

Business & Professions Subcommittee

Wednesday, October 23, 2019
12:30 PM – 2:30 PM
Webster Hall (212 Knott)

Action Packet

Jose Oliva
Speaker

Heather Fitzenhagen
Chair

COMMITTEE MEETING REPORT

Business & Professions Subcommittee

10/23/2019 12:30PM

Location: Webster Hall (212 Knott)

Summary: No Bills Considered

Committee meeting was reported out: Wednesday, October 23, 2019 3:46PM

COMMITTEE MEETING REPORT

Business & Professions Subcommittee

10/23/2019 12:30PM

Location: Webster Hall (212 Knott)

Attendance:

	Present	*Absent*	*Excused*
Heather Fitzenhagen (Chair)	X		
Ramon Alexander	X		
Melony Bell	X		
Joseph Casello	X		
Juan Fernandez-Barquin	X		
Randy Fine	X		
Jason Fischer	X		
Michael Gottlieb	X		
Brett Hage			X
Randall Maggard	X		
Amber Mariano	X		
Wengay Newton	X		
Anthony Rodriguez	X		
David Smith	X		
Matt Willhite	X		
Totals:	**14**	**0**	**1**

Committee meeting was reported out: Wednesday, October 23, 2019 3:46PM

COMMITTEE MEETING REPORT

Business & Professions Subcommittee

10/23/2019 12:30PM

Location: Webster Hall (212 Knott)

Presentation/Workshop/Other Business Appearances:

Scott Rivkees (State Employee) (At Request of Member, Committee or Staff) - Information Only
Department of Health
State Surgeon General

Jonathan Risteen (At Request of Member, Committee or Staff) - Information Only
Gentleman's Draw
Owner
2980 South Ridgewood Avenue
Edgewater, Florida 32141
Phone: 407-489-5944

Ned Bowman (Lobbyist) (At Request of Member, Committee or Staff) - Information Only
Florida Petroleum Marketers Association, Inc.
Executive Director
1983 Centre Pointe Blvd.
Tallahassee, Florida
Phone: 850-524-6609

Matt Jordan (Lobbyist) (At Request of Member, Committee or Staff) (At Request Of Chair) - Information Only
American Cancer Society Cancer Action Network
GRD
9628 Deer Valley Drive
Tallahassee, Florida 32303
Phone: 850-519-2801

Michael Boling (At Request of Member, Committee or Staff) - Information Only
8114 Villa Grande Court
Sarasota, Florida 34243
Phone: 941-539-7878

E-Cigarettes
J.D. McCormick (At Request of Member, Committee or Staff) - Information Only
Vape Haven
Owner
6265 Old Water Oak Road, #102-B
Tallahassee, Florida 32312
Phone: 407-508-0340

Regulation of Tobacco Products
Ashley Lyerly (At Request Of Chair) - Information Only
American Lung Association
Director of Advocacy
P.O. Box 43263
Vestaria, Alabama 35243
Phone: 205-968-2266

Committee meeting was reported out: Wednesday, October 23, 2019 3:46PM

Location: Webster Hall (212 Knott)

Presentation/Workshop/Other Business Appearances: **(continued)**

Tobacco
Tonya Ehrhardt (At Request of Member, Committee or Staff) (At Request Of Chair) - Information Only
American Heart Association
Reginal VP of Community Impact
1595 Marion Avenue
Tallahassee, Florida 32303
Phone: 850-980-1558

Tobacco Regulation
Dan McGinn (State Employee) (At Request Of Chair) - Information Only
DBPR
ABT Deputy Director
2701 Blair Stone Road
Tallahassee, Florida 32399
Phone: 850-717-5810

Vaping
Joel L. Nitzkin, MD (At Request of Member, Committee or Staff) - Information Only
Principal Consultant, JLN MD Associates, LLC
4939 Chestnut Street
New Orleans, Lousianna 70115
Phone: 504-606-7043

Vaping
Jim Hampton (General Public) - Information Only
Self
3254 Salinger Way
Tallahassee, Florida 32311

Vaping
Mari (Missy) Daniels (At Request Of Chair) - Information Only
Alachua County
Director, Growth Management
10 SW 2nd Avenue
Gainesville, Florida 32601
Phone: 352-374-5249

Vaping & Regulation of Tobacco Products
Hetaher Youmans (At Request Of Chair) - Information Only
American Cancer Society Cancer Action Network
Senior Director, Government Relations
381 Rivercliff Trail
St. Augustine, Florida 32092
Phone: 850-251-2111

Location: Webster Hall (212 Knott)

Presentation/Workshop/Other Business Appearances: **(continued)**

Vaping-Associated Lung Injury
Andras Khoor, MD, PhD (At Request Of Chair) - Information Only
Mayo Clinic
Consultant, Department of Lab Medicine & Pathology
4500 San Pablo Road
Jacksonville, Florida 32224
Phone: 904-956-3318

Youth Substance Abuse Survey
Ute Gazioch (At Request of Member, Committee or Staff) - Information Only
Department of Children and Families
1317 Winewood Blvd.
Tallahassee, Florida 32399
Phone: 850-488-9410

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 Barcode Number: _____

Name: Mari (Missy) Daniels

Representing: Alachua County

Title: Director, Growth Management Alachua County

Address: 10 SW 2nd Avenue

City: Gainesville State/Zip: FL 32601

Phone Number: 352-374-5249 Meeting Date: 10-23-19

Committee/Subcommittee: Business & Professions

Presentation/Workshop Topic: Vaping

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: _____

Amendment Barcode Number: _____

Name: Dr. Scott Rivkees

Representing: FL Dept. of Health

Title: State Surgeon General

Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☐ NO ☑

State Employee: YES ☑ NO ☐

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

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill ☐ Amendment ☐

Bill/PCS/PCB Number: _____

Amendment Barcode Number: _____

Name: J.D. McCormick

Representing: Vape Haven

Title: Owner

Address: 6265 Old Water Oak Rd #102-B

City: Tallahassee State/Zip: FL, 32312

Phone Number: 407-508-0340 Meeting Date: 10-23-19

Committee/Subcommittee: Business & Professions

Presentation/Workshop Topic: E-cigarettes

Registered Lobbyist: YES ☐ NO ☑

State Employee: YES ☐ NO ☑

- ☐ I wish to speak
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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

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Bill ☐ Amendment ☐

Bill/PCS/PCB Number: _____

Amendment Barcode Number: _____

Name: Jonathan Risteen

Representing: Gentleman's Draw

Title: Owner

Address: 2980 S. Ridgewood Ave

City: Edgewater State/Zip: FL 32141

Phone Number: 407 489 5944 Meeting Date: 10/23/19

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☐ NO ☐

State Employee: YES ☐ NO ☐

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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: _____

Amendment Barcode Number: _____

Name: Ned Bowman

Representing: FL Petroleum Marketers Assoc

Title: Ex Director

Address: 1983 Centre Pointe BLVD

City: Tallahassee State/Zip: FL

Phone Number: 850 524 6609 Meeting Date: 10/23/19

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☑ NO ☐

State Employee: YES ☐ NO ☐

☑ I wish to speak

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☐ Appearing in response to subpoena

☐ Appearing at the written request of the chair

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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: _____

Amendment Barcode Number: _____

Name: ANDRAS IKMOOR, MD, PhD

Representing: Mayo Clinic

Title: Consultant, Dept of Lab Medicine and Pathology

Address: 4500 San Pablo Road

City: Jacksonville State/Zip: FL, 32224

Phone Number: (904) 956-3318 Meeting Date: _____

Committee/Subcommittee: _____

Presentation/Workshop Topic: Vaping-associated lung injury

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: _____

Amendment Barcode Number: _____

Name: Ashley Lyerly

Representing: American Lung Association

Title: Director of Advocacy

Address: P.O Box 43263

City: Vestavia State/Zip: AL 35243

Phone Number: 205-968-2266 Meeting Date: _____

Committee/Subcommittee: House Business and Professions Subcommittee

Presentation/Workshop Topic: Regulation of Tobacco Products

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: _____

Amendment Barcode Number: _____

Name: Matt Jordan

Representing: American Cancer Society Cancer Action Network

Title: GRD

Address: 9628 Deer Valley Dr

City: Tallahassee State/Zip: 32303

Phone Number: 850-519-2801 Meeting Date: 10-23

Committee/Subcommittee: B & P

Presentation/Workshop Topic: Tobacco

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: _____

Amendment Barcode Number: _____

Name: Tonya Ehrhardt

Representing: American Heart Association

Title: Regional VP of Community Impact

Address: 1595 Marion Ave

City: Tallahassee State/Zip: FL 32303

Phone Number: 850-980-1558 Meeting Date: 10/23/19

Committee/Subcommittee: B & P

Presentation/Workshop Topic: Tobacco

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 two copies to the committee/subcommittee administrative assistant at the meeting.

☐ Bill ☐ Amendment
Bill Number: **N/A**
Amendment Barcode Number: **N/A**

Name:	**Jim Hampton**		
Representing:	**Self**		
Title:			
Address:	**3254 Salinger Way**		
City:	**Tallahassee,**	State/Zip:	**Florida 32311**
Phone Number:		Meeting Date:	**October 23, 2019 12:30 PM**
Committee/Subcommittee:	**Business & Professions Subcommittee**		
Presentation/Workshop Topic:	**Other Business : Vaping**		

☐ Registered Lobbyist
☐ State Employee
☐ I Wish To Speak
☐ Appearing in response to subpoena
☐ Appearing in response to an inquiry for information made by member, committee or staff
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☐ Lobbyist Appearance Form Submitted

Bill
Info Only
Amendment
N/A

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

Bill ☐ Amendment ☐

Bill/PCS/PCB Number: Vaping Hearing

Amendment Barcode Number: _____

Name: Joel L. Nitzkin, MD

Representing: Self

Title: Principal Consultant, JLN MD Associates, LLC

Address: 4934 Constant Street

City: New Orleans State/Zip: LA 70115

Phone Number: 504 606 7043 Meeting Date: 10/23/19

Committee/Subcommittee: Business & Professions

Presentation/Workshop Topic: Vaping

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 invited by 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: _____

Amendment Barcode Number: _____

Name: [redacted] DAN MCGINN

Representing: DBPR

Title: ABT DEPUTY DIRECTOR

Address: 2701 BLAIR STONE ROAD

City: TALLAHASSEE State/Zip: FL 32399

Phone Number: 850-717-5810 Meeting Date: 10/23/19

Committee/Subcommittee: HOUSE BUSINESS & PROFESSIONS

Presentation/Workshop Topic: TOBACCO REGULATION

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: _____

Amendment Barcode Number: _____

Name: Heather Youmans

Representing: American Cancer Society Cancer Action Network

Title: Senior Director, Government Relations

Address: 381 Riverside Trail

City: St. Augustine State/Zip: FL 32092

Phone Number: (850)251-2111 Meeting Date: 10/23/2019

Committee/Subcommittee: Business + Professions

Presentation/Workshop Topic: Vaping + Regulation of tobacco products

Registered Lobbyist: YES ☒ NO ☐

State Employee: YES ☐ NO ☒

☐ I wish to speak

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☐ Appearing in response to subpoena

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☐ 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 ☐

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

☑ Bill ☐ Amendment
Bill Number: N/A
Amendment: N/A

Name:	**Ute Gazioch**		
Representing:	**Department of Children and Families**		
Title:			
Address:	**1317 Winewood Blvd**		
City:	**Tallahassee**	State/Zip:	**Florida 32399**
Phone Number:	**8504889410**	Meeting Date:	**October 23, 2019 12:30 PM**
Committee/Subcommittee:	**Business & Professions Subcommittee**		
Presentation/Workshop Topic:	**Youth Substance Abuse Survey**		

☐ Registered Lobbyist
☐ State Employee
☐ I Wish To Speak
☐ Appearing in response to subpoena
☑ Appearing in response to an inquiry for information made by member, committee or staff
☐ Appearing at the written request of the chair
☐ Judge or elected officer appearing in official capacity
☐ Lobbyist Appearance Form Submitted

Bill
Info Only
Amendment
N/A

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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Bill ☐ Amendment ☐

Bill/PCS/PCB Number: _____

Amendment Barcode Number: _____

Name: Michael Boling

Representing: _____

Title: Mr. Michael Boling

Address: 8114 Villa Grande Court

City: Sarasota, FL 34243 State/Zip: FL 34243

Phone Number: 941-539-7878 Meeting Date: 10-23-2019

Committee/Subcommittee: _____

Presentation/Workshop Topic: _____

Registered Lobbyist: YES ☐ NO ☐

State Employee: YES ☐ NO ☐

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