Information Only

Florida Society of Cannabis Physicians

Executive Director

106 E College Ave. Suite 600

Tallahassee FL 32301

Phone: (850) 567-1202

Office of Medical Marijuana Use

Adam Heidecke (General Public) - Information Only

Patients

Caregiver

19725 Gulf Blvd Unit 49

Indian Shores FL 33785

Phone: (727) 687-0771

Committee meeting was reported out: Wednesday, October 11, 2017 4:29PM



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:
Amendment Number: 8A

Name: James Johnston

Representing: Weed for Warriors Project

Title: North FL Chap pres.

Address: 419 SW LakeView Ave

City: Lake City State/Zip: FL 32029

Phone Number: (386) 984-7485 Meeting Date:

Committee/Subcommittee:

Presentation/Workshop Topic: 8A

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

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

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

Bill: Proponent Opponent Info only
Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Name: Christian Pax

Representing: Florida Dept. of Health

Title: Director - Office of Medical Marijuana Use

Address: 2585 Merchants Row Blvd.

City: Tallahassee State/Zip: FL 32399

Phone Number: Meeting Date: 10-11-2017

Committee/Subcommittee: Health Quality Subcommittee

Presentation/Workshop Topic: SA Implementation

Registered Lobbyist: YES NO [checked]

State Employee: YES [checked] 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 Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: Lauren Drake

Representing:

Title:

Address: 5472 Camille Garden Circle

City: Milton State/Zip: FL 32570

Phone Number: 850-261-2850 Meeting Date: 10-11-17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Medical Cannabis

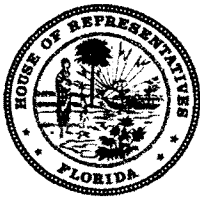
Registered Lobbyist: YES NO [checked]

State Employee: YES NO [checked]

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

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

Name: Jodi James
Representing: Florida Cannabis Action Network
Title: Executive Director
Address: 1375 Cypress Ave
City: Melbourne State/Zip: FL 32935
Phone Number: 321 890 7302 Meeting Date: 10/11/17
Committee/Subcommittee: H Q Sub
Presentation/Workshop Topic: MMJ

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



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: _____

Amendment Number: _____

Name: Jennifer Langston

Representing: DHSMV / FHP

Title: Leg. Affairs Director

Address: 2900 Apalachee Pkwy

City: Tallahassee State/Zip: FL, 32312

Phone Number: (850) 617-3195 Meeting Date: 10/11/17

Committee/Subcommittee: House Health Quality

Presentation/Workshop Topic: Medical Marijuana - 8A

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 Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: Cory Harrison (Lt.)
Representing: DHSMV / FHP
Title: Lt. FHP
Address: 2900 Apalachee Pkwy
City: Tallahassee State/Zip: FL, 32312
Phone Number: (850) 617-3195 Meeting Date: 10/11/17
Committee/Subcommittee: House Health Quality
Presentation/Workshop Topic: Medical Marijuana - 8A

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

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

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

Bill: Proponent Opponent Info only
Amendment: Proponent Opponent Info only



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

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

Name: Ron Watson

Representing: Florida Society of Cannabis Physicians

Title: Executive Director

Address: 106 E College Ave, suite 600

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 567-1202 Meeting Date: 10/11/17

Committee/Subcommittee: Health Quality

Presentation/Workshop Topic: Medical Marijuana implementation

Registered Lobbyist: YES NO

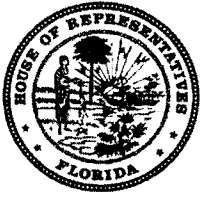
State Employee: YES NO

- 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 Amendment
Bill/PCS/PCB Number:
Amendment Number:

Name: ADAM HEIDECHE

Representing: PATIENTS

Title: CAREGIVER

Address: 19725 GULF BLVD UNIT #49

City: INDIAN SHORES State/Zip: 33785

Phone Number: (727) 687-0771 Meeting Date: 10/11/17

Committee/Subcommittee: HOUSE HEALTH QUALITY SUBCOMMITTEE

Presentation/Workshop Topic: OFFICE OF MEDICAL MARIJUANA USE

Registered Lobbyist: YES NO [checked]

State Employee: YES NO [checked]

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

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

Bill: Proponent Opponent Info only

Amendment: Proponent Opponent Info only