



Health Care Appropriations Subcommittee

February 8, 2016
2:00 PM – 6:00 PM
Webster Hall (212 Knott)

Action Packet

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Care Appropriations Subcommittee

Start Date and Time: Monday, February 08, 2016 02:00 pm
End Date and Time: Monday, February 08, 2016 05:00 pm
Location: Webster Hall (212 Knott)
Duration: 3.00 hrs

Consideration of the following bill(s):

CS/HB 307 Experimental Treatments for Terminal Conditions by Criminal Justice Subcommittee, Gaetz, Edwards
CS/HB 599 Child Welfare by Children, Families & Seniors Subcommittee, Combee, Harrell
HB 1175 Transparency in Health Care by Sprowls
HB 7087 Telehealth by Select Committee on Affordable Healthcare Access, Sprowls
HB 7097 Mental Health and Substance Abuse by Children, Families & Seniors Subcommittee, Harrell

Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m., Friday, February 5, 2016.

By request of the chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Friday, February 5, 2016.

NOTICE FINALIZED on 02/04/2016 4:16PM by LAL

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/8/2016 2:00:00PM

Location: Webster Hall (212 Knott)

Summary:

Health Care Appropriations Subcommittee

Monday February 08, 2016 02:00 pm

CS/HB 307	Favorable With Committee Substitute	Yeas: 9	Nays: 2
	Amendment 089267 Adopted Without Objection		
CS/HB 599	Favorable	Yeas: 10	Nays: 0
HB 1175	Favorable With Committee Substitute	Yeas: 9	Nays: 0
	Amendment 521229 Adopted Without Objection		
	Amendment 886007 Adopted Without Objection		
HB 7087	Favorable With Committee Substitute	Yeas: 9	Nays: 0
	Amendment 008587 Adopted Without Objection		
	Amendment 184741 Adopted Without Objection		
HB 7097	Favorable With Committee Substitute	Yeas: 10	Nays: 0
	Amendment 762365 Adopted Without Objection		

Committee meeting was reported out: Monday, February 08, 2016 4:52:20PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/8/2016 2:00:00PM

Location: Webster Hall (212 Knott)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Matt Hudson (Chair)	X		
Michael Bileca			X
Jason Brodeur	X		
Janet Cruz			X
W. Travis Cummings	X		
Gayle Harrell	X		
Shawn Harrison	X		
MaryLynn Magar	X		
Jared Moskowitz	X		
Amanda Murphy	X		
Cary Pigman	X		
David Richardson	X		
Kenneth Roberson	X		
Totals:	11	0	2

Committee meeting was reported out: Monday, February 08, 2016 4:52:20PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/8/2016 2:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 307 : Experimental Treatments for Terminal Conditions

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca			X		
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Gayle Harrell		X			
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz	X				
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)		X			
Total Yeas: 9		Total Nays: 2			

CS/HB 307 Amendments

Amendment 089267

Adopted Without Objection

Appearances:

Amendment 1

James, Jodi (General Public) - Opponent

FL CAN
 Executive Director
 1375 Cypress Ave.
 Melbourne FL

Deckerhoff, Dennis (General Public) - Information Only

Parent/Patient Advocate
 5704 Victor Brown Trail
 Tallahassee FL 32303
 Phone: (850) 567-0405

Sharkey, Jeffrey (Lobbyist) - Waive In Support

Medical Marijuana Business Association of Florida, Inc.
 106 E College Ave Ste 640
 Tallahassee FL 32301
 Phone: (850) 224-1660

Committee meeting was reported out: Monday, February 08, 2016 4:52:20PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

2/8/2016 2:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 307 : Experimental Treatments for Terminal Conditions (continued)

Appearances: (continued)

Rotundo, Louis (Lobbyist) - Waive In Support
Florida Medical Cannabis Association
302 Pinestraw Circle
Altamonte Springs FL 32714
Phone: (407) 699-9361

Watson, Ronald (Lobbyist) - Proponent
ALTMed LLC
3738 Mundon Way
Tallahassee FL 32309
Phone: (850) 567-1202

Cannella-Krehl, Josephine (General Public) - Information Only
Licensed Clinical Social Worker
3784 Wentworth Way
Tallahassee FL 32311
Phone: (850) 653-6928

Jordan, Cathy (General Public) - Proponent
Florida CAN
President
4307 98th Ave.
Parrish FL 34219

Committee meeting was reported out: Monday, February 08, 2016 4:52:20PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	___	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
2 Subcommittee

3 Representative Gaetz offered the following:

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5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Paragraph (b) of subsection (2) of section
8 499.0295, Florida Statutes, is amended, and subsection (10) is
9 added to that section, to read:

10 499.0295 Experimental treatments for terminal conditions.—

11 (2) As used in this section, the term:

12 (b) "Investigational drug, biological product, or device"
13 means:

14 1. A drug, biological product, or device that has
15 successfully completed phase 1 of a clinical trial but has not
16 been approved for general use by the United States Food and Drug
17 Administration and remains under investigation in a clinical

Amendment No. 1

18 trial approved by the United States Food and Drug
19 Administration; or

20 2. Cannabis that is manufactured and sold by a dispensing
21 organization licensed under s. 381.986.

22 (10) (a) Notwithstanding s. 893.13, s. 893.135, s. 893.147,
23 or any other provision of law, but subject to the requirements
24 of this section, an eligible patient and the eligible patient's
25 legal representative may purchase and possess cannabis for the
26 patient's medical use.

27 (b) Notwithstanding s. 381.986, s. 893.13, s. 893.135, s.
28 893.147, or any other provision of law, but subject to the
29 requirements of this section, an approved dispensing
30 organization licensed under s. 381.986 and its owners, managers,
31 and employees may manufacture, possess, sell, deliver,
32 distribute, dispense, and lawfully dispose of cannabis.

33 (c) An approved dispensing organization licensed under s.
34 381.986 and its owners, managers, and employees are not subject
35 to licensure or regulation under chapter 465 for manufacturing,
36 possessing, selling, delivering, distributing, dispensing, or
37 lawfully disposing of cannabis.

38 (d) As used in this subsection, the terms "manufacture,"
39 "possession," "deliver," "distribute," and "dispense" have the
40 same meanings as provided in s. 893.02.

41 (e) This section does not impair the license of an
42 approved dispensing organization under s. 381.986.

43 Section 2. This act shall take effect July 1, 2016.

Amendment No. 1

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T I T L E A M E N D M E N T

Remove everything before the enacting clause and insert:
An act relating to experimental treatments for terminal conditions; amending s. 499.0295, F.S.; revising the definition of the term "investigational drug, biological product, or device"; providing for eligible patients to purchase and possess cannabis for medical use; authorizing certain licensed dispensing organizations to manufacture, possess, sell, deliver, distribute, dispense, and dispose of cannabis; exempting such organizations from specified laws; providing applicability; providing an effective date.

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/8/2016 2:00:00PM

Location: Webster Hall (212 Knott)

CS/HB 599 : Child Welfare

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca			X		
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 10		Total Nays: 0			

Committee meeting was reported out: Monday, February 08, 2016 4:52:20PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/8/2016 2:00:00PM

Location: Webster Hall (212 Knott)

HB 1175 : Transparency in Health Care

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Michael Bileca			X		
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Gayle Harrell			X		
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 9		Total Nays: 0			

HB 1175 Amendments

Amendment 521229

Adopted Without Objection

Amendment 886007

Adopted Without Objection

Appearances:

Brennan, Daniel (General Public) - Information Only
 Florida College of Emergency Physicians
 340 N. Lake Sybella Dr.
 Maitland FL 32751

Polangin, Richard - Waive In Support
 League of Women Voters of Florida and FL Alliance for Retired Americans
 1300 N. Duval St.
 Tallahassee FL 32303
 Phone: (850) 224-4206

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COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

2/8/2016 2:00:00PM

Location: Webster Hall (212 Knott)

HB 1175 : Transparency in Health Care (continued)

Appearances: (continued)

Vickers, Mary Beth (Lobbyist) (State Employee) - Information Only
Governor's Office of Policy
Policy Coordinator--HHS
400 S. Monroe Street 1601 Capitol
Tallahassee FL 32399
Phone: (850) 717-9511

Cobbe, Fraser (General Public) - Information Only
Florida Orthopaedic Society
Executive Director
21013 Lake Vienna Drive
Land O'Lakes Fl 34638
Phone: (813) 948-8660

Fowler, Jarrod (Lobbyist) - Information Only
Florida Medical Association
PO Box 10269
Tallahassee FL
Phone: (850) 224-6496

Committee meeting was reported out: Monday, February 08, 2016 4:52:20PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
 2 Subcommittee
 3 Representative Sprowls offered the following:

Amendment

Remove lines 692-708 and insert:

7 ~~(a) The Legislature intends that funding for the Florida~~
 8 ~~Center for Health Information and Transparency Policy Analysis~~
 9 ~~be appropriated from the General Revenue Fund.~~

10 (a)(b) The Florida Center for Health Information and
 11 Transparency Policy Analysis may apply for and receive and
 12 accept grants, gifts, and other payments, including property and
 13 services, from any governmental or other public or private
 14 entity or person and make arrangements as to the use of same,
 15 including the undertaking of special studies and other projects
 16 relating to health-care-related topics. ~~Funds obtained pursuant~~

Amendment No. 1

17 | ~~to this paragraph may not be used to offset annual~~
18 | ~~appropriations from the General Revenue Funds.~~

19 | **(b)** ~~(e)~~ The center may charge such reasonable fees for
20 | services as the agency prescribes by rule. The established fees
21 | may not exceed the reasonable cost for such services. **Fees**
22 | ~~collected may not be used to offset annual appropriations from~~
23 | ~~the General Revenue Fund.~~

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
 2 Subcommittee
 3 Representative Sprowls offered the following:

Amendment (with title amendment)

Between lines 1362 and 1363, insert:

7 Section 21. For the 2016-2017 fiscal year, one full-time
 8 equivalent position, with associated salary rate of 41,106, is
 9 authorized and the sums of \$952,919 in recurring funds and
 10 \$3,100,000 in nonrecurring funds from the Health Care Trust Fund
 11 are hereby appropriated to the Agency for Health Care
 12 Administration for the purpose of implementing the requirements
 13 of this act.

T I T L E A M E N D M E N T

Remove line 84 and insert:

886007 - h1175 line 1362 Sprowls2.docx

Published On: 2/5/2016 6:01:20 PM

886007

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1175 (2016)

Amendment No. 2

18 providing an appropriation; providing an effective date.

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/8/2016 2:00:00PM

Location: Webster Hall (212 Knott)

HB 7087 : Telehealth

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca			X		
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Gayle Harrell			X		
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 9		Total Nays: 0			

HB 7087 Amendments

Amendment 008587

Adopted Without Objection

Amendment 184741

Adopted Without Objection

Appearances:

Gonzalez, Larry (Lobbyist) - Waive In Support
 Florida Occupational Therapy Association & Florida Society of Health System Pharmacists
 General Counsel
 223 S. Gadsden St.
 Tallahassee FL 32301
 Phone: (850) 222-0465

Perdue, Tammy (Lobbyist) - Waive In Support
 Associated Industries of Florida
 General Counsel
 516 N. Adams St.
 Tallahassee FL 32301
 Phone: (850) 224-7173

Committee meeting was reported out: Monday, February 08, 2016 4:52:20PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

2/8/2016 2:00:00PM

Location: Webster Hall (212 Knott)

HB 7087 : Telehealth (continued)

Appearances: (continued)

Nuland, Chris (Lobbyist) - Opponent

Florida Chapter, American College of Physicians

1000 Riverside Avenue #115

Jacksonville Florida 32204

Phone: (904) 355-1555

Lambert, Paul (Lobbyist) - Waive In Support

FL Chiropractic Association

General Counsel

263 Rosehill Dr. N.

Tallahassee FL 32312

Phone: (850) 597-2696

Cantwell, Laura (Lobbyist) - Information Only

AARP

Associate State Director

400 Carillon Pky Ste 100

St Petersburg FL 33716

Phone: (850) 577-5163

Committee meeting was reported out: Monday, February 08, 2016 4:52:20PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
2 Subcommittee

3 Representative Sprowls offered the following:

4

5 **Amendment**

6 Remove line 203 and insert:

7 (3) The Department of Health shall survey all health care
8 practitioners, as defined under s. 456.001, upon and as a
9 condition of licensure renewal to compile the information
10 required pursuant to this section. The Department of Health and
11 the Office of Insurance

Amendment No. 2

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<input type="checkbox"/>	(Y/N)
ADOPTED AS AMENDED	<input type="checkbox"/>	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	<input type="checkbox"/>	(Y/N)
WITHDRAWN	<input type="checkbox"/>	(Y/N)
OTHER	<input type="checkbox"/>	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
 2 Subcommittee

3 Representative Sprowls offered the following:

4
 5 **Amendment (with title amendment)**

6 Between lines 214 and 215, insert:

7 Section 3. For the 2016-2017 fiscal year, 4 full-time equivalent
 8 positions, with associated salary rate of 145,870 are authorized
 9 and the sums of \$261,389 in recurring funds and \$15,528 in
 10 nonrecurring funds from the Medical Quality Assurance Trust Fund
 11 are hereby appropriated to the Department of Health for the
 12 purpose of implementing the requirements of the act.

13
 14 -----

15 **T I T L E A M E N D M E N T**

16 Remove lines 22-23 and insert:

Amendment No. 2

17 | the reporting requirement; providing an appropriation; providing
18 | an effective date.

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/8/2016 2:00:00PM

Location: Webster Hall (212 Knott)

HB 7097 : Mental Health and Substance Abuse

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Michael Bileca			X		
Jason Brodeur	X				
Janet Cruz			X		
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 10					
Total Nays: 0					

HB 7097 Amendments

Amendment 762365

Adopted Without Objection

Appearances:

Kelly, Natalie (Lobbyist) - Waive In Support
 Florida Association of Managing Entities
 Executive Director
 411 E. College Ave.
 Tallahassee FL 32301
 Phone: (850) 570-5747

Youmans, Laura (Lobbyist) - Waive In Support
 Florida Association of Counties
 100 S. Monroe Street
 Tallahassee FL 32301

Lowrey, Thad (Lobbyist) - Waive In Support
 Operation PAR
 VP Governmental Relations
 7720 Washington St
 Port Richey FL 34668
 Phone: (727) 992-8508

Committee meeting was reported out: Monday, February 08, 2016 4:52:20PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
2/8/2016 2:00:00PM

Location: Webster Hall (212 Knott)

HB 7097 : Mental Health and Substance Abuse (continued)

Appearances: (continued)

Fontaine, Mark (Lobbyist) - Waive In Support
Florida Alcohol & Drug Abuse Association, Inc
Executive Director
2868 Mahan Dr. Ste 1
Tallahassee FL 32308
Phone: (850) 878-2196

Hoza, Meghan (Lobbyist) - Waive In Support
Florida Council for Community Mental Health
225 S. Adams Street
Tallahassee Florida 32301
Phone: (772) 485-0693

Mixon, Corinne (Lobbyist) - Waive In Support
Florida Mental Health Counselors Association
119 E. Park Ave.
Tallahassee FL 32301
Phone: (850) 222-2591

Committee meeting was reported out: Monday, February 08, 2016 4:52:20PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 7097 (2016)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	<u>✓</u>	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing bill: Health Care Appropriations
 2 Subcommittee

3 Representative Harrell offered the following:

4
 5 **Amendment (with title amendment)**

6 Between lines 2108 and 2109, insert:

7 Section 40. For Fiscal Year 2016-17, the nonrecurring sum
 8 of \$400,000 from the Operations and Maintenance Trust Fund is
 9 provided to the Department of Children & Families for the
 10 purpose of modifying the existing Crisis Stabilization Unit
 11 database to collect and analyze data and information pursuant to
 12 section 10 of this act.

13
 14 -----

15 **T I T L E A M E N D M E N T**

16 Remove line 143 and insert:

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 7097 (2016)

Amendment No. 1

17 | made by the act; providing an appropriation; providing effective
18 | dates.
19 |



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 307 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: #1

Committee/Subcommittee: HCA

Name: Jodi James

Title: ED

Address: 1375 Cypress Ave

City: Melbourne State/Zip: _____

Phone Number: _____

Representing: FL CAN

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 307 Meeting Date: 2-8-2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: HEALTH CARE APPROPRIATIONS

Name: DENNIS DECKERHOFF

Title: PARENT / PATIENT ADVOCATE

Address: 5704 VICTOR BROWN TRL

City: TALLAHASSEE State/Zip: FL 32303

Phone Number: 850-567-0405

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input checked="" type="checkbox"/>		Info Only <input type="checkbox"/>	



WNS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 307 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Experimental Treatments

Committee/Subcommittee: Health Care Approps

Name: JEFFREY STARKEY

Title: PRES. CAPITOL ASSISTANCE GROUP

Address: 106 E College Ave #640

City: PLH State/Zip: FL 323

Phone Number: 850 224 1600

Representing: MEDICAL MARIJUANA BUSINESS ASSOCIATION OF FLORIDA

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 307 Meeting Date: 2/2/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Approps

Name: Louis Rotundo

Title: _____

Address: 302 Pinestraw Circle

City: Altamonte Springs State/Zip: 32714

Phone Number: 407-699-9361

Representing: Florida Medical Cannabis Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 307 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Right to Try

Committee/Subcommittee: _____

Name: Ron Watson

Title: Lobbyist

Address: 3738 Murden Way

City: Tallahassee State/Zip: FL 32309

Phone Number: (850) 567-1202

Representing: AH Med

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB307 Meeting Date: 2/7

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Experimental Treatments

Committee/Subcommittee: _____

Name: Josephine Cannella-Krehl

Title: Licensed Clinical Social Worker

Address: 3784 Wentworth Way

City: Tallahassee State/Zip: FL 32311

Phone Number: 850-653-10928

Representing: _____

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 307 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: _____

Committee/Subcommittee: HCA

Name: ~~Da~~ Cathy Jordan

Title: President

Address: 4307 98th Ave

City: Farrist State/Zip: 34219

Phone Number: _____

Representing: Florida CAN

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1175 Meeting Date: Feb. 8, '16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: APCD

Committee/Subcommittee: Healthcare Appro

Name: DR. Daniel Brennan

Title: _____

Address: 340 N. LAKE SYBELIA DR

City: MARIETTA State/Zip: GA 32751

Phone Number: _____

Representing: Florida College of Emergency Physicians

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1175 Meeting Date: Feb 8, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Transparency

Committee/Subcommittee: Health Care Appropriations

Name: Richard Polangin

Title: _____

Address: 1300 N Duval St

City: Tallahassee State/Zip: FL 32303

Phone Number: (850) 224-4206

Representing: League of Women Voters of Florida

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1175 Meeting Date: Feb 8, 2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: transparency

Committee/Subcommittee: Health Care Appropriations

Name: Richard Polengin

Title: Government Affairs Director

Address: 1300 N Duval St

City: Tallahassee State/Zip: FL 32303

Phone Number: (850) 224-4206

Representing: Florida Alliance for Retired Americans

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 1175 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: House Health Care Appropriations

Name: Mary Beth Vickers

Title: Coordinator, HHS, OPB on the EDJ

Address: 400 S. Monroe

City: Tallahassee State/Zip: FL 92308

Phone Number: 850-717-9511

Representing: Governor's Office

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 1175 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Care Appropriations Subcommittee

Name: Fraser Coble

Title: Executive Director

Address: 21013 Lake Vienna Drive

City: Land O'Lakes State/Zip: FL 34638

Phone Number: 813-948-8660

Representing: Florida Orthopaedic Society

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB, 1175 Meeting Date: 2-8-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Care Appropriations

Name: Jarrod Fowler

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: Florida Medical Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 7087 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Telhealth

Committee/Subcommittee: Health Care Approps Subcommittee

Name: Larry Gonzalez

Title: General Counsel

Address: 223 S. Gadsden St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-222-0465

Representing: Florida Occupational Therapy Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO *Waive in support*

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HS 7087 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Telehealth

Committee/Subcommittee: Health Care Approps Subcommittee

Name: Larry Gonzalez

Title: General Counsel

Address: 223 S. Gadsden St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-570-6307

Representing: Florida Society of Health-System Pharmacists

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: None in support YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: HB 7087 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Telehealth

Committee/Subcommittee: Health Appropriations

Name: Tammy Perdue

Title: General Counsel

Address: 516 N. Adams St.

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-224-7173

Representing: Associated Industries of Florida

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 7087 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Health Appropriations

Committee/Subcommittee: Health Appropriations

Name: Chris Nuland

Title: _____

Address: 1000 Riverside Ave

City: Jacksonville State/Zip: FL 32204

Phone Number: 904-233-3051

Representing: Florida Chapter American College of Physicians

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input checked="" type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 7087 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Health Care App Sub

Committee/Subcommittee: HEALTH CARE App. Sub

Name: PAUL LAMBERT

Title: _____

Address: 263 Rosehill Drive North

City: Tallahassee State/Zip: FL 32312

Phone Number: 850 597-2696

Representing: FLORIDA CHIROPRACTIC ASSOCIATION

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 7087 Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Telehealth

Committee/Subcommittee: Health Care Appropriations Subcommittee

Name: Laura Cantwell

Title: Associate State Director

Address: 400 Canillon Pkwy, Suite 100

City: St Pete State/Zip: 33716

Phone Number: 850-570-2110

Representing: AARP

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 7097 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: MENTAL HEALTH & SUBSTANCE ABUSE

Committee/Subcommittee: HEALTH & HUMAN SERVICES

Name: NATALIE KELLY

Title: EXECUTIVE DIRECTOR

Address: 411 E COLLEGE AVE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850 570-5747

Representing: FLORIDA ASSOCIATION OF MANAGING ENTITIES

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WLS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 7097 Meeting Date: Feb 8, 2014

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: MENTAL HEALTH & SUBSTANCE ABUSE

Committee/Subcommittee: HEALTH CARE APPROP (2:00 212K)

Name: LAURA YOUNANS

Title: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

Representing: FLORIDA ASSOCIATION OF COUNTIES

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 7097 Meeting Date: 2-8-2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: HHS APP.

Name: THAD LOWRY

Title: VP Governmental Relations

Address: 7720 Washington St. Ste 102

City: PORT RICHEY State/Zip: 34668

Phone Number: 727-992-8508

Representing: OPERATION PAR

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WIS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 7097 Meeting Date: 2-8-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Mental Health + Substance Abuses

Committee/Subcommittee: HHS App.

Name: MARK FONTAINE

Title: Executive Director

Address: 2868 MITTAN Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 878-2196

Representing: Florida Alcohol + Drug Abuse Association

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Type or Print Clearly

Bill Number: 7097 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Care Appropriations

Name: Meghan Hoza

Title: _____

Address: 225 S. Adams Street Ste. 250

City: Tallahassee State/Zip: FL, 32301

Phone Number: (772) 485-0693

Representing: Florida Council for Community Mental Health

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



WLS

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Type or Print Clearly

Bill Number: HB 7097 Meeting Date: 2/8/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Health Care Appropriations ~~Committee~~ Subcommittee

Name: Corinne Mixon

Title: Lobbyist

Address: 119 E Park Ave

City: Tallahassee State/Zip: Florida 32301

Phone Number: 850-222-2591

Representing: Florida Mental Health Counselors Association

Registered Lobbyist: YES NO

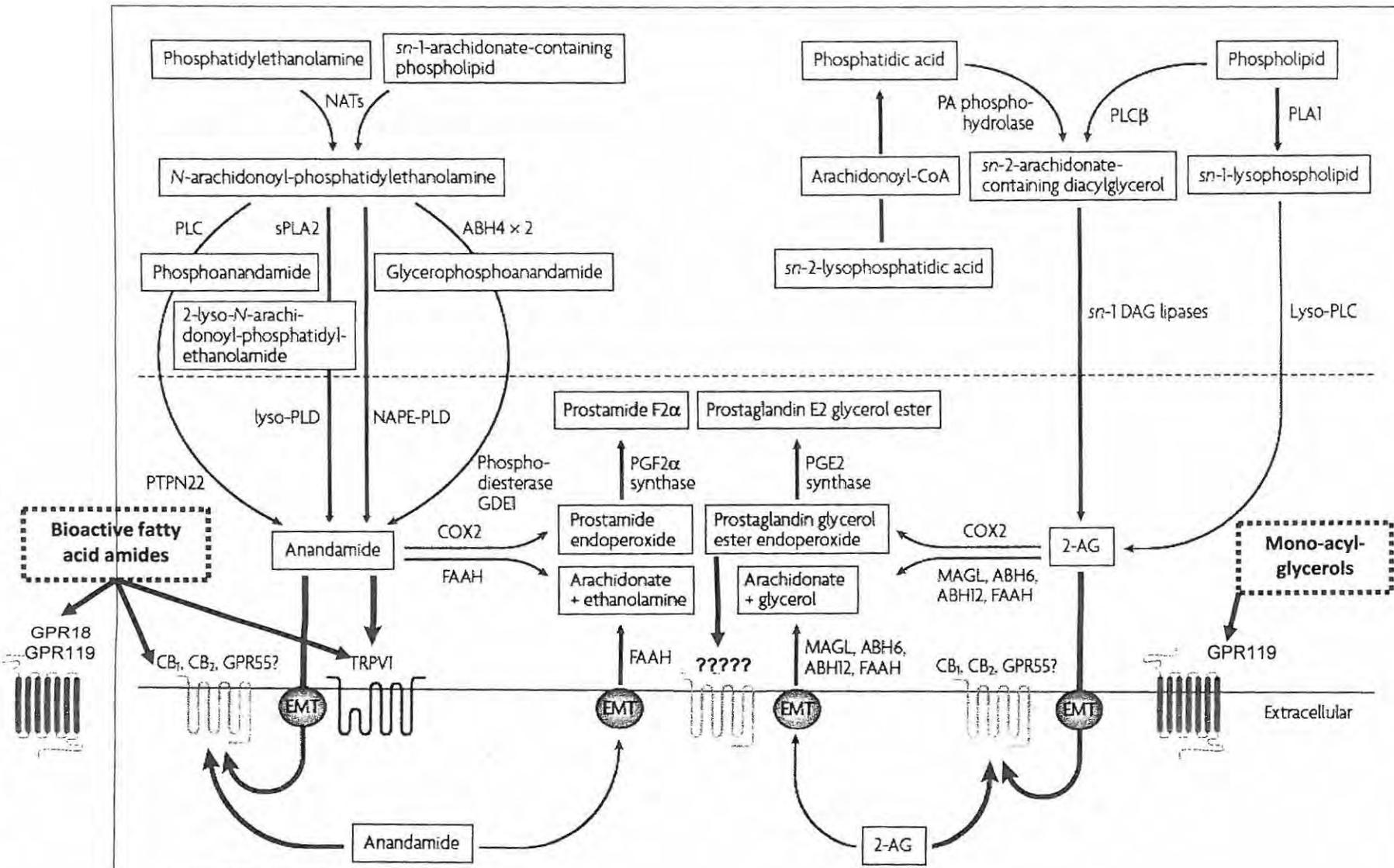
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

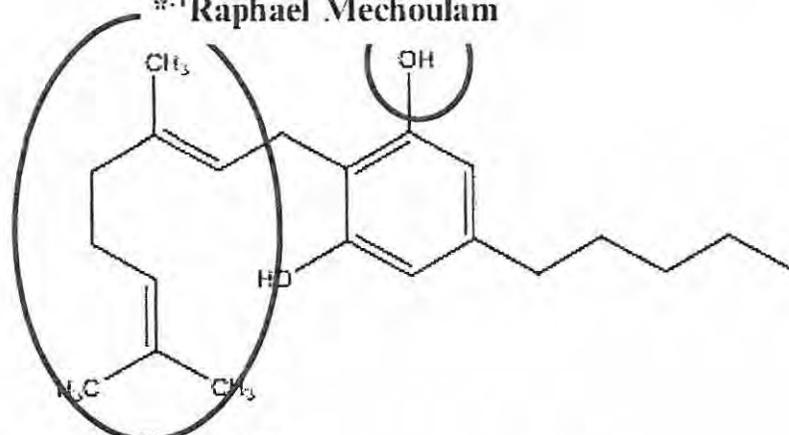
Complexity of the "Endocannabinoidome"



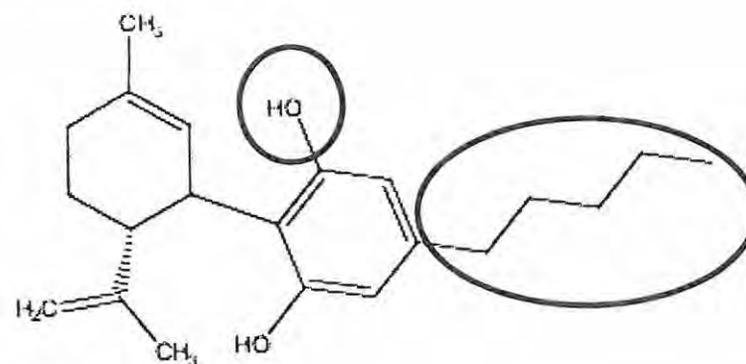
COMMENTARY

Plant cannabinoids: a neglected pharmacological treasure trove

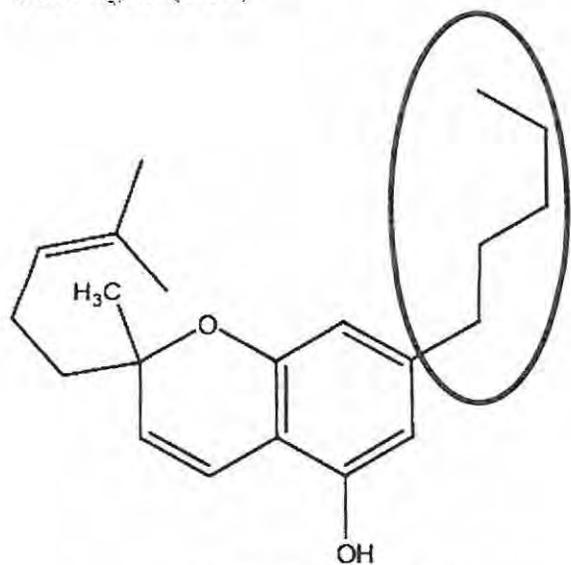
*¹Raphael Mechoulam



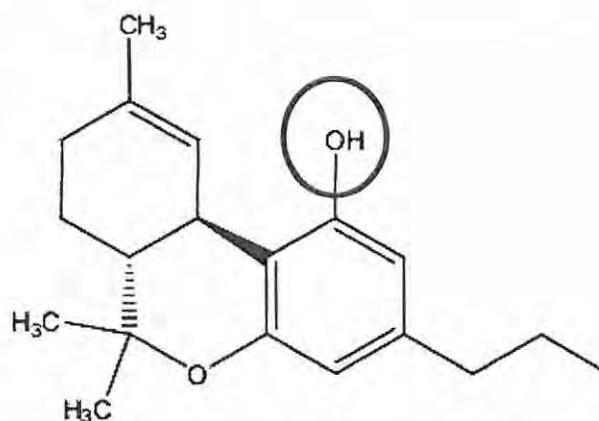
Cannabigerol (CBG)



Cannabidiol (CBD)



Cannabichromene (CBC)



Δ^9 -tetrahydrocannabivarin (Δ^9 -THCV)

- Propyl analogues of CBD and CBG
- Methyl analogue of THC
- Sesquiterpene analogue of CBG
- Acid precursors of most of these compounds