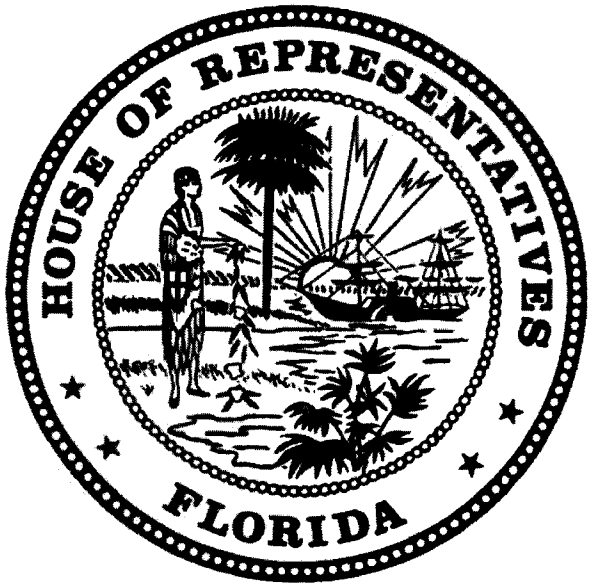


Workforce Development & Tourism Subcommittee

Tuesday, February 4, 2020
9:00 AM – 11:00 AM
12 HOB

Action Packet

Jose Oliva
Speaker

Rene Plasencia
Chair

COMMITTEE MEETING REPORT

Workforce Development & Tourism Subcommittee

2/4/2020 9:00AM

Location: 12 HOB

Summary:

Workforce Development & Tourism Subcommittee

Tuesday February 04, 2020 09:00 am

HB 1139	Favorable	Yeas: 12	Nays: 1
HB 1253	Favorable	Yeas: 13	Nays: 0
PCS for HB 1271	Favorable	Yeas: 12	Nays: 1
HB 1297	Favorable With Committee Substitute	Yeas: 9	Nays: 5
	Amendment 264657 Adopted		

Committee meeting was reported out: Tuesday, February 04, 2020 12:04PM

COMMITTEE MEETING REPORT

Workforce Development & Tourism Subcommittee

2/4/2020 9:00AM

Location: 12 HOB

Attendance:

	Present	*Absent*	*Excused*
Rene Plasencia (Chair)	X		
Loranne Ausley	X		
Kamia Brown	X		
Dan Daley	X		
Tracie Davis	X		
Chip LaMarca	X		
Cindy Polo	X		
Spencer Roach	X		
Ana Maria Rodriguez	X		
Anthony Rodriguez	X		
Rick Roth	X		
Anthony Sabatini	X		
Jason Shoaf	X		
Tyler Sirois			X
Jayer Williamson	X		
Totals:	**14**	**0**	**1**

Committee meeting was reported out: Tuesday, February 04, 2020 12:04PM

COMMITTEE MEETING REPORT

Workforce Development & Tourism Subcommittee

2/4/2020 9:00AM

Location: 12 HOB

HB 1139 : Regional Rural Development Grants

[X] *Favorable*

	Yea	*Nay*	*No Vote*	*Absentee Yea*	*Absentee Nay*
Loranne Ausley	X				
Kamia Brown	X				
Dan Daley	X				
Tracie Davis			X		
Chip LaMarca	X				
Cindy Polo	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Anthony Rodriguez	X				
Rick Roth	X				
Anthony Sabatini		X			
Jason Shoaf	X				
Tyler Sirois			X		
Jayer Williamson	X				
Rene Plasencia (Chair)	X				
	Total Yeas: 12	**Total Nays: 1**			

Appearances:

Regional Rural Development Grants
Natalie Fausel (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
Palm Beach County
201 W Park Avenue Suite 100
Tallahassee, FL
Phone: 561-317-0889

Regional Rural Development Grants
Tiffany Garling (General Public) - Waive In Support
Jackson County Chamber of Commerce
4318 Lafayette Street
Marianna, FL 32446
Phone: 850-482-8060

Regional Rural Development Grants
Darrick McGhee, Sr. (Lobbyist) (Lobbyist Appearance Form Submitted) - Waive In Support
Florida's Great Northwest
P.O. Box 10805
Tallahassee, FL
Phone: 850- 224-1900

Regional Rural Development Grants
Richard Williams (General Public) - Waive In Support
Opportunity Florida
4636 Highway 90 East, Suite K
Marianna, FL 32446
Phone: 850-557-2441

Committee meeting was reported out: Tuesday, February 04, 2020 12:04PM

Location: 12 HOB

HB 1139 : Regional Rural Development Grants (continued)

Appearances: (continued)

Regional Rural Development Grants
Carolyn Johnson (Lobbyist) - Waive In Support
Florida Chamber of Commerce
Policy Director
136 S Bronough St.
Tallahassee, FL
Phone: 521-1200

Regional Rural Development Grants
Adam Basford (Lobbyist) - Waive In Support
Florida Farm Bureau
Director, Legislative Affairs
310 W. College AVe
Tallahassee, FL 32301
Phone: 222-2557

Regional Rural Development Grants
Nicholas Alvarez (Lobbyist) (State Employee) - Waive In Support
Department of Economic Opportunity
Director of Legislative Affairs
107 E. Madison Street
Tallahassee, FL 32399
Phone: 850-245-7370

Regional Rural Development Grants
Beth Cicchetti (Lobbyist) - Waive In Support
Florida Economic Development Council
Executive Director
3551 Blairstone Rd. Ste 105-138
Tallahassee, FL 32301

Regional Rural Development Grants
Antonio Jefferson - Waive In Support
Florida Rural Economic Dev. Assoc.
Board Member
Gretna, FL
Phone: 850-519-0681

Regional Rural Development Grants
Chis Doolin (Lobbyist) - Proponent
Small County Coalition
Consultant
1118-B Thomasville Rd
Tallahassee, FL 32303
Phone: 850-508-5492

Committee meeting was reported out: Tuesday, February 04, 2020 12:04PM

Location: 12 HOB

HB 1139 : Regional Rural Development Grants (continued)

Appearances: (continued)

Regional Rural Development Grants
Roy Baker - Waive In Support
Jackson County Chamber of Commerce
4318 Lafayette Street
Marianna, FL 32446
Phone: 850-482-8060

Regional Rural Development Grants
B.D. Jogerst (Lobbyist) - Waive In Support
Associated Industries of Florida
516 N. Adams
Tallahassee, FL
Phone: 850-491-8552

Regional Rural Development Grants
Jeff Hendry - Waive In Support
North Florida Economic Development Partnership
Executive Director
Phone: 850-443-7103

Regional Rural Development Grants
Laura Youmans (Lobbyist) - Waive In Support
Florida Association of Counties
Legislative Counsel
100 S. Monroe St.
Tallahassee, FL 32301
Phone: 294-1838

COMMITTEE MEETING REPORT

Workforce Development & Tourism Subcommittee

2/4/2020 9:00AM

Location: 12 HOB

HB 1253 : Employer Contributions

[X] *Favorable*

	Yea	*Nay*	*No Vote*	*Absentee Yea*	*Absentee Nay*
Loranne Ausley	X				
Kamia Brown	X				
Dan Daley	X				
Tracie Davis			X		
Chip LaMarca	X				
Cindy Polo	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Anthony Rodriguez	X				
Rick Roth	X				
Anthony Sabatini	X				
Jason Shoaf	X				
Tyler Sirois			X		
Jayer Williamson	X				
Rene Plasencia (Chair)	X				
	Total Yeas: 13	**Total Nays: 0**			

Appearances:

Employer Contributions
Nicholas Alvarez (Lobbyist) (State Employee) - Waive In Support
Department of Economic Opportunity
Director of Legislative Affairs
107 E. Madison Street
Tallahassee, FL 32399
Phone: 850-245-7370

Committee meeting was reported out: Tuesday, February 04, 2020 12:04PM

COMMITTEE MEETING REPORT

Workforce Development & Tourism Subcommittee

2/4/2020 9:00AM

Location: 12 HOB

PCS for HB 1271 : State Economic Development Entities

[X] *Favorable*

	Yea	*Nay*	*No Vote*	*Absentee Yea*	*Absentee Nay*
Loranne Ausley		X			
Kamia Brown	X				
Dan Daley	X				
Tracie Davis			X		
Chip LaMarca	X				
Cindy Polo	X				
Spencer Roach	X				
Ana Maria Rodriguez	X				
Anthony Rodriguez	X				
Rick Roth	X				
Anthony Sabatini	X				
Jason Shoaf	X				
Tyler Sirois			X		
Jayer Williamson	X				
Rene Plasencia (Chair)	X				
	Total Yeas: 12	**Total Nays: 1**			

Appearances:

State Economic Development Entities
Nicholas Alvarez (Lobbyist) (State Employee) - Waive In Support
Department of Economic Opportunity
Director of Legislative Affairs
107 E. Madison Street
Tallahassee, FL 32399
Phone: 850-245-7370

Committee meeting was reported out: Tuesday, February 04, 2020 12:04PM

COMMITTEE MEETING REPORT

Workforce Development & Tourism Subcommittee

2/4/2020 9:00AM

Location: 12 HOB

HB 1297 : Drug-free Workplaces

[X] *Favorable With Committee Substitute*

	Yea	*Nay*	*No Vote*	*Absentee Yea*	*Absentee Nay*
Loranne Ausley		X			
Kamia Brown		X			
Dan Daley		X			
Tracie Davis		X			
Chip LaMarca	X				
Cindy Polo		X			
Spencer Roach	X				
Ana Maria Rodriguez	X				
Anthony Rodriguez	X				
Rick Roth	X				
Anthony Sabatini	X				
Jason Shoaf	X				
Tyler Sirois			X		
Jayer Williamson	X				
Rene Plasencia (Chair)	X				
	Total Yeas: 9	**Total Nays: 5**			

HB 1297 Amendments

Amendment 264657

[X] *Adopted*

Appearances:

Drug-free Workplaces
Robbie Suggs - Waive In Support
VDX
CEO
P.O. Box 504
Branford, FL 32008
Phone: 386-867-1023

Drug-free Workplaces
Tabitha Burress (General Public) - Information Only
Florida Cannabis Action Network
4320 Randall Blvd
Naples, FL 34120
Phone: 2392722257

Committee meeting was reported out: Tuesday, February 04, 2020 12:04PM

COMMITTEE MEETING REPORT

Workforce Development & Tourism Subcommittee

2/4/2020 9:00AM

Location: 12 HOB

HB 1297 : Drug-free Workplaces (continued)

Appearances: (continued)

Drug-free Workplaces
RJ Myers (Lobbyist) - Waive In Support
Save Our Society
Lobbyist
113 E. College Ave.
Tallahassee, FL 32301
Phone: 850-933-0883

Committee meeting was reported out: Tuesday, February 04, 2020 12:04PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

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

Committee/Subcommittee hearing bill: Workforce Development & Tourism Subcommittee

Representative Robinson offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Present subsections (13) through (17) of section 112.0455, Florida Statutes, are redesignated as subsections (14) through (18), respectively, a new subsection (13) is added to that section, and paragraph (b) of subsection (6) and paragraph (a) of present subsection (15) are amended, to read:

112.0455 Drug-Free Workplace Act.—

(6) NOTICE TO EMPLOYEES.—

(b) Prior to testing, all employees and job applicants for employment shall be given a written policy statement from the employer which contains:

1. A general statement of the employer's policy on employee drug use, which shall identify:

a. The types of testing an employee or job applicant may be required to submit to, including reasonable suspicion or other basis; and

b. The actions the employer may take against an employee or job applicant on the basis of a positive confirmed drug test result.

2. A statement advising the employee or job applicant of the existence of this section.

3. A general statement concerning confidentiality.

4. Procedures for employees and job applicants to confidentially report the use of prescription or nonprescription medications both before and after being tested. Additionally, employees and job applicants shall receive notice of the most common medications by brand name or common name, as applicable, as well as by chemical name, which may alter or affect a drug test. A list of such medications shall be developed by the Agency for Health Care Administration.

5. The consequences of refusing to submit to a drug test.

6. Names, addresses, and telephone numbers of employee assistance programs and local alcohol and drug rehabilitation programs.

7. A statement that an employee or job applicant who receives a positive confirmed drug test result may contest or

explain the result to the employer within 5 working days after written notification of the positive test result. If an employee or job applicant's explanation or challenge is unsatisfactory to the employer, the person may contest the drug test result as provided by subsections (15) ~~(14)~~ and (16) ~~(15)~~.

8. A statement informing the employee or job applicant of his or her responsibility to notify the laboratory of any administrative or civil actions brought pursuant to this section.

9. A list of all drugs for which the employer will test, described by brand names or common names, as applicable, as well as by chemical names.

10. A statement regarding any applicable collective bargaining agreement or contract and the right to appeal to the Public Employees Relations Commission.

11. A statement notifying employees and job applicants of their right to consult the testing laboratory for technical information regarding prescription and nonprescription medication.

(13) DRUG-TESTING STANDARDS; SAMPLE VALIDITY PRESCREENING.—Before a drug-testing facility licensed under part II of chapter 408 may perform any drug-screening test on a urine specimen collected in this state, prescreening tests must be performed to determine the validity of the specimen. The prescreening tests must be capable of detecting, or detecting

and defeating, novel or emerging urine drug-testing subversion technologies as described in this subsection.

(a) The drug-testing facility shall use urine sample validity screening tests that meet all of the following criteria:

1. A urine sample validity screening test for creatinine must use a 20 mg/dL cutoff concentration and must have minimal interferences from bilirubin and blood in the urine. The urine sample validity screening test must be able to discriminate between a creatinine level from an unadulterated urine sample and a creatinine level arising from overhydration or creatine or protein loading.

2. A urine sample validity screening test for oxidants must be able to detect the presence or effects of oxidant adulterants up to 6 days after sample collection, under the sample storage conditions outlined in the laboratory standards guideline adopted by rule by the Agency for Health Care Administration, and after any sample transport that is routinely involved.

3. Urine sample validity screening tests must be able to detect synthetic or freeze-dried urine substituted for the donor's urine for drug testing.

4. Urine sample validity screening tests must be validated for the detection of all of the additional adulterant classes represented by glutaraldehyde, salt, heavy metals, cationic

detergents, protease, strong alkaline buffers, and strong acidic buffers. The detection limits of these classes must be at a sufficient level to detect a nonphysiologic sample or interference with enzyme immunoassay drug screening tests.

(b) The drug-testing facility may use only urine sample validity screening tests that have undergone validation studies conducted by the manufacturer to document the product's conformance to the requirements of this subsection.

(c) A drug-testing facility may rely on urine sample validity screening tests to determine if confirmation testing is required for any urine sample that has been deemed invalid for drug screening.

(d) Urine specimens collected in this state may not be sent for drug screening tests to a drug-testing facility located outside of this state unless such drug-testing facility complies with all requirements of this subsection.

(e) The Agency for Health Care Administration shall adopt rules necessary for the implementation and enforcement of this subsection.

(16) ~~(15)~~ NONDISCIPLINE REMEDIES.—

(a) Any person alleging a violation of ~~the provisions of~~ this section, that is not remediable by the commission or an arbitrator pursuant to subsection (15) ~~(14)~~, must institute a civil action for injunctive relief or damages, or both, in a court of competent jurisdiction within 180 days of the alleged

violation, or be barred from obtaining the following relief. Relief is limited to:

1. An order restraining the continued violation of this section.

2. An award of the costs of litigation, expert witness fees, reasonable attorney ~~attorney's~~ fees, and noneconomic damages provided that damages shall be limited to the recovery of damages directly resulting from injury or loss caused by each violation of this section.

Section 2. Present subsections (9) through (15) of section 440.102, Florida Statutes, are redesignated as subsections (10) through (16), respectively, a new subsection (9) is added to that section, and paragraphs (c), (e), and (q) of subsection (1), paragraph (a) of subsection (3), paragraphs (b) through (h), (j), (k), and (l) of subsection (5), subsection (6), paragraph (a) of subsection (7), and paragraphs (b) and (c) of present subsection (9) of that section are amended, to read:

440.102 Drug-free workplace program requirements.—The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency for Health Care Administration:

(1) DEFINITIONS.—Except where the context otherwise requires, as used in this act:

(c) "Drug" means any form of alcohol, as defined in s. 322.01(2), including a distilled spirit, wine, a malt beverage,

or an intoxicating preparation; any controlled substance identified under Schedule I, Schedule II, Schedule III, Schedule IV, or Schedule V of s. 893.03; any controlled substance identified under Schedule I, Schedule II, Schedule III, Schedule IV, or Schedule V of the Controlled Substances Act, 21 U.S.C. s. 812(c) ~~liquor; an amphetamine; a cannabinoid; cocaine; phencyclidine (PCP); a hallucinogen; methaqualone; an opiate; a barbiturate; a benzodiazepine; a synthetic narcotic; a designer drug~~; or a metabolite of any of the substances listed in this paragraph. An employer may test an individual for any or all ~~of~~ such drugs.

(e) "Drug test" or "test" means any chemical, biological, or physical instrumental analysis administered~~,~~ by a laboratory certified by the United States Department of Health and Human Services or licensed by the Agency for Health Care Administration~~,~~ for the purpose of determining the presence or absence of a drug or its metabolites. In the case of testing for the presence of alcohol, the test must be conducted in accordance with the United States Department of Transportation alcohol testing procedures authorized under 49 C.F.R. part 40, subparts J through M.

(q) "Specimen" means tissue, hair, or a product of the human body capable of revealing the presence of drugs or their metabolites, as approved by the United States Food and Drug Administration, ~~or~~ the Agency for Health Care Administration,

the United States Department of Health and Human Services, or the United States Department of Transportation.

(3) NOTICE TO EMPLOYEES AND JOB APPLICANTS.—

(a) One time only, before ~~prior to~~ testing, an employer shall give all employees and job applicants for employment a written policy statement that ~~which~~ contains:

1. A general statement of the employer's policy on employee drug use, which must identify:

a. The types of drug testing an employee or job applicant may be required to submit to, including reasonable-suspicion drug testing or drug testing conducted on any other basis.

b. The actions the employer may take against an employee or job applicant on the basis of a positive confirmed drug test result.

2. A statement advising the employee or job applicant of the existence of this section.

3. A general statement concerning confidentiality.

4. Procedures for employees and job applicants to confidentially report to a medical review officer the use of prescription or nonprescription medications ~~to a medical review officer both before and after being tested~~.

5. A list of the most common medications, by brand name or common name, as applicable, as well as by chemical name, which may alter or affect a drug test. A list of such medications as

developed by the Agency for Health Care Administration shall be available to employers through the department.

6. The consequences of refusing to submit to a drug test.

7. A representative sampling of names, addresses, and telephone numbers of employee assistance programs and local drug rehabilitation programs.

8. A statement that an employee or job applicant who receives a positive confirmed test result may contest or explain the result to the medical review officer within 5 working days after receiving written notification of the test result; that if an employee's or job applicant's explanation or challenge is unsatisfactory to the medical review officer, the medical review officer shall report a positive test result back to the employer; and that a person may contest the drug test result pursuant to law or to rules adopted by the Agency for Health Care Administration.

9. A statement informing the employee or job applicant of his or her responsibility to notify the laboratory of any administrative or civil action brought pursuant to this section.

10. A list of all drugs for which the employer will test, described by ~~brand name or~~ common name, as applicable, as well as by chemical name.

11. A statement regarding any applicable collective bargaining agreement or contract and the right to appeal to the Public Employees Relations Commission or applicable court.

12. A statement notifying employees and job applicants of their right to consult with a medical review officer for technical information regarding prescription or nonprescription medication.

(5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen collection and testing for drugs under this section shall be performed in accordance with the following procedures:

(b) Specimen collection must be documented, and the documentation procedures shall include the~~:~~

~~1.~~ labeling of specimen containers so as to reasonably preclude the likelihood of erroneous identification of test results. For saliva or breath alcohol testing, a specimen container is not required if the specimen is not being transported to a laboratory for analysis

~~2. A form for the employee or job applicant to provide any information he or she considers relevant to the test, including identification of currently or recently used prescription or nonprescription medication or other relevant medical information. The form must provide notice of the most common medications by brand name or common name, as applicable, as well as by chemical name, which may alter or affect a drug test. The providing of information shall not preclude the administration of the drug test, but shall be taken into account in interpreting any positive confirmed test result~~.

(c) Specimen collection, storage, and transportation to a laboratory ~~the testing site~~ shall be performed in a manner that reasonably precludes contamination or adulteration of specimens.

(d) Each confirmation test conducted under this section, not including the taking or collecting of a specimen to be tested, shall be conducted by a licensed or certified laboratory as described in subsection (10) ~~(9)~~.

(e) A specimen for a drug test may be taken or collected by any person who meets the qualification standards for urine or oral fluid specimen collection as specified by the United States Department of Health and Human Services or the United States Department of Transportation. For alcohol testing, a person must meet the United States Department of Transportation standards for a screening test technician or a breath alcohol technician. A hair specimen may be collected and packaged by a person who has been trained and certified by a drug-testing laboratory. A person who directly supervises an employee subject to testing may not serve as the specimen collector for that employee unless there is no other qualified specimen collector available ~~of the following persons:~~

~~1. A physician, a physician assistant, a registered professional nurse, a licensed practical nurse, or a nurse practitioner or a certified paramedic who is present at the scene of an accident for the purpose of rendering emergency medical service or treatment.~~

~~2. A qualified person employed by a licensed or certified laboratory as described in subsection (9).~~

(f) A person who collects or takes a specimen for a drug test shall collect an amount sufficient for two independent drug tests, one to screen the specimen and one for confirmation of the screening test results, at a laboratory as determined by the Agency for Health Care Administration.

(g) Every specimen that produces a positive, confirmed test result shall be preserved by the licensed or certified laboratory that conducted the confirmation test for a period of at least 1 year after the confirmation test was conducted ~~210 days after the result of the test was mailed or otherwise delivered to the medical review officer~~. However, if an employee or job applicant undertakes an administrative or legal challenge to the test result, the employee or job applicant shall notify the laboratory and the sample shall be retained by the laboratory until the case or administrative appeal is settled. During the 60-day ~~180-day~~ period after written notification of a positive test result, the employee or job applicant who has provided the specimen shall be permitted by the employer to have a portion of the specimen retested, at the employee's or job applicant's expense, at another laboratory, licensed and approved by the Agency for Health Care Administration, chosen by the employee or job applicant. The second laboratory must test the specimen at the limit of detection for the drug or analyte

confirmed by the original ~~at equal or greater sensitivity for the drug in question as the first~~ laboratory. If the drug or analyte is detected by the second laboratory, the result must be reported as reconfirmed positive. The first laboratory that performed the test for the employer is responsible for the transfer of the portion of the specimen to be retested, and for the integrity of the chain of custody during such transfer.

(h) Within 5 working days after receipt of a positive verified, ~~confirmed~~ test result from the medical review officer, an employer shall inform an employee or job applicant in writing of such positive test result, the consequences of such result ~~results~~, and the options available to the employee or job applicant. The employer shall provide to the employee or job applicant, upon request, a copy of the test results.

(j) ~~The employee's or job applicant's explanation or challenge of the positive test result is unsatisfactory to the employer, a written explanation as to why the employee's or job applicant's explanation is unsatisfactory, along with the report of positive result, shall be provided by the employer to the employee or job applicant; and~~ All ~~such~~ documentation of a positive test shall be kept confidential by the employer pursuant to subsection (8) and shall be retained by the employer for at least 1 year.

(k) An employer may not discharge, discipline, refuse to hire, discriminate against, or request or require rehabilitation

of an employee or job applicant on the sole basis of a positive test result that has not been reviewed and verified by ~~a confirmation test and by~~ a medical review officer, except when a confirmed positive breath alcohol test was conducted in accordance with United States Department of Transportation alcohol testing procedures.

(l) An employer that performs drug testing or specimen collection shall use chain-of-custody procedures established by the Agency for Health Care Administration, the United States Department of Health and Human Services, or the United States Department of Transportation to ensure proper recordkeeping, handling, labeling, and identification of all specimens tested.

(6) CONFIRMATION TESTING.—

(a) ~~If an initial drug test is negative, the employer may in its sole discretion seek a confirmation test.~~

~~(b) Only licensed or certified laboratories as described in subsection (9) may conduct confirmation drug tests.~~

~~(c)~~ All laboratory positive initial tests on a urine, oral fluid, blood, or hair specimen shall be confirmed using gas chromatography/mass spectrometry (GC/MS) or an equivalent or more accurate scientifically accepted method approved by the United States Department of Health and Human Services or the United States Department of Transportation ~~Agency for Health Care Administration or the United States Food and Drug~~

~~Administration as such technology becomes available in a cost-effective form~~.

(b)~~(d)~~ If a ~~an initial~~ drug test of an employee or job applicant is confirmed by the laboratory as positive, the employer's medical review officer shall provide technical assistance to the employer and to the employee or job applicant for the purpose of interpreting the test result to determine whether the result could have been caused by prescription or nonprescription medication taken by the employee or job applicant.

(c) For a breath alcohol test, an initial positive result must be confirmed by a second breath specimen taken and tested using an evidential breath testing device listed on the conforming products list issued by the National Highway Traffic Safety Administration and conducted in accordance with United States Department of Transportation alcohol testing procedures authorized under 49 C.F.R. part 40, subparts J through M.

(7) EMPLOYER PROTECTION.—

(a) An employee or job applicant whose drug test result is confirmed or verified as positive in accordance with this section shall not, by virtue of the result alone, be deemed to have a "handicap" or "disability" as defined under federal, state, or local handicap and disability discrimination laws.

(9) DRUG-TESTING STANDARDS; SAMPLE VALIDITY PRESCREENING.—Before a drug-testing facility licensed under part II of chapter

408 may perform any drug screening test on a urine specimen collected in this state, prescreening tests must be performed to determine the validity of the specimen. The prescreening tests must be capable of detecting, or detecting and defeating, novel or emerging urine drug-testing subversion technologies as described in this subsection.

(a) The drug-testing facility shall use urine sample validity screening tests that meet all of the following criteria:

1. A urine sample validity screening test for creatinine must use a 20 mg/dL cutoff concentration and must have minimal interferences from bilirubin and blood in the urine. The urine sample validity screening test must be able to discriminate between a creatinine level from an unadulterated urine sample and a creatinine level arising from overhydration or creatine or protein loading.

2. A urine sample validity screening test for oxidants must be able to detect the presence or effects of oxidant adulterants up to 6 days after sample collection, under the sample storage conditions outlined in the laboratory standards guideline adopted by rule by the Agency for Health Care Administration, and after any sample transport that is routinely involved.

3. Urine sample validity screening tests must be able to detect synthetic or freeze-dried urine substituted for the donor's urine for drug testing.

4. Urine sample validity screening tests must be validated for the detection of all of the additional adulterant classes represented by glutaraldehyde, salt, heavy metals, cationic detergents, protease, strong alkaline buffers, and strong acidic buffers. The detection limits of these classes must be at a sufficient level to detect a nonphysiologic sample or interference with enzyme immunoassay drug-screening tests.

(b) The drug-testing facility may use only urine sample validity screening tests that have undergone validation studies conducted by the manufacturer to document the product's conformance to the requirements of this subsection.

(c) A drug-testing facility may rely on urine sample validity screening tests to determine if confirmation testing is required for any urine sample that has been deemed invalid for drug screening.

(d) Urine specimens collected in this state may not be sent for drug-screening tests to a drug-testing facility located outside of this state unless such drug-testing facility complies with all requirements of this subsection.

(e) The Agency for Health Care Administration shall adopt rules necessary for the implementation and enforcement of this subsection.

(10) ~~(9)~~ DRUG-TESTING STANDARDS FOR LABORATORIES.—

(b) A laboratory may analyze initial or confirmation test specimens only if:

1. The laboratory obtains a license under part II of chapter 408 and s. 112.0455(18) ~~s. 112.0455(17)~~. Each applicant for licensure and each licensee must comply with all requirements of this section, part II of chapter 408, and applicable rules.

2. The laboratory has written procedures to ensure the chain of custody.

3. The laboratory follows proper quality control procedures, including, but not limited to:

a. The use of internal quality controls, including the use of samples of known concentrations which are used to check the performance and calibration of testing equipment, and periodic use of blind samples for overall accuracy.

b. An internal review and certification process for drug test results, conducted by a person qualified to perform that function in the testing laboratory.

c. Security measures implemented by the testing laboratory to preclude adulteration of specimens and drug test results.

d. Other necessary and proper actions taken to ensure reliable and accurate drug test results.

(c) A laboratory shall disclose to the medical review officer a written positive confirmed test result report within 7

working days after receipt of the sample. All laboratory reports of a drug test result must, at a minimum, state:

1. The name and address of the laboratory that performed the test and the positive identification of the person tested.

2. Positive results on confirmation tests only, or negative results, as applicable.

3. A list of the drugs for which the drug analyses were conducted.

4. The type of tests conducted for both initial tests and confirmation tests and the minimum cutoff levels of the tests.

~~5. Any correlation between medication reported by the employee or job applicant pursuant to subparagraph (5)(b)2. and a positive confirmed drug test result.~~

A report must not disclose the presence or absence of any drug other than a specific drug and its metabolites listed pursuant to this section.

Section 3. Paragraph (b) of subsection (11) of section 443.101, Florida Statutes, is amended to read:

443.101 Disqualification for benefits.—An individual shall be disqualified for benefits:

(11) If an individual is discharged from employment for drug use as evidenced by a positive, confirmed drug test as provided in paragraph (1)(d), or is rejected for offered employment because of a positive, confirmed drug test as

provided in paragraph (2)(c), test results and chain of custody documentation provided to the employer by a licensed and approved drug-testing laboratory is self-authenticating and admissible in reemployment assistance hearings, and such evidence creates a rebuttable presumption that the individual used, or was using, controlled substances, subject to the following conditions:

(b) Only laboratories licensed and approved as provided in s. 440.102(10) ~~s. 440.102(9),~~ or as provided by equivalent or more stringent licensing requirements established by federal law or regulation may perform the drug tests.

Section 4. This act shall take effect July 1, 2020.

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

Remove everything before the enacting clause and insert:

A bill to be entitled

An act relating to drug-free workplaces; amending s. 112.0455, F.S.; requiring licensed drug-testing facilities to perform prescreening tests on urine specimens to determine the specimens' validity; specifying requirements for such tests; authorizing such facilities to rely on such tests to determine if confirmation testing is required; providing that urine specimens may not be sent to an out-of-state facility

unless the facility complies with certain requirements; authorizing the Agency for Health Care Administration to adopt rules; conforming cross-references; amending s. 440.102, F.S.; revising definitions; revising information required in a written policy statement provided to employees and job applicants before drug testing; revising procedures for specimen collection, testing, and preservation; revising qualifications for persons who may take or collect specimens for a drug test; revising requirements and procedures for retesting specimens; deleting and revising confidentiality requirements for employers relating to certain information; revising circumstances under which an employer may take certain actions as to an employee or a job applicant on the sole basis of certain positive test results; revising standards for chain-of-custody procedures; revising requirements and authorized actions relating to confirmation testing; requiring licensed drug-testing facilities to perform prescreening tests on urine specimens to determine the specimens' validity; specifying requirements for such tests; authorizing such facilities to rely on such tests to determine if confirmation testing is required; providing that urine specimens may not be sent to an out-of-state facility

unless the facility complies with certain requirements; authorizing the agency to adopt rules; conforming provisions to changes made by the act; amending s. 443.101, F.S.; conforming a cross-reference; providing an effective date.

WHEREAS, the State of Florida has a profound interest in the health and welfare of its citizens, and

WHEREAS, new and emerging drug-testing subversion technologies represent a significant threat to the ability to properly identify those suffering from addiction and drug abuse, and

WHEREAS, the Legislature, therefore, seeks to require urine sample validity testing, such that those persons being tested can be properly and promptly identified for referral to drug treatment programs and other health care services, NOW, THEREFORE,

43214518

4/5

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: **HB 1139 : Regional Rural Development Grants**

Amendment Barcode Number: **N/A**

Name:	**Fausel, Natalie**		
Representing:	**Palm Beach County**		
Title:			
Address:	**201 W Park Avenue, Suite 100**		
City:	**Tallahassee**	State/Zip:	**FL**
Phone Number:	**(561) 317-0889**	Meeting Date:	**February 04, 2020 9:00 AM**
Committee/Subcommittee:	**Workforce Development & Tourism Subcommittee**		
Presentation/Workshop Topic:	**N/A**		

☑ 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
Waive In Support
Amendment
N/A

66853085

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: **1139 : Regional Rural Development Grants**

Amendment: **N/A**

Name:	**Tiffany Garling**		
Representing:	**Jackson County Chamber of Commerce**		
Title:			
Address:	**4318 Lafayette Street**		
City:	**Marianna**	State/Zip:	**FL 32446**
Phone Number:	**8504828060**	Meeting Date:	**February 04, 2020 9:00 AM**
Committee/Subcommittee:	**Workforce Development & Tourism Subcommittee**		
Presentation/Workshop Topic:	**N/A**		

☐ 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
Waive In Support
Amendment
N/A

76179400

4/5

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: **1139 : Regional Rural Development Grants**

Amendment: **N/A**

Name:	**Darrick McGhee, Sr.**		
Representing:	**Florida's Great Northwest**		
Title:			
Address:	**Po Box 10805**		
City:	**Tallahassee**	State/Zip:	**FL**
Phone Number:	**(850) 224-1900**	Meeting Date:	**February 04, 2020 9:00 AM**
Committee/Subcommittee:	**Workforce Development & Tourism Subcommittee**		
Presentation/Workshop Topic:	**N/A**		

☑ 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	Amendment
Waive In Support	**N/A**

36922034

4/5

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: **HB 1139 : Regional Rural Development Grants**

Amendment Barcode Number: **N/A**

Name:	**Williams, Richard**		
Representing:	**Opportunity Florida**		
Title:	**Executive Director**		
Address:	**4636 Highway 90 East, Suite K**		
City:	**Marianna**	State/Zip:	**Fl 32446**
Phone Number:	**850-557-2441**	Meeting Date:	**February 04, 2020 9:00 AM**
Committee/Subcommittee:	**Workforce Development & Tourism Subcommittee**		
Presentation/Workshop Topic:	**N/A**		

☐ 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	Amendment
Waive In Support	**N/A**

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

WS

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: 1139

Amendment Barcode Number: _____

Name: Carolyn Johnson

Representing: FL Chamber of Commerce

Title: Policy Director

Address: 136 S Bronough St

City: Tallahassee State/Zip: _____

Phone Number: 521-1200 Meeting Date: 2/4/20

Committee/Subcommittee: Workforce Development & Tourism

Presentation/Workshop Topic: Rural Development Grants

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.

w/s

Bill ☒ Amendment ☐

Bill/PCS/PCB Number: 1139

Amendment Barcode Number: _____

Name: Adam Basford

Representing: FL Farm Bureau

Title: Dir. Legislative Affairs

Address: 310 W College Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 2222557 Meeting Date: 2/4/20

Committee/Subcommittee: Workforce

Presentation/Workshop Topic: Rural Grants

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.

w/s

Bill [X] Amendment [ ]

Bill/PCS/PCB Number: 1139

Amendment Barcode Number: _____

Name: Nicholas Alvarez

Representing: Department of Economic Opportunity

Title: Director of Legislative Affairs

Address: 107 E Madison St

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-245-7370 Meeting Date: 2/4/20

Committee/Subcommittee: Workforce Development & Tourism

Presentation/Workshop Topic: _____

Registered Lobbyist: YES [X] NO [ ]

State Employee: YES [X] 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 [X] Opponent [ ] Waive in Support [X] Waive in Opposition [ ] Info only [ ]

Amendment: Proponent [X] Opponent [ ] Waive in Support [X] 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: 1139

Amendment Barcode Number: _____

W/S

Name: Beth Cicchetti

Representing: Florida Economic Development Council

Title: Executive Director

Address: 3551 Blairstone Rd Ste 105-138

City: Tallahassee State/Zip: FL 32301

Phone Number: 850 212 1056 Meeting Date: 2/4/20

Committee/Subcommittee: Workforce Dev + Tourism

Presentation/Workshop Topic: Regional Rural Development Grants

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: HB 1139

Amendment Barcode Number: _____

w/s

Name: ANTONIO JEFFERSON

Representing: FL RURAL ECONOMIC DEV ASSOC

Title: BOARD MEMBER

Address: _____

City: GRETNA State/Zip: FL

Phone Number: 850 519 0681 Meeting Date: 2.4.20

Committee/Subcommittee: WORKFORCE DEV & TOURISM SUBCOMM.

Presentation/Workshop Topic: REGIONAL RURAL DEV GRANT

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: 1139

Amendment Barcode Number: _____

Name: Chris Doolin

Representing: Small County Coalition

Title: Consultant

Address: 1118-B Thomasville Rd.

City: Tallahassee State/Zip: Fla. 32303

Phone Number: 850-508-5492 Meeting Date: 2-4-20

Committee/Subcommittee: Workforce Development & Tourism

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 ☐

10421876

COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

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

w/s

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

Name:	**Roy Baker**		
Representing:	**Jackson County Chamber of Commerce**		
Title:			
Address:	**4318 Lafayette St**		
City:	**Marianna**	State/Zip:	**FL 32446**
Phone Number:	**850-482-8060**	Meeting Date:	**February 04, 2020 9:00 AM**
Committee/Subcommittee:	**Workforce Development & Tourism Subcommittee**		
Presentation/Workshop Topic:	**HB 1139 Regional Rural Development Grants**		

☐ 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	Amendment
Waive In Support	**N/A**

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 ☑ Amendment ☐

Bill/PCS/PCB Number: 1139

Amendment Barcode Number: _____

Name: B.D. Jogerst

Representing: Associated Industries of Florida

Title: _____

Address: 516 N Adams

City: Tallahassee State/Zip: FL

Phone Number: 850 491 8552 Meeting Date: 2/4/2020

Committee/Subcommittee: Workforce Development & Tourism

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.

US

Bill [X] Amendment [ ]

Bill/PCS/PCB Number: 1139

Amendment Barcode Number: _____

Name: Jeff Hendry

Representing: North Florida Economic Development Partnership

Title: [redacted] - Executive Director

Address: _____

City: _____ State/Zip: _____

Phone Number: 850-443-7103 Meeting Date: 2/4/2020

Committee/Subcommittee: Workforce & Tourism Sub-committee

Presentation/Workshop Topic: _____

Registered Lobbyist: YES [ ] NO [X]

State Employee: YES [ ] NO [ ]

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

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

Bill: Proponent [ ] Opponent [ ] Waive in Support [X] 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.

4/5

Bill ☑ Amendment ☐

Bill/PCS/PCB Number: 1139

Amendment Barcode Number: _____

Name: LAURA YOUMANS

Representing: FLORIDA ASSOCIATION OF COUNTIES

Title: LEGISCATIVE COUNSEL

Address: 100 S. MONROE ST

City: TAL State/Zip: FL/32301

Phone Number: 294-1838 Meeting Date: _____

Committee/Subcommittee: WORKFORCE INNOVATION

Presentation/Workshop Topic: RURAL REGIONAL DEVELOPMENT

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: 1253

Amendment Barcode Number: _____

4/5

Name: NICHOLAS ALVAREZ

Representing: DEPT OF ECONOMIC OPPORTUNITY

Title: INT DIRECTOR OF LEGISLATIVE AFFAIRS

Address: 107 E. MADISON ST.

City: TALLAHASSEE State/Zip: FL, 32399

Phone Number: 850-245-7370 Meeting Date: 2-4-2020

Committee/Subcommittee: WORKFORCE DEVELOPMENT & TOURISM

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 [X] Amendment [ ]

Bill/PCS/PCB Number: 1271

Amendment Barcode Number: _____

ULS

Name: NICHOLAS ALVAREZ

Representing: DEPT OF ECONOMIC OPPORTUNITY

Title: DIRECTOR OF LEGISLATIVE AFFAIRS

Address: 107 E MADISON ST

City: TALLAHASSEE State/Zip: FL, 32399

Phone Number: 850-245-7370 Meeting Date: 2-4-2020

Committee/Subcommittee: WORKFORCE DEV. & TOURISM

Presentation/Workshop Topic: _____

Registered Lobbyist: YES [X] NO [ ]

State Employee: YES [X] 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 [X] Opponent [ ] Waive in Support [X] 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 ☑ W/S

Bill/PCS/PCB Number: 1297

Amendment Barcode Number: _____

Name: Robbie Suggs

Representing: VDX

Title: CEO

Address: P.O. Box 504

City: Branford, FL State/Zip: FL. 32008

Phone Number: (386) 867-1023 Meeting Date: 2/4/20

Committee/Subcommittee: Workforce Dev. & Tourism

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 ☐

68739866

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: **HB 1297 : Drug-free Workplaces**
Amendment Barcode Number: **N/A**

Name:	**Burress, Tabitha**		
Representing:	**Florida Cannabis Action Network**		
Title:	**Ms.**		
Address:	**4320 Randall Blvd**		
City:	**Naples**	State/Zip:	**FL 34120**
Phone Number:	**2392722257**	Meeting Date:	**February 04, 2020 9:00 AM**
Committee/Subcommittee:	**Workforce Development & Tourism Subcommittee**		
Presentation/Workshop Topic:	**N/A**		

☐ 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: 1297

Amendment Barcode Number: _____

W/S

Name: RJ MYERS

Representing: SAVE OUR SOCIETY

Title: LOBBYIST

Address: 113 E COLLEGE AVE

City: TALLAHASSEE State/Zip: FL/32301

Phone Number: 850/933-0863 Meeting Date: 2/4/20

Committee/Subcommittee: WORKFORCE DEV & TOURISM

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 ☐