



Health Market Reform Subcommittee

**Tuesday, January 28, 2020
3:30 PM – 6:30 PM
Mashburn Hall (306 HOB)**

Action Packet

Jose Oliva
Speaker

Cary Pigman
Chair

COMMITTEE MEETING REPORT
Health Market Reform Subcommittee
1/28/2020 3:30PM

Location: Mashburn Hall (306 HOB)

Summary:

Health Market Reform Subcommittee

Tuesday January 28, 2020 03:30 pm

HB 1179	Favorable With Committee Substitute	Yeas: 14	Nays: 0
	Amendment 750769 Adopted Without Objection		
HB 1183	Favorable	Yeas: 13	Nays: 0
HB 1279	Favorable	Yeas: 13	Nays: 0
HB 1373	Favorable With Committee Substitute	Yeas: 13	Nays: 0
	Amendment 921465 Adopted		
PCB HMR 20-03	Favorable	Yeas: 10	Nays: 5

Committee meeting was reported out: Tuesday, January 28, 2020 5:39PM

COMMITTEE MEETING REPORT
Health Market Reform Subcommittee

1/28/2020 3:30PM

Location: Mashburn Hall (306 HOB)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Cary Pigman (Chair)	X		
Robert Andrade	X		
Joseph Casello	X		
Nicholas Duran	X		
Javier Fernández	X		
Heather Fitzenhagen	X		
Margaret Good	X		
Michael Grant	X		
Blaise Ingoglia	X		
Thomas Leek	X		
Lawrence McClure	X		
Anika Omphroy	X		
Bob Rommel	X		
Jackie Toledo	X		
Josie Tomkow	X		
Totals:	15	0	0

Committee meeting was reported out: Tuesday, January 28, 2020 5:39PM

COMMITTEE MEETING REPORT
Health Market Reform Subcommittee

1/28/2020 3:30PM

Location: Mashburn Hall (306 HOB)

HB 1179 : Nondiscrimination in Organ Transplants

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Robert Andrade	X				
Joseph Casello	X				
Nicholas Duran	X				
Javier Fernández	X				
Heather Fitzenhagen	X				
Margaret Good	X				
Michael Grant	X				
Blaise Ingoglia	X				
Thomas Leek	X				
Lawrence McClure	X				
Anika Omphroy				X	
Bob Rommel	X				
Jackie Toledo	X				
Josie Tomkow	X				
Cary Pigman (Chair)	X				
Total Yeas: 14		Total Nays: 0			

HB 1179 Amendments

Amendment 750769

Adopted Without Objection

Appearances:

Cusick, Michael (Lobbyist) - Waive In Support
 Opportunity Solutions
 200 W College Ave
 Tallahassee FL 32301
 Phone: (850) 222-5620

Watson, Ronald (Lobbyist) - Waive In Support
 Florida Renal Association
 Lobbyist
 3738 Mundon Way
 Tallahassee FL 32309
 Phone: (850) 567-1202

Committee meeting was reported out: Tuesday, January 28, 2020 5:39PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

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

1 Committee/Subcommittee hearing bill: Health Market Reform
2 Subcommittee

3 Representative Fischer offered the following:

4
5 **Amendment**

6 Remove everything after the enacting clause and insert:
7 Section 1. Section 765.523, Florida Statutes, is created to
8 read:

9 765.523 Discrimination in access to anatomical gifts and
10 organ transplants prohibited.-

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

12 (a) "Auxiliary aids and services" means:

13 1. Qualified interpreters or other effective methods of
14 making aurally delivered materials available to individuals with
15 hearing impairments.

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16 2. Qualified readers, recorded texts, texts in an
17 accessible electronic format, or other effective methods of
18 making visually delivered materials available to individuals
19 with visual impairments.

20 3. Supported decisionmaking services, including any of the
21 following:

22 a. The use of a support person to assist an individual in
23 making medical decisions, communicating information to the
24 individual, or ascertaining his or her wishes.

25 b. The provision of information to a person designated by
26 the individual, consistent with federal and state laws governing
27 the disclosure of health information.

28 c. Measures used to ensure that the individual's guardian
29 or legal representative, if any, is included in decisions
30 involving the individual's health care and that medical
31 decisions are in accordance with the individual's own expressed
32 interests.

33 d. Any other aid or service that is used to provide
34 information in a format that is readily understandable and
35 accessible to individuals with cognitive, neurological,
36 developmental, or intellectual disabilities.

37 (b) "Covered entity" means any of the following:

38 1. A licensed health care practitioner as defined in s.
39 456.001.

40 2. A health care facility as defined in s. 408.07.

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41 3. Any other entity responsible for potential recipients
42 of an anatomical gift or organ transplant.

43 (c) "Disability" has the same meaning as "developmental
44 disability" and "intellectual disability" as those terms are
45 defined in s. 393.063.

46 (d) "Organ transplant" means the transplantation or
47 transfusion of a part of a human body into the body of another
48 individual for the purpose of treating or curing a medical
49 condition.

50 (e) "Qualified individual" means an individual who has a
51 disability and meets the clinical eligibility requirements for
52 the receipt of an anatomical gift or an organ transplant,
53 regardless of:

- 54 1. The support networks available to the individual;
55 2. The provision of auxiliary aids and services; or
56 3. Reasonable modifications to the policies, practices or
57 procedures of a covered entity pursuant to subsection (4).

58 (2) A covered entity may not do any of the following
59 solely on the basis of an individual's disability:

60 (a) Consider a qualified individual ineligible to receive
61 an anatomical gift or organ transplant.

62 (b) Deny medical or other services related to an organ
63 transplant, including evaluation, surgery, counseling, and
64 posttransplant treatment and services.

Amendment No. 1

65 (c) Refuse to refer the individual to an organ procurement
66 organization or a related specialist for the purpose of
67 evaluation or receipt of an organ transplant.

68 (d) Refuse to place a qualified individual on an organ
69 transplant waiting list.

70 (e) Place a qualified individual at a lower priority
71 position on an organ transplant waiting list than the position
72 at which the qualified individual would have been placed if not
73 for the disability.

74 (3) (a) A covered entity may take an individual's
75 disability into account if, following an individualized
76 evaluation of him or her, a physician finds the individual's
77 disability to be medically significant to the provision of the
78 anatomical gift or organ transplant, but only to the extent that
79 the covered entity is making treatment or coverage
80 recommendations or decisions for the individual.

81 (b) If an individual has the necessary support system to
82 assist him or her in complying with posttransplant medical
83 requirements, a covered entity may not consider the individual's
84 inability to independently comply with the posttransplant
85 medical requirements to be medically significant for the
86 purposes of paragraph (a).

87 (4) A covered entity shall make reasonable modifications
88 to policies, practices, or procedures when the modifications are
89 necessary to allow an individual with a disability access to

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90 services, including transplant-related counseling, information,
91 coverage, or treatment, unless the covered entity can
92 demonstrate that making the modifications would fundamentally
93 alter the nature of the services. Such modifications shall
94 include, but not be limited to, communication with the persons
95 responsible for supporting the individual with his or her
96 postsurgical and posttransplant care, including medication. Such
97 modifications shall also consider the support networks available
98 to the individual, including, but not limited to, family,
99 friends, and home and community-based services coverage when
100 determining whether the individual is able to comply with
101 posttransplant medical requirements.

102 (5) A covered entity shall take such steps as may be
103 necessary to ensure that an individual with a disability is not
104 denied services, including transplant-related counseling,
105 information, coverage, or treatment, due to the absence of
106 auxiliary aids and services, unless the covered entity can
107 demonstrate that taking the steps would fundamentally alter the
108 nature of the services being offered or would result in an undue
109 burden on the covered entity.

110 (6) If a covered entity violates this section, the
111 qualified individual who is affected by the violation may bring
112 an action in the appropriate circuit court for injunctive or
113 other equitable relief.

Amendment No. 1

114 (7) This section may not be construed to require a covered
115 entity to make a referral or recommendation for or perform a
116 medically inappropriate organ transplant.

117 Section 2. Section 627.64197, Florida Statutes, is created
118 to read:

119 627.64197 Coverage for organ transplants.—A health
120 insurance policy issued, delivered, or renewed on or after July
121 1, 2020, in this state by an insurer which provides coverage for
122 organ transplants on an expense-incurred basis may not deny
123 coverage for an organ transplant solely on the basis of an
124 insured's disability. This section may not be construed to
125 require such insurer to provide coverage for an organ transplant
126 that is not medically necessary. For purposes of this section,
127 the term "organ transplant" has the same meaning as in s.
128 765.523.

129 Section 3. Section 627.65736, Florida Statutes, is created
130 to read:

131 627.65736 Coverage for organ transplants.—A group health
132 insurance policy delivered, issued, or renewed on or after July
133 1, 2020, in this state by an insurer or nonprofit health care
134 services plan which provides coverage for organ transplants on
135 an expense-incurred basis may not deny coverage for an organ
136 transplant solely on the basis of an insured's disability. This
137 section may not be construed to require such insurer or
138 nonprofit health care service plan to provide coverage for an

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Amendment No. 1

139 organ transplant that is not medically necessary. For purposes
140 of this section, the term "organ transplant" has the same
141 meaning as in s. 765.523.

142 Section 4. Section 641.31075, Florida Statutes, is created
143 to read:

144 641.31075 Coverage for organ transplants.—A health
145 maintenance contract issued or renewed on or after July 1, 2020,
146 in this state by a health maintenance organization which
147 provides coverage for organ transplants may not deny coverage
148 for an organ transplant solely on the basis of a subscriber's
149 disability. This section may not be construed to require such
150 health maintenance organization to provide coverage for an organ
151 transplant that is not medically necessary. For purposes of this
152 section, the term "organ transplant" has the same meaning as in
153 s. 765.523.

154 Section 5. This act shall take effect July 1, 2020.

COMMITTEE MEETING REPORT
Health Market Reform Subcommittee

1/28/2020 3:30PM

Location: Mashburn Hall (306 HOB)

HB 1183 : Home Medical Equipment Providers

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Robert Andrade	X				
Joseph Casello	X				
Nicholas Duran	X				
Javier Fernández	X				
Heather Fitzenhagen	X				
Margaret Good	X				
Michael Grant	X				
Blaise Ingoglia	X				
Thomas Leek	X				
Lawrence McClure	X				
Anika Omphroy			X		
Bob Rommel	X				
Jackie Toledo	X				
Josie Tomkow	X				
Cary Pigman (Chair)			X		
Total Yeas: 13		Total Nays: 0			

Appearances:

Lambert, Paul (Lobbyist) - Waive In Support

Florida Chiropractic Association, Inc

General Counsel

263 Rosehill Dr N

Tallahassee FL

Phone: (850) 597-2696

Watson, Ronald (Lobbyist) - Waive In Support

Florida Chiropractic Physician Association

Lobbyist

3738 Mundon Way

Tallahassee FL 32309

Phone: (850) 567-1202

Committee meeting was reported out: Tuesday, January 28, 2020 5:39PM

COMMITTEE MEETING REPORT
Health Market Reform Subcommittee

1/28/2020 3:30PM

Location: Mashburn Hall (306 HOB)

HB 1279 : Health Insurance Benefits

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Robert Andrade	X				
Joseph Casello	X				
Nicholas Duran	X				
Javier Fernández	X				
Heather Fitzenhagen	X				
Margaret Good	X				
Michael Grant			X		
Blaise Ingoglia	X				
Thomas Leek	X				
Lawrence McClure	X				
Anika Omphroy	X				
Bob Rommel	X				
Jackie Toledo			X		
Josie Tomkow	X				
Cary Pigman (Chair)	X				
Total Yeas: 13		Total Nays: 0			

Committee meeting was reported out: Tuesday, January 28, 2020 5:39PM

COMMITTEE MEETING REPORT
Health Market Reform Subcommittee

1/28/2020 3:30PM

Location: Mashburn Hall (306 HOB)

HB 1373 : Long-Term Care

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Robert Andrade	X				
Joseph Casello	X				
Nicholas Duran	X				
Javier Fernández	X				
Heather Fitzenhagen	X				
Margaret Good	X				
Michael Grant			X		
Blaise Ingoglia	X				
Thomas Leek	X				
Lawrence McClure	X				
Anika Omphroy	X				
Bob Rommel	X				
Jackie Toledo			X		
Josie Tomkow	X				
Cary Pigman (Chair)	X				
Total Yeas: 13		Total Nays: 0			

HB 1373 Amendments

Amendment 921465

Adopted

Appearances:

Jackson, Tanya (Lobbyist) - Waive In Support
 SEIU 1199 United Health Care Workers
 Logb-term care
 150 S. Monroe Street Suite 303
 Tallahassee FL 32301-1734
 Phone: (850) 445-0107

McRay, Jack (Lobbyist) - Waive In Support
 AARP
 215 S Monroe St #603
 Tallahassee FL 32301
 Phone: (850) 577-5187

Bahmer, Steve (Lobbyist) - Waive In Support
 LeadingAge Florida
 President
 1812 Riggins Rd
 Tallahassee FL 32308
 Phone: (850) 671-3700

Committee meeting was reported out: Tuesday, January 28, 2020 5:39PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1373 (2020)

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

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

1 Committee/Subcommittee hearing bill: Health Market Reform
2 Subcommittee

3 Representative Webb offered the following:
4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Paragraphs (a) and (b) of subsection (3) of
8 section 409.979, Florida Statutes, are amended to read:

9 409.979 Eligibility.—

10 (3) WAIT LIST, RELEASE, AND OFFER PROCESS.—The Department
11 of Elderly Affairs shall maintain a statewide wait list for
12 enrollment for home and community-based services through the
13 long-term care managed care program.

14 (a) The Department of Elderly Affairs shall prioritize
15 individuals for potential enrollment for home and community-
16 based services through the long-term care managed care program

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Amendment No. 1

17 using a frailty-based screening tool that results in a priority
18 score. The priority score is used to set an order for releasing
19 individuals from the wait list for potential enrollment in the
20 long-term care managed care program. If capacity is limited for
21 individuals with identical priority scores, the individual with
22 the oldest date of placement on the wait list shall receive
23 priority for release.

24 1. Pursuant to s. 430.2053, aging resource center
25 personnel certified by the Department of Elderly Affairs shall
26 perform the screening for each individual requesting enrollment
27 for home and community-based services through the long-term care
28 managed care program. The Department of Elderly Affairs shall
29 request that the individual or the individual's authorized
30 representative provide alternate contact names and contact
31 information.

32 2. The individual requesting the long-term care services,
33 or the individual's authorized representative, must participate
34 in an initial screening or rescreening for placement on the wait
35 list. The screening or rescreening must be completed in its
36 entirety before placement on the wait list.

37 3. Pursuant to s. 430.2053, aging resource center
38 personnel shall administer rescreening annually or upon
39 notification of a significant change in an individual's
40 circumstances for individuals with high priority scores. Aging
41 resource center personnel may administer rescreening annually or

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Amendment No. 1

42 upon notification of a significant change in an individual's
43 circumstances for individuals with low priority scores.

44 4. The Department of Elderly Affairs shall adopt by rule a
45 screening tool that generates the priority score, and shall make
46 publicly available on its website the specific methodology used
47 to calculate an individual's priority score.

48 (b) Upon completion of the screening or rescreening
49 process, the Department of Elderly Affairs shall notify the
50 individual or the individual's authorized representative that
51 the individual has been placed on the wait list, unless the
52 individual has a low priority score. The Department of Elderly
53 Affairs must maintain contact information for each individual
54 with a low priority score for purposes of any future
55 rescreening. Aging resource center personnel shall inform
56 individuals with low priority scores of community resources
57 available to assist them and inform them that they may contact
58 the aging resource center for a new assessment at any time if
59 they experience a change in circumstances.

60 Section 2. Paragraph (a) of subsection (5) of section
61 430.205, Florida Statutes, is amended to read:

62 (5) Any person who has been classified as a functionally
63 impaired elderly person is eligible to receive community-care-
64 for-the-elderly core services.

65 (a) Those elderly persons who are determined by protective
66 investigations to be vulnerable adults in need of services,

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Amendment No. 1

67 | pursuant to s. 415.104(3)(b), or to be victims of abuse,
68 | neglect, or exploitation who are in need of immediate services
69 | to prevent further harm and are referred by the adult protective
70 | services program, shall be given primary consideration for
71 | receiving community-care-for-the-elderly services. As used in
72 | this paragraph, "primary consideration" means that an assessment
73 | and services must commence within 72 hours after referral to the
74 | department or as established in accordance with department
75 | contracts by local protocols developed between department
76 | service providers and the adult protective services program.
77 | Regardless, a community-care-for-the-elderly services provider
78 | may dispute a referral under this paragraph by requesting that
79 | adult protective services negotiate the referral placement of,
80 | and the services to be provided to, a vulnerable adult or victim
81 | of abuse, neglect, or exploitation. If no agreement can be
82 | reached with adult protective services for modification of the
83 | referral decision, the determination by adult protective
84 | services shall prevail.

85 | Section 3. This act shall take effect July 1, 2020.

86 |
87 | -----
88 | **T I T L E A M E N D M E N T**

89 | Remove everything before the enacting clause and insert:
90 | An act relating to long-term care; amending s. 409.979, F.S.;
91 | exempting aging resource centers from annual rescreening of

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1373 (2020)

Amendment No. 1

92 individuals with low priority scores; providing that the
93 Department of Elderly Affairs has discretion regarding the
94 addition of individuals with low priority scores to the wait
95 list for services; requiring aging resource centers to provide
96 information on alternative resources to individuals with low
97 priority scores; amending s. 430.205, F.S.; allowing providers
98 of community care for the elderly services to dispute referrals
99 made by Adult Protective Services; providing an effective date.

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COMMITTEE MEETING REPORT
Health Market Reform Subcommittee

1/28/2020 3:30PM

Location: Mashburn Hall (306 HOB)

HB 1373 : Long-Term Care (continued)

Appearances: (continued)

Asztalos, Robert (Lobbyist) - Waive In Support

Florida Health Care Association

Chief Lobbyist

Asztalos & Associates 5013 Centennial Oak Cir

Tallahassee FL 32308

Phone: (850) 284-1166

Committee meeting was reported out: Tuesday, January 28, 2020 5:39PM

COMMITTEE MEETING REPORT
Health Market Reform Subcommittee

1/28/2020 3:30PM

Location: Mashburn Hall (306 HOB)

PCB HMR 20-03 : Direct Care Workers

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Robert Andrade	X				
Joseph Casello		X			
Nicholas Duran		X			
Javier Fernández		X			
Heather Fitzenhagen	X				
Margaret Good		X			
Michael Grant	X				
Blaise Ingoglia	X				
Thomas Leek	X				
Lawrence McClure	X				
Anika Omphroy		X			
Bob Rommel	X				
Jackie Toledo	X				
Josie Tomkow	X				
Cary Pigman (Chair)	X				
Total Yeas: 10		Total Nays: 5			

Appearances:

Bahmer, Steve (Lobbyist) - Opponent
 LeadingAge Florida
 President
 1812 Riggins Rd
 Tallahassee FL 32308
 Phone: (850) 671-3700

Robertson, Bethany - Opponent
 AARP Florida
 Volunteer
 100 N. Federal Way Apt 1136
 Ft. Lauderdale FL 33301
 Phone: 843-819-0565

Lolley, Bobby (Lobbyist) - Waive In Support
 Home Care Association of Florida
 Executive Director
 2236 Capital Cir NE Ste 206
 Tallahassee FL 32308-8304
 Phone: (850) 567-1951

McRay, Jack (Lobbyist) - Opponent
 AARP
 215 S Monroe St #603
 Tallahassee FL 32301
 Phone: (850) 577-5187

Committee meeting was reported out: Tuesday, January 28, 2020 5:39PM

COMMITTEE MEETING REPORT
Health Market Reform Subcommittee

1/28/2020 3:30PM

Location: Mashburn Hall (306 HOB)

PCB HMR 20-03 : Direct Care Workers (continued)

Appearances: (continued)

Corriveau, Kip - Opponent

Bon Secours St Petersburg Health System

Director Mission

10300 4th St. North

St Petersburg FL 33716

Phone: 727-726-5962

Colley, Sophia - Opponent

SEIU

CNA

1770 Windover Oaks Circle Apt 108

Titusville Fl 32780

Phone: 321-368-3959

Pound, Greg - Information Only

9166 Sunrise Dr

Largo FL 33773

Asztalos, Robert (Lobbyist) - Proponent

Florida Health Care Association

Chief Lobbyist

Asztalos & Associates 5013 Centennial Oak Cir

Tallahassee FL 32308

Phone: (850) 284-1166

Committee meeting was reported out: Tuesday, January 28, 2020 5:39PM



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

w/s

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>1179</u>	
Amendment Barcode Number: _____	

Name: Ron Watson

Representing: Florida Renal Association

Title: lobbyist

Address: 3738 Mundon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567-1202 Meeting Date: 1/28/2020

Committee/Subcommittee: Market Reform

Presentation/Workshop Topic: Organ transplant non discrimination

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

WS

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

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>1279</u>	
Amendment Barcode Number: _____	

Name: Mike Cusick

Representing: Opportunity Solutions

Title: _____

Address: 200 West College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-222-5620 Meeting Date: 1/28/20

Committee/Subcommittee: Health Market Reform

Presentation/Workshop Topic: Health Insurance Benefits

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>1183</u>			
Amendment Barcode Number: _____			

Name: PAUL LAMBERT

Representing: FLORIDA CHIROPRACTIC ASSOCIATION

Title: GENERAL COUNSEL

Address: 203 ROSEHILL DR N

City: TALLY State/Zip: _____

Phone Number: 850-597-2696 Meeting Date: 1/29/2020

Committee/Subcommittee: HEALT MARKET REFORM SUB

Presentation/Workshop Topic: TENS unit dispensing

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

w/s

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

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>1183</u>	
Amendment Barcode Number: _____	

Name: Ron Watson

Representing: Florida Chiropractic Physician Assoc

Title: lobbyist

Address: 3738 Mordon Way

City: Tallahassee State/Zip: FL 32309

Phone Number: 850 567 1202 Meeting Date: 1/28/2020

Committee/Subcommittee: Market Reform

Presentation/Workshop Topic: Home medical Equipment

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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

WS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>1373</u>	
Amendment Barcode Number: _____	

Name: Tanya C. Jackson

Representing: SEIU 1199 Healthcare Workers

Title: Long-Term Care

Address: 150 S. Monroe St., Ste 303

City: Tallahassee State/Zip: FL

Phone Number: 850-445-0107 Meeting Date: 1/28/2020

Committee/Subcommittee: Health Market Reform

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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

WS



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: 1373

Amendment Barcode Number: _____

Name: JACK MERRAY

Representing: AARP

Title: _____

Address: 205 S. MONROE ST. #603

City: TLH State/Zip: FL 32301

Phone Number: 850-577-5187 Meeting Date: 1/28/20

Committee/Subcommittee: HEALTH MARKET REFORM SUBC.

Presentation/Workshop Topic: LONG-TERM CARE

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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

WS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill	<input checked="" type="checkbox"/>	Amendment	<input type="checkbox"/>
Bill/PCS/PCB Number: <u>HB 1373</u>			
Amendment Barcode Number: _____			

Name: STEVE BARNOR

Representing: LEADING AGE FLORIDA

Title: PRESIDENT

Address: 1812 ROGANS LOOP

City: GANAHASSEE State/Zip: FL/ 32308

Phone Number: 850 671 3700 Meeting Date: 1/28/2020

Committee/Subcommittee: HEALTH CARE REFORM SUBCOMMITTEE

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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

WS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill/PCS/PCB Number: HB 1373

Amendment Barcode Number: _____

Name: Bob Asztalos

Representing: Florida Health Care Assoc

Title: Chief Lobbyist

Address: _____

City: _____ State/Zip: _____

Phone Number: 850-284-1166 Meeting Date: 1/28/20

Committee/Subcommittee: HMR

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



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

Bill <input type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>Hmr 20-03</u>	
Amendment Barcode Number: _____	

Name: STEVE BANNER

Representing: LEARNING AGE FLORIDA

Title: PRESIDENT

Address: 1812 RIGGINS ROAD

City: TAMMANSSEE State/Zip: FL / 32308

Phone Number: 850 671 3700 Meeting Date: 1/28/2020

Committee/Subcommittee: HEALTH MARKET REFORM SUBCOMMITTEE

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill Amendment

Bill/PCS/PCB Number: HMR 20-03

Amendment Barcode Number: _____

Name: Bethany Robertson

Representing: AARP Florida

Title: Volunteer

Address: 100 N. Federal Hwy Apt. 1134

City: Ft. Lauderdale State/Zip: FL 33341

Phone Number: 843-819-0565 Meeting Date: 1.28.20

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

W/S

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

Bill Amendment

Bill/PCS/PCB Number: HMR 3

Amendment Barcode Number: _____

Name: Bobby Lolley

Representing: Home Care Association of Florida

Title: Executive Director

Address: 2236 Capital Circle NE St. 206

City: Tallahassee State/Zip: FL

Phone Number: 850-567-1951 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



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

Bill <input type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>PCB HMR 20-03</u>	
Amendment Barcode Number: _____	

Name: JACK McRAY

Representing: AARP

Title: _____

Address: 215 S. MONROE ST. #603

City: TLH State/Zip: FL 32751

Phone Number: 250-577-5127 Meeting Date: 1/20/20

Committee/Subcommittee: HEALTH MARKET REFORM SUBC.

Presentation/Workshop Topic: DIRECT CARE WORKERS

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



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

Bill Amendment

Bill/PCS/PCB Number: HMR 20-03

Amendment Barcode Number: _____

Name: Kip Corriveau

Representing: Bon Secours St Petersburg Health System

Title: Director of Mission

Address: 10300 4th St. North

City: St. Petersburg State/Zip: FL 33716

Phone Number: 727-726-5962 Meeting Date: ~~1/27~~ 1/28/20

Committee/Subcommittee: Health Market Reform Subcommittee

Presentation/Workshop Topic: Direct Care Workers

Registered Lobbyist: YES NO

State Employee: YES NO

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

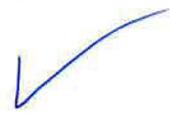
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



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

Bill Amendment
 Bill/PCS/PCB Number: HMR 3
 Amendment Barcode Number: _____

Name: SOPHIA Colley

Representing: ~~Certified Nursing Assistants~~ SEIU

Title: CNA

Address: 1770 Windover Oaks Circle Apt 108

City: Titusville State/Zip: FLA 32780

Phone Number: 321-368-3959 Meeting Date: 1/28/2020

Committee/Subcommittee: Health Market Reform

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



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

Bill <input checked="" type="checkbox"/>	Amendment <input type="checkbox"/>
Bill/PCS/PCB Number: <u>HMR 3</u>	
Amendment Barcode Number: _____	

Name: Bob Asztalos

Representing: Florida Health Care Assoc

Title: Chief Lobbyist

Address: 307 W Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 850-284-1166 Meeting Date: 1/28/20

Committee/Subcommittee: HMR

Presentation/Workshop Topic: _____

Registered Lobbyist: YES NO

State Employee: YES NO

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

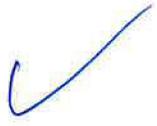
(If you are testifying on an amendment, please also indicate your position as a proponent or opponent on the bill as a whole.)

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

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



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD



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

Bill Amendment

Bill/PCS/PCB Number: PCB HMR 20-03

Amendment Barcode Number: _____

Name: Greg Pound

Representing: _____

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: FL 33773

Phone Number: _____ Meeting Date: 1/28/20

Committee/Subcommittee: _____

Presentation/Workshop Topic: Direct Care

Registered Lobbyist: YES NO

State Employee: YES NO

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

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

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

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